

PREA Facility Audit Report: Final

Name of Facility: Camp Florence Youth Transitional Facility

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/15/2026

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"/>
Auditor Full Name as Signed: Rosa L. Webb	Date of Signature: 06/15/2026

AUDITOR INFORMATION	
Auditor name:	Webb, Rosa
Email:	derrywebb1959@outlook.com
Start Date of On-Site Audit:	04/30/2026
End Date of On-Site Audit:	05/01/2026

FACILITY INFORMATION	
Facility name:	Camp Florence Youth Transitional Facility
Facility physical address:	4859 South Jetty Road, Florence, Oregon - 97439
Facility mailing address:	530 Center Street, NE, Suite 500, salem,

Primary Contact

Name:	Alisha Goodwin
Email Address:	Alisha.R.Goodwin@oya.oregon.gov
Telephone Number:	5034004426

Superintendent/Director/Administrator	
Name:	Korey Ramsey
Email Address:	korey.ramsay@oya.oregon.gov
Telephone Number:	541-997-2076

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

Facility Characteristics	
Designed facility capacity:	16
Current population of facility:	13
Average daily population for the past 12 months:	14
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	16-25
Facility security levels/resident custody levels:	Closed Custody
Number of staff currently employed at the	18

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

Agency Chief Executive Officer Information:	
Name:	Mike Tessean
Email Address:	michael.tessean@oya.oregon.gov
Telephone Number:	971-707-3722

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

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

8

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.317 - Hiring and promotion decisions
- 115.331 - Employee training
- 115.333 - Resident education
- 115.335 - Specialized training: Medical and mental health care
- 115.341 - Obtaining information from residents
- 115.351 - Resident reporting
- 115.388 - Data review for corrective action

Number of standards met:

35

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-30
2. End date of the onsite portion of the audit:	2026-05-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Sexual Assault Support Services PeaceHealth Peace Harbor Medical Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	16
15. Average daily population for the past 12 months:	14
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 <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	15
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. 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:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. 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:	0

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>18</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

<p>38. 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:</p>	<p>0</p>
<p>39. 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:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>
<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor asked for a resident roster on the first day of the onsite visit and randomly selected the residents to interview. In addition, the auditor sent a form to the facility prior to the onsite visit to identify residents that would apply to the targeted categories. The auditor received this completed form on the first day of the onsite visit.</p>

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. 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):	There were no barriers.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<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>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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 checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed resident information and documentation. The auditor also asked during interviews with random and specialized staff, as well as residents, there were no residents that met this targeted category.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There was a resident that was identified as disclosing prior sexual victimization. When being interviewed by the auditor, they stated they had not been and did not want to be interviewed with that protocol.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>6</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" 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 type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were six random staff members on shifts during the onsite visit. The auditor interviewed all six random staff. All three shifts were represented in the interviews.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <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)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no volunteers or contractors assigned to the facility during the onsite visit.
SITE REVIEW AND DOCUMENTATION SAMPLING	
Site Review	
<p>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.</p>	
71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

72. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The auditor had access to all areas and buildings of the facility, as well as the ability to have informal conversations with staff and residents. The auditor conducted a site tour of the first day of the visit, accompanied by the Camp Director, Assistance Camp Director, and the PREA Coordinator.

Camp Florence Youth Transitional Facility provides programming for the youth learning various job related skills. The residents have various off-campus jobs. The camp is a 16 bed facility that serves male youth between the ages of 12 and 24. It has one living area which is an open bay/dorm style. The housing units have single showers and the residents shower one at a time. Education is provided on campus. The auditor was given access to the cameras and observed the different camera angles to ensure there were no identifiable blind spots. During the site review the auditor noted PREA Audit announcements, PREA posters, reporting posters, and information for outside emotional support services were placed throughout the facility. The PREA coordinator took photos as requested by the auditor. The auditor tested the following critical functions:

- The facility's process for securing interpretation services
- Internal reporting methods for confined persons (grievance procedure)
- External reporting methods for confined persons (Reporting Hotline)
- Access to outside emotional support service (Sexual Assault Support Services)
- Third-Party Reporting (calling the number provided on the posters)

Documentation Sampling

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

<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor reviewed additional documents for staff and residents that were interviewed. Documents reviewed included personnel and training records, as well as background checks. The resident documents reviewed included intake records, resident education, and risk screening instruments. There were no barriers to receiving any documentation. The facility and agency were very cooperative in providing documentation up to the completion of the audit report.</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.

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

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

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	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.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegations in the past 12 months, therefore there were no investigation files to review.

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no sexual harassment allegations in the past 12 months, therefore there were no investigation files to review.</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no sexual abuse or sexual harassment allegations in the past 12 months, therefore there were no investigation files to review.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

AUDITING ARRANGEMENTS AND COMPENSATION

108. 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 name of the third-party auditing entity

ABM Consulting

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence Relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy (OYA) I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Camp Florence Youth Transitional Facility (CFYTF) Local Operating Protocol, CFYTF I-A-10.0 Sexual Abuse Response Plan (effective 05/01/2025) • Oregon Youth Authority Agency Management Structure (effective 08/2025) • Oregon Youth Authority PREA Compliance Manager Onboarding Plan • Camp Florence Youth Transitional Facility Organizational Chart (effective 03/2023) • Interview with OYA PREA Coordinator • Interview with PREA Compliance Manager

- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.311 (a)

PAQ: The agency and facility have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The agency and the facility have a policy outlining how they implement the prevention, detection and response to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Oregon Youth Authority Policy I-A-10.0 (page 4): OYA has a zero-tolerance standard toward all forms of youth sexual abuse and sexual harassment. This policy provides uniform guidelines and procedures to reduce the risk of sexual abuse and sexual harassment in OYA facilities, field offices, and community residential programs.

Camp Florence YTF Local Operating Protocol CFYTF I-A-10.0 (page 2): This protocol outlines the role of the SARRT members and other facility staff in the event of a sexual abuse incident at Camp Florence. It specifies the steps to be taken when sexual abuse of any kind occurs at Camp Florence. This protocol is supplemental to OYA policy I-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse.

Observations during the site review: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility to include the dining room, visitation room, gym, recreation area, living areas, in all common areas.

Reasoning and analysis by provision: 115.311 (b)

PAQ: The agency employs or designates an upper-level, agency-wide PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA coordinator is in the agency's organizational structure.

Oregon Youth Authority Policy I-A-10.0 (page 2): PREA Coordinator: A full-time OYA staff member whose responsibilities include developing, implementing, and overseeing the agency's plan for zero tolerance of sexual abuse and sexual harassment.

Oregon Youth Authority Agency Management Structure: The PREA coordinator is part of the agency's directors' team, and has access to the agency's most senior leader, the director. The PREA coordinator is in the organizational structure as the PREA coordinator

Interview with the OYA PREA coordinator: The PREA coordinator stated they have sufficient time and authority to develop, implement, and oversee the agency's

efforts to comply with the PREA Standards. They oversee PREA standard implementation to nine facilities and eight PREA compliance managers. One of the PREA compliance managers covers two facilities. They can have administrative assistance assigned and get additional support if needed. The PREA coordinator meets regularly with the PCMs and visits the facilities at least twice per year. The PCMs will reach out when there are issues of compliance. They work together as a team to address the issue. Physical plant personnel work with the PREA coordinator to address any issues.

Reasoning and analysis by provision: 115.311 (c)

PAQ: The facility has designated a PREA compliance manager. The PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA compliance manager is in the organizational structure.

Oregon Youth Authority Policy I-A-10.0 (page 14): Each Interim Camp Director or Interim Camp Director must designate a PREA compliance manager (PCM) who is responsible for the facility's compliance with the national PREA standards and OYA policies regarding preventing, detecting, and responding to sexual abuse and sexual harassment incidents. The PCM may designate a Sexual Abuse Response and Resource Team (SARRT) to facilitate a coordinated response to sexual abuse. The PCM must ensure responses to sexual abuse incidents and investigations use a coordinated response that follows established protocols described in this policy, local operating protocols, and if appropriate, the Facility SARRT Sexual Abuse Incident Checklist (YA 1959).

Oregon Youth Authority PREA Compliance Manager Onboarding Plan: The most important job of the PCM is to ensure that their facility practices, procedures, and zero-tolerance of sex abuse and harassment are being implemented and documented according to PREA. The PCM should reinforce the message that preventing sexual abuse and sexual harassment is an integral part of being an OYA employee.

Camp Florence Youth Transitional Facility Organizational Chart: The facility interim camp director serves as the PREA compliance manager.

Interview with the PREA compliance manager: The interim camp director is designated as the facility's PREA compliance manager. The compliance manager oversees the facility's efforts to comply with the PREA standards and has indicated they have enough time to manage all the PREA related responsibilities. The facility's efforts to coordinator and comply with the PREA standard are part of the Interim camp director's responsibilities. The interim camp director/PREA compliance manager has standing meetings with the OYA PREA coordinator.

Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.

115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1259 376">Evidence relied upon in making determination of compliance:</p> <ul data-bbox="352 443 1458 517" style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) <p data-bbox="280 600 1062 636">Reasoning and analysis by provision: 115.312 (a)</p> <p data-bbox="280 674 1465 790">PAQ: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the contracts require contractors to adopt and comply with PREA standards.</p> <ul data-bbox="352 860 1458 1059" style="list-style-type: none"> • The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies since the last PREA audit: 0 • The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0 <p data-bbox="280 1099 1481 1424">The Oregon Youth Authority (OYA) does not contract with other entities for the confinement of youth committed to OYA. Youth who reside outside of a secure facility (youth correctional facility or transition facility) may be placed in substitute care, which includes foster homes, Behavior Rehabilitation Services (BRS), and other residential programs. The placement is determined by OYA, not a court. The program or OYA would determine next steps if a youth leaves a program without permission, which might include keeping the youth in the program or making a different placement decision.</p> <p data-bbox="280 1464 975 1500">Reasoning and analysis by provision: 115.312 (b)</p> <p data-bbox="280 1507 1449 1581">PAQ: The contracts entered into for the confinement of residential services require the agency to monitor the contractor's compliance with PREA standards.</p> <ul data-bbox="352 1650 1469 1769" style="list-style-type: none"> • Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA standards: 0 <p data-bbox="280 1809 1481 2051">The Oregon Youth Authority (OYA) does not contract with other entities for the confinement of youth committed to OYA. Youth who reside outside of a secure facility (youth correctional facility or transition facility) may be placed in substitute care, which includes foster homes, Behavior Rehabilitation Services (BRS), and other residential programs. The placement is determined by OYA, not a court. The program or OYA would determine next steps if a youth leaves a program without</p>

	<p>permission, which might include keeping the youth in the program or making a different placement decision.</p> <p>Interview with agency contract administrator: The contracts that the agency has are not for confinement settings. They are not required to be PREA compliant. They are monitored on a two-year cycle per program and are audited by the agency every two years.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy II-A-3.0, Interactive Supervision of Youth (effective 06/07/2022) • Camp Florence Youth Transitional Facility Local Operating Protocol CFYTF II-A-3.0, Interactive Supervision of Youth and Youth Counts (effective 11/29/2023) • Camp Florence Youth Transitional Facility staffing plans for 2024 and 2025 • Camp Florence Youth Transitional Facility PREA Walkthrough Guide • Camp Florence PREA Walkthrough Sample • Interview with Camp Director • Interview with the OYA PREA Coordinator • Interview with PREA Compliance Manager • Interview with Intermediate or Higher-Level Facility Staff • Observations Made During Onsite Visit <p>Reasoning and analysis by provision: 115.313 (a)</p> <p>PAQ: The agency ensures that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse.</p> <ul style="list-style-type: none"> • The average daily number of residents in the past 12 months: 14 • The average daily number of residents on which the staffing plan was predicated: 14. <p>Oregon Youth Authority Policy II-A-3.0 (page 2): Facility staffing plans related to youth supervision are established and adjusted to provide adequate levels of</p>

staffing and video monitoring to ensure staff and youth safety. Facility staffing plans must also strive to meet national PREA staff-to-youth ratio standards. These plans are reviewed at least annually by facility administrators, in consultation with the OYA PREA coordinator, and adjusted when needed within the resources available to the facilities.

Interview with the camp director: The camp director confirmed that the plan is reviewed and updated every year. It is maintained electronically and lives in email. The camp director stated the plan is strategic and looks at things from an operational process, such as how are residents supervised during activities at the camp and off-campus. They stated the plan is inclusive of all the standard provision requirements: generally accepted juvenile detention and correctional/secure residential practices; (the facility follows state policy which incorporates these practices into them) any judicial findings of inadequacy if there were any; any findings of inadequacy from federal investigative agencies if there were any; any findings of inadequacy from internal or external oversight bodies if there were any; all components of facility's physical plant; the composition of the resident population (this is an all-male facility); the number and placement of supervisory staff; institution programs occurring on a particular shift (church services are held on second shift); any applicable state or local laws, regulations, or standards (the facility operates under the Oregon Youth Authority policies); the prevalence of substantiated and unsubstantiated incidents of sexual abuse if there were any; and any other relevant factors. Video monitoring is part of the plan and are utilized, but the facility does not rely on them for supervision.

Interview with PREA compliance manager: The facility considers all 11 of the requirements outlined in the standard. The plan is reviewed and updated every year.

Reasoning and analysis by provision: 115.313 (b)

PAQ: Each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan.

- Camp Florence YTF recorded 88 deviations in the last 12 months. These deviations were documented in the Juvenile Justice Information System (JJIS).

Oregon Youth Authority Policy II-A-3.0 (page 3): Staffing plan deviations must be documented in JJIS.

Interview with the camp director: The camp director confirmed there have been deviations. Deviations are documented in the Juvenile Justice Information System (JJIS).

Reasoning and analysis by provision: 115.313 (c)

PAQ: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios at a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 88
- In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours: 0

Oregon is not obligated by law to maintain staffing ratios. They use the PREA standards as their requirement.

CFYTF Local Operating Protocol CFYTF II-A-3.0 (pages 1 and 2): Large group activities: Ensure at least two staff are assigned to supervise groups of no more than 16 youth during youth activities. Small group activities: Ensure at least 1 staff member is assigned to supervise groups of 5 youth during youth activities. Off campus: Ensure at least 1 staff is assigned to supervise up to 8 youth while off-campus.

Camp Florence Youth Transitional Facility staffing plan 2025: The detailed plan documents and outlines the staffing ratios for direct care and supervisory staff.

Observations during site review: The standard states that there shall be a 1:8 staffing ratio during waking hours and 1:16 during sleeping hours by direct care staff. In formal and informal conversations with the camp director and random staff, it was noted that these ratios are being met and exceeded. There have been 88 deviations from the staffing ratios in the past 12 months, and they have been documented.

Interview with the camp director: The camp director confirmed that the staffing ratios are 1:8 and 1:16 ratio for sleeping hours. The supervision pattern is changing to have two staff on all shifts. Deviations usually occur when graveyard staff leave and there is a staggered schedule for a specific time. To address this, the facility has brought more staff in earlier and made some adjustments. The deviations occurred mostly between 6 AM and 9 AM.

Reasoning and analysis by provision: 115.313 (d)

PAQ: At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews 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 the staffing plan.

Oregon Youth Authority Policy II-A-3.0 (page 2): Facility staffing plans related to youth supervision are established and adjusted to provide adequate levels of staffing and video monitoring to ensure staff and youth safety. Facility staffing plans must also strive to meet national PREA staff-to-youth ratio standards. These plans are reviewed at least annually by facility administrators, in consultation with the OYA PREA coordinator, and adjusted when needed within the resources available to the facilities.

Camp Florence Youth Transitional Facility staffing plans for 2024 and 2025: The

auditor reviewed the staffing plans. The plans are completed at least annually.

Interview with the OYA PREA coordinator: The PREA coordinator has a very active role in the development and/or review of the staffing plan. Once a year there is a facility walkthrough. A review form is completed and data is reviewed.

Reasoning and analysis by provision: 115.313 (e)

PAQ: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents the unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Oregon Youth Authority Policy II-A-3.0 (pages 4 and 5): Facility management staff must conduct unannounced rounds to every living unit and program area of the facility to enhance youth supervision and identify and deter safety and security issues. Each facility must have a local operating protocol that ensures rounds are conducted at least twice each month. Over a calendar year, rounds must be completed on each day of the week and each shift. 2. Staff must not alert other staff members that the management staff rounds are occurring, unless such announcement is related to the operational functions of the facility. The management staff must document their rounds in JJIS Unit Logs (e.g., keyword "PREA walkthrough").

PREA Walkthrough Guide: Prison Rape Elimination Act (PREA) walkthroughs are completed by management staff and should be unannounced. Managers should do unannounced PREA walkthrough. A minimum of two walkthroughs a month must be completed and logged in JJIS. During the course of a year, every day of the week and every shift must be included. Every facility should have an LOP which outlines the specific process for that location.

Camp Florence PREA Walkthrough Sample: The auditor reviewed the walkthrough documentation provided as a screenshot from the Juvenile Justice Information System and confirmed that unannounced rounds occur and are documented.

Interview with intermediate higher-level facility staff: Unannounced rounds are conducted on all shifts at least twice per month. There are times that the staff member just walks around. They make sure staff are doing their jobs, that the camera system is functioning, the doors are secure and make sure all signage is up and replaced if needed. The staff member talks with staff and the residents to make sure the procedures and protocols are followed and that they are not any issues. The staff member also checks to ensure that staffing ratios are being met. The rounds are documented in the Juvenile Justice Information System and there is also a form that is completed to track the rounds.

Corrective Action: The facility has had 88 deviations in maintaining staffing ratios in the past 12 months during the waking hours. The facility will provide the auditor with a plan to address the deviations. The facility provided the auditor a plan on -5/22/2-26 which stated: "Initially in February,

	<p>camp addressed a staffing area concern by asking a morning staff to come in an hour earlier. Starting May 1st we changed the Staffing schedule to officially always have at least 2 Staff on shift at all times." Corrective action was completed.</p> <p>Finding: Based on this analysis, corrective action is completed and the facility is substantially compliant with the provisions of this standard.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy II-A-2.0, Searches of Youth and Youth Property in OYA Facilities (effective 12/30/2014, last reviewed 03/15/2023) • Oregon Youth Authority Policy II-A-3.0, Interactive Supervision of Youth (effective 06/07/2022, last reviewed 06/07/2024) • Conducting Searches in OYA Facilities PowerPoint • Oregon Youth Authority Training Lesson Plan 2470, Contraband and Searches for Facilities (last revised 03/20/2021) • Interviews with Six Random Staff • Interviews with Twelve Random Residents • Observations Made During the Onsite Visit <p>Reasoning and analysis by provision: 115.315 (a) PAQ: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. In the past twelve (12) months:</p> <ul style="list-style-type: none"> • The number of cross-gender strip or cross-gender visual body cavity searches of residents. 0 <p>Oregon Youth Authority Policy II-A-2.0 (page 8): Physical body cavity searches are prohibited within OYA facilities. Staff may take other measures to ensure safety and security by placing the youth in a dry cell.</p> <p>Conducting Searches in OYA Facilities PowerPoint and Oregon Youth Authority Training Lesson Plan 2470: The auditor reviewed the training and confirmed that they both address cross gender searches and the provisions of the standard.</p> <p>Reasoning and analysis by provision: 115.315 (b) PAQ: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. In the past twelve (12) months:</p>

- The number of cross-gender strip or cross-gender pat-down searches of residents: 0
- The number of cross-gender pat-down searches that did not involve exigent circumstances: 0

Oregon Youth Authority Policy II-A-2.0 (page 6): Frisk searches must be conducted by a same-gender staff.

Interviews with twelve random residents: All twelve random residents interviewed stated no staff of the opposite gender have performed a pat-down search of their body or seen them fully naked.

Interviews with six random staff: Four of the six random staff stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. Two of the six staff stated they could conduct cross-gender searches if they needed to.

Observations made during the onsite visit: Only male staff performed searches of the residents during the onsite visit. These were both pat-down searches and the use of a metal detection wand.

Reasoning and analysis by provision: 115.315 (c)

PAQ: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Oregon Youth Authority Policy II-A-2.0 (page 9): A record of all youth personal property and comprehensive searches must be kept in the appropriate JJIS facility or unit log and include the following information: 1. Date, time, and type of search conducted; 2. The name of the youth or area searched; 3. Name of staff member conducting the search; 4. Name of supervisor/manager authorizing search, if applicable; 5. Specific reason for the search; 6. Itemization of items confiscated during the search; and 7. Any other information related to the search.

Document Review: There was no documentation to be reviewed as the facility does not permit cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Reasoning and analysis by provision: 115.315 (d)

PAQ: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ area where residents are likely to be showering, performing bodily functions, or changing clothing.

Oregon Youth Authority Policy II-A-3.0 (page 5): Staff gender announcements 1. Staff

of the opposite gender of youth (opposite-gender staff) must announce their presence when entering an area where youth are likely to be performing bodily functions; or revealing their genitalia, breasts, or buttocks while changing clothes or showering. 2. Opposite-gender staff must announce their presence when entering a living unit dormitory or sleeping area. If the staff member is assigned to work in the living unit dormitory or sleeping area, the announcement may occur one time at the beginning of the staff member's work shift. 3. Staff gender announcements are only required when an opposite-gender staff enters the areas described in paragraphs 1 and 2 above and there is not already another opposite-gender staff present.

Supervision of youth in restrooms and showers 1. Staff opposite-gender viewing of a youth's genitalia, breasts, or buttocks is prohibited. 2. Only a staff member who is of the same gender as the youth may supervise a youth who is showering, changing clothes, or toileting.

Interviews with twelve random residents: Ten of the twelve random residents stated that staff of the opposite gender do not announce their presence when entering the housing unit. The housing unit is visible from the front door and the residents stated they just know they are there and see them when they come in for their shift. All residents stated that they can dress, shower, and use the toilet without being viewed by staff of the opposite gender and that no member of the opposite gender had conducted a pat down search of them or seen them fully naked.

Interviews with six random staff: All six random staff interviewed stated that female staff members in the facility always announces their presence in any area where the males are located. All random staff stated residents can dress, shower, and use the toilet without being viewed by staff of the opposite gender.

Observations made during the onsite visit: The residents can dress, shower and use the toilet without being viewed by staff of the opposite gender. Residents shower one at a time. Staff of the opposite gender were not observed announcing their presence upon entering the areas where the residents were located.

Corrective action: Four of the six random staff stated that they were restricted from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. Two of the six staff stated they could conduct cross-gender searches if they needed to. Ten of the twelve random residents stated that staff of the opposite gender do not announce their presence when entering the housing unit. The housing unit is visible from the front door and the residents stated they just know they are there and see them when they come in for their shift. The facility will provide the auditor with documentation showing that staff have been re-trained on cross-gender searches. The facility will also provide the auditor with a plan for the opposite gender to announce when they enter the building. The facility provided the auditor with documentation that the staff had been re-trained on cross gender searches on 05/22/2026. The facility provided the auditor with a plan to address the opposite gender announcing their presence when entering the building on 05/22/2026. The plan stated, "Staff announcements-During waking hours cross-gender staff will announce themselves upon walking in the front door. The door has an alarm that alerts the unit / youth anyway, but staff will also be

	<p>adding a verbal announcement.” Corrective action has been completed.</p> <p>Finding: Based on this analysis, corrective action is completed and the facility is substantially compliant with the provisions of this standard.</p>
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<p>115.316</p>	<p>Residents with disabilities and residents who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Policy I-D-2.1, Use of Language Services (effective 04/26/2024) • Oregon Youth Authority Policy 11-E-2.4, English Plus - Youth (Facility) (effective 04/26/2024) • Camp Florence Youth Transitional Facility Process Checklist for Language Interpreter Services (effective 09/01/2021) • Cal Interpreting and Translation Inc. Contract • Facility Resource Guide for PREA Opposition Gender Announcements • Reporting Line Card - English and Spanish • Youth Safety Card - English and Spanish • Victim Advocate Flyer - Bilingual, English and Spanish • Interview with Agency Head • Interviews with Random Staff • Observations Made During Onsite Visit <p>Reasoning and analysis by provision: 115.316 (a)</p> <p>PAQ: The agency has established procedures to provide disabled residents 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.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 9): Provisions of youth education must include formats accessible to all youth, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).</p> <p>Oregon Youth Authority Policy I-D-2.1 (pages 3 and 4): Staff will determine who requires language services based on: 1. Results of hearing screenings; 2. A request</p>

is made for language services by a youth or the youth's family members; 3. Considering whether there was a need for language services in court or during a youth's previous placement with OYA; 4. Using a bilingual staff or language services to conduct a youth's initial intake; and 5. Communicating with a youth or the youth's family members is hindered by limited English comprehension. Situations requiring use of language services In some situations, staff are able to convey basic instructions or hold conversations with an LEP, or deaf or hard of hearing person, but are not able to communicate in a more comprehensive level to provide detailed or specific information or instructions. Such situations require staff to use language services for LEP, non-English-speaking, or deaf or hard of hearing youth or their family members. These situations include, but are not limited to: 1. Multidisciplinary Team (MDT) meetings, development and review of youth case plans; 2. Notifying a youth of the youth's rights, responsibilities, and OYA's youth grievance process; 3. Communications involving medical, psychological, or technical information; 4. Investigations and disciplinary procedures; 5. Collection of evidence or other sensitive situations, except temporarily in unforeseen emergency circumstances; 6. Court or legal proceedings; 7. When seeking consent; 8. Explanations of conditions of probation, parole, or release; and 9. Outlining violations of probation/parole and recommendations. When bilingual skills are needed to communicate with youth or their family members who are LEP, non-English-speaking, or deaf or hard of hearing, language services must be sought in the following order: 1. Bilingual staff who have been identified by the OYA Human Resources Office as fluent in languages in addition to English, except for medical, psychiatric, or psychological matters; 2. Other staff fluent in English and the subject's language may be asked to assist in interpretation or translation in emergency situations; 3. Contracted in-person interpreters must be used if bilingual staff are unavailable, on their way, or lack the skills to provide direct interpretation services; and 4. Contracted telephonic interpreters must be used if contracted in person interpreters are unavailable or on their way; and 5. Youth, their family members, or volunteers may only be used as interpreters during an unforeseeable emergency while staff are waiting for an authorized interpreter.

Cal Interpreting and Translation Inc. contract: The auditor reviewed the contract and confirmed that language interpreting services are provided to the facility as needed.

Interview with agency head: The agency head confirmed the agency has established procedures to provide residents with disabilities and residents who are limited English proficient 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. This is led by the Office of Inclusion and Intercultural Relations. The facility has posters and signage in both English and Spanish and can have materials printed in other languages if necessary. The agency has two language line contracts and has multi-lingual staff. The agency is responsive to everyone.

During the on-site visit, there were no residents with disabilities or who were limited English proficient to be interviewed.

Reasoning and analysis by provision: 115.316 (b)

PAQ: The agency has established procedures to provide residents with limited English proficiency 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.

Oregon Youth Authority Policy I-A-10.0 (page 9): Provisions of youth education must include formats accessible to all youth, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).

Oregon Youth Authority Policy I-D-2.1 (pages 3 and 4): When bilingual skills are needed to communicate with youth or their family members who are LEP, non-English-speaking, or deaf or hard of hearing, language services must be sought in the following order: 1. Bilingual staff who have been identified by the OYA Human Resources Office as fluent in languages in addition to English, except for medical, psychiatric, or psychological matters; 2. Other staff fluent in English and the subject's language may be asked to assist in interpretation or translation in emergency situations; 3. Contracted in-person interpreters must be used if bilingual staff are unavailable, on their way, or lack the skills to provide direct interpretation services; and 4. Contracted telephonic interpreters must be used if contracted in person interpreters are unavailable or on their way; and 5. Youth, their family members, or volunteers may only be used as interpreters during an unforeseeable emergency while staff are waiting for an authorized interpreter.

Facility Resource Guide for PREA Opposition Gender Announcements: Special Considerations 1. While the PREA standards require verbal announcements, staff must supplement verbal announcements with additional resources to support individual needs of youth. For example, deaf or hard of hearing youth must receive notifications in an accessible way. Some examples of supplemental processes are: Toggling a certain color light or flickering the lights in the unit as a signal to the youth that opposite-gender staff are on the unit. • Utilizing Caption telephones. • Personal non-auditory alert devices, such as vibrating watches or pagers.

Document Review: The PREA brochures, and flyers are available in both English and Spanish versions

Observations made during the onsite visit: The auditor called the language services line and confirmed that they provided services to the residents at the detention center if needed.

Reasoning and analysis by provision: 115.316 (c)

PAQ: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-responder duties under §115.364, or the investigation of the resident's allegations: 0

Oregon Youth Authority Policy I-D-2.1 (page 3): Youth, their family members, or volunteers may only be used as interpreters during an unforeseeable emergency while staff are waiting for an authorized interpreter.

Interviews with random staff: Four of the six random staff interviewed stated that the agency never allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment. All four stated that to the best of their knowledge this has never occurred, and that they have bilingual staff and an interpreter service or line if needed. Two of the six random staff stated they could use resident interpreters if there was need for an interpreter.

Corrective action: Two of the six random staff stated they could use resident interpreters if there was need for an interpreter. The facility will provide the auditor with documentation that staff were re-trained on the agency policy prohibiting the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. The facility provided the auditor with documentation that staff had been re-trained on this provision on 05/22/2026. Corrective action was completed.

Finding: Based on this analysis, corrective action is complete and the facility is substantially compliant with the provisions of this standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy 1-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Policy 11-A-1.0, Facility Access (effective 04/28/2023)

- Criminal Records Checks Process
- Review of New Hire Background Checks Spreadsheet
- Five Year Background Checks Documentation
- Interview with Administrative (HR) staff

Reasoning and analysis by provision: 115.317 (a)

PAQ: Agency policy. prohibits hiring or promoting anyone who may have contact with residents, and 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 U.S.C. 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 in paragraph (a)(2) of this section.

Oregon Youth Authority Policy 1-A-10.0 (pages 6 and 7): To ensure OYA does not hire, promote, or enlist services of any person who may have direct contact with youth who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting, or 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, OYA: 1. Conducts both a criminal record check and child abuse registry check on every applicant staff member or contractor who may have direct contact with youth; 2. Conducts follow-up criminal record checks on the people listed in paragraph 1 above at least every five years; 3. Ensures a criminal record check was completed no more than a year prior to any promotion of a staff member; 4. When hiring, makes the best effort to contact all previous institutional employers to obtain information on substantiated allegations of sexual abuse and sexual harassment; 5. Considers any incidents of substantiated sexual harassment in determining whether to hire or promote staff, or to enlist the services of any contractor who may have contact with youth; 6. In written applications and through a yearly signed disclosure form, affirms the duty to disclose any such actions; 7. Considers omissions regarding such conduct or the provision of false information as grounds for termination; and 8. Provides information on substantiated allegations of sexual abuse or sexual harassment involving a former staff member upon receiving a request from an institutional employer, as laws allow.

Reasoning and analysis by provision: 115.317 (b)

PAQ: Agency 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 the residents.

Oregon Youth Authority Policy 1-A-10.0 (page 6): When hiring, makes the best effort to contact all previous institutional employers to obtain information on substantiated allegations of sexual abuse and sexual harassment; Considers any

incidents of substantiated sexual harassment in determining whether to hire or promote staff, or to enlist the services of any contractor who may have contact with youth

Interview with administrative (HR) staff: The facility considers prior incidents of both sexual abuse and sexual harassment in determining whether to hire or promote anyone who may have contact with the residents. Contractors are not a part of human resources. The facility field services department handles background checks for contractors.

Reasoning and analysis by provision: 115.317 (c)

PAQ: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality on which the employee would work; and (c) 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.

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background records checks: 4

Oregon Youth Authority Policy 1-A-10.0 (page 6): To ensure OYA does not hire, promote, or enlist services of any person who may have direct contact with youth who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting, or 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, OYA: 1. Conducts both a criminal record check and child abuse registry check on every applicant staff member or contractor who may have direct contact with youth.

Review of New Hire Spreadsheet for the past 12 months: The auditor reviewed the spreadsheet of the new employees who were hired within the past 12 months. Background checks, sexual offender registry checks and child abuse and neglect registry checks were conducted on all 4 of the employees.

Criminal Records Checks Process: 1. Law Enforcement Data System (LEDS) certified OYA employee receives a completed records check form (employees, contractors, volunteers have different forms). 2. LEDS certified OYA employee enters information into LEDS for criminal records check. a) If there is a criminal record, it is reviewed by an OYA CJIS certified manager for approval or denial (based on fitness criteria in OAR 416-800-0050). Approval or denial will be decided and documented on the form. b) If there isn't a criminal history, it is clear and approved, pending clearance on the abuse/neglect central registry. 3. OYA employee (usually same one listed in #2) submits a completed form YA 8035 Child Abuse/Neglect Registry Information Request to the Oregon Department of Human Services, Background Checks Unit (adam-walsh.oregon@state.or.us) by encrypted email. 4. Oregon Department of

Human Services, Background Checks Unit completes the Oregon Child Abuse/Neglect central registry check, sending results back to OYA by email. 5. OYA employee receives child abuse registry check information from DHS by email, and retains the email. a) If the subject individual is listed as a perpetrator of abuse in the Oregon Child Abuse/Neglect central registry, the case is reviewed by a senior human resources analyst for approval or denial. Approval or denial will be decided and documented on the form. b) If the subject individual is not listed as a perpetrator, they are approved. Using Oregon Judicial Case Information Network (OJCIN) to search for civil adjudications 1. Designated staff log into OJCIN and search for civil cases by using the applicant's/contractor's name as a "party." 2. If no information is found, skip to #6. 3. If information is found, determine whether it involves 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. • For employee applicant cases: Forward to a senior human resources analyst (SHRA) as part of the weigh test. They will make the determination. If unsure, they will consult with their supervisor. 4. Employee applicant: If information does involve activity listed in #3, staff the case with Human Resources administrator/deputy administrator and describe what the subject activity is. Weigh test may be needed along with consultation with PREA coordinator and legal counsel. Contractor: If information does involve activity listed in #3, send an email to the contract administrator and describe what the subject activity is. 5. The Human Resources administrator/assistant manager or contract administrator may follow-up with the applicant/contractor if needed. A decision to hire/contract with the applicant/contractor must be documented and kept for future PREA audit documentation. 6. If no information is found or it does not involve activity listed in #3, send an email to the hiring authority or contract administrator with the below statement. (This may be included in the same email as the CRC abuse and neglect information): "A search of OJCIN on [date] resulted in no information found involving [name of applicant or contractor] 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."

Interview with administrative (HR) staff: Background checks are completed on everyone. Human resources conduct background checks on potential employees. The facility field services department does background checks on contractors. Employees are asked to complete a PREA form with five questions that address the previous misconduct in section A. They must complete the form before moving forward in the employee process.

Reasoning and analysis by provision: 115.317 (d)

PAQ: Agency policy requires that a criminal background check records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with the residents.

- In the past 12 months, the number of contracts for services where criminal background checks were conducted on all staff covered in the contract who

might have contact with residents: 0

Oregon Youth Authority Policy 1-A-10.0 (page 6): To ensure OYA does not hire, promote, or enlist services of any person who may have direct contact with youth who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting, or 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, OYA: Conducts both a criminal record check and child abuse registry check on every applicant staff member or contractor who may have direct contact with youth; and Considers any incidents of substantiated sexual harassment in determining whether to hire or promote staff, or to enlist the services of any contractor who may have contact with youth.

Interview with administrative (HR) staff: Background checks are completed on everyone. Human resources conduct background checks on potential employees. The facility field services department does background checks on contractors.

Reasoning and analysis by provision: 115.317 (e)

PAQ: Agency policy requires that criminal background records background checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Oregon Youth Authority Policy 1-A-10.0 (page 6): To ensure OYA does not hire, promote, or enlist services of any person who may have direct contact with youth who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting, or 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, OYA: 1. Conducts both a criminal record check and child abuse registry check on every applicant staff member or contractor who may have direct contact with youth.

Interview with administrative (HR) staff: Background checks are completed every five years for employees and contractors. These include NCIC, the law enforcement data system, and a Child Abuse/Neglect Registry Information Request to the Oregon Department of Human Services. The Oregon Judicial Case Information Network (OJCIN) is utilized to search for civil adjudications.

Reasoning and analysis by provision: 115.317 (f)

PAQ: The agency shall also 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

	<p>Oregon Youth Authority Policy 1-A-10.0 (page 6): In written applications and through a yearly signed disclosure form, affirms the duty to disclose any such actions;</p> <p>Interview with administrative (HR) staff: Employees are asked to complete a PREA form with five questions that address the previous misconduct in section A. They must complete the form before moving forward in the employee process. The agency imposes upon the employee a continuing affirmative duty to disclose any such misconduct. The agency is automatically notified by the Law Enforcement Data System as well.</p> <p>Reasoning and analysis by provision: 115.317 (g) PAQ: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>Oregon Youth Authority Policy 1-A-10.0 (page 7): Considers omissions regarding such conduct or the provision of false information as grounds for termination.</p> <p>Reasoning and analysis by provision: 115.317 (h) PAQ: Unless prohibited by law, the agency shall provide information on substantiated allegation 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>Oregon Youth Authority Policy 1-A-10.0 (page 7): Provides information on substantiated allegations of sexual abuse or sexual harassment involving a former staff member upon receiving a request from an institutional employer, as laws allow.</p> <p>Interview with administrative (HR) staff: The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former staff member upon receiving a request from an institutional employer, as laws allow.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Interview with Agency Head • Interview with Camp Director

	<p>Reasoning and analysis by provision: 115.318 (a) PAQ: The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interview with agency head: When there are physical plant modifications, the PREA coordinator is part of the planning process. They work with the facility plant manager and look at areas to ensure compliance with PREA.</p> <p>Interview with camp director: There has been no substantial expansions or modifications to the facility since the last PREA audit.</p> <p>Reasoning and analysis by provision: 115.318 (b) PAQ: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>Interview with agency head: The physical plant team and the PREA coordinator work as a team and make sure cameras are set up where they need to be. Cameras are important but they do not replace supervision.</p> <p>Interview with camp director: The facility’s camera system has been updated. The physical plant regularly upgrades the cameras.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Policy I-D-4.0, Professional Standards Office Investigations (effective 01/29/2026) • Oregon Youth Authority Policy HS-I-A-10.0, Health Services Procedure (effective 04/08/2013) • Oregon Youth Authority Policy II-A-1.2, Preserving Chain of Evidence (effective 08/04/2025) • Camp Florence Youth Transitional Facility (CFYTF), Local Operating Protocol,

CFYTF I-A-10.0, Sexual Abuse Response Plan (effective 05/01/2025)

- Interagency Agreement between Oregon Youth Authority and Oregon State Police (July 1, 2025, through June 30, 2027)
- Oregon Youth Authority and Sexual Assault Support Services Memorandum of Understanding (effective 10/19/2023)
- Facility First Responders to Sexual Abuse Checklist
- Facility SARRT Sexual Abuse Incident Checklist
- First Responder Cards for Staff
- Interview with PREA Compliance Manager
- Interview with Medical Staff
- Interviews with Random Staff
- Interview with SAFE/SANE Staff

Reasoning and analysis by provision: 115.321 (a)

PAQ: The agency is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).

Oregon Youth Authority Policy I-D-4.0 (page 5 and 6): Investigations of PREA-related Allegations 1. PSO must notify the PREA coordinator of sexual abuse or sexual harassment complaints to ensure PREA standards compliance. 2. PREA-related investigations must be completed within 60 days. a) PSO's investigation and timeline may be suspended if a law enforcement agency begins a criminal investigation of the alleged misconduct. b) If a PSO investigator cannot complete a PREA investigation within 60 days of receipt of the allegation, the PSO investigator must notify the chief investigator. (1) The chief investigator must notify the director, or designee, and the PREA coordinator if any further time extensions are needed. (2) The investigation report must document the reason for the extension.

Camp Florence YTF, Local Operating Protocol, CFYTF I-A-10.0: If the incident was sexually abusive penetration [1] that occurred within 96 hours, secure the incident area(s) and treat as a crime scene (see OYA policy II-A-1.2 Preserving Chain of Evidence). a) Ensure nothing is moved or removed from the scene(s). b) Request that the alleged victim not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating. c) Ensure that the alleged abuser does not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating. This includes staff, volunteers, contractors, visitors (i.e. non-incarcerated people).

Interviews with random staff: All six of the random staff stated they understand the protocol for obtaining usable physical evidence if a resident alleges sexual abuse. The twelve stated that it was their responsibility to secure the area for the Oregon State Police or PSO. They are not to collect any evidence or allow anyone in the area.

Reasoning and analysis by provision: 115.321 (b)

PAQ: The protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.

Interagency Agreement between Oregon Youth Authority and Oregon State Police: The auditor reviewed the agreement and confirmed that the protocol is developmentally appropriate for youth.

Reasoning and analysis by provision: 115.321 (c)

PAQ: The facility offers all residents who experience sexual abuse access to forensic medical examinations. The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim. When possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

- The number of forensic medical exams conducted during the past 12 months: 0
- The number of exams performed by SANEs/SAFEs during the past 12 months: 0
- The number of exams performed by a qualified medical practitioner during the past 12 months: 0

Oregon Youth Authority Policy HS-I-A-10.0 (page 1): Youth Victim of Sexual Assault/Abuse occurring within 96 hours A. If a youth is sexually assaulted/abused and the incident is discovered within 96 hours, Health Services staff must: 1. Ensure the youth is medically stable, without compromising forensic evidence; 2. Arrange for the youth to be transported to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse/assault.

Interview with medical staff: The facility does not conduct forensic examinations. The youth are taken to the local hospital where they will provide a qualified medical practitioner to conduct the exam.

Interview with SANE/SAFE Nurse: PeaceHealth Peace Harbor Medical Center is the hospital where the residents would be taken in the event of a sexual abuse incident. The hospital does not always have a SANE/SAFE nurse on duty but would arrange for a SANE/SAFE nurse if needed to perform a forensic exam.

Reasoning and analysis by provision: 115.321 (d)

PAQ: The facility attempts to make a victim advocate from a rape crisis center

available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Memorandum of Understanding between Oregon Youth Authority and Sexual Assault Support Services (page 1): The Parties desire to establish a method of providing victim support services for youth and ensure the availability of advocates through the forensic examination process and during subsequent investigatory interviews; and The Parties wish to establish a framework for cooperation and collaboration in the interest of addressing the needs of youth who seek healing from sexual abuse and violence.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through Sexual Assault Support Services. There is a victim advocate available.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.321 (e)

PAQ: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organizations staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

Interview with PREA compliance manager: The facility provides a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. This is done through Sexual Assault Support Services. There is a memorandum of understanding with them that is maintained by the Oregon Youth Authority.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

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

Evidence relied upon in making the compliance determinations:

- Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025)
- Oregon Youth Authority Policy I-D-4.0, Professional Standards Office Investigations (effective 01/29/2026)
- Interagency Agreement between Oregon Youth Authority and Oregon State Police (July 1, 2025, through June 30, 2027)
- <https://www.oregon.gov/oia/pso/Pages/abuse.aspx>
- Interview with Agency Head
- Interview with Investigative Staff

Reasoning and analysis by provision: 115.322 (a)

PAQ: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

- In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 0
- In the past 12 months, the number of allegations resulting in an administrative investigation: 0
- In the past 12 months, the number of allegations referred for criminal investigation: 0

Oregon Youth Authority Policy I-D-4.0 (page 5): Investigations of PREA-related Allegations 1. PSO must notify the PREA coordinator of sexual abuse or sexual harassment complaints to ensure PREA standards compliance. 2. PREA-related investigations must be completed within 60 days. a) PSO's investigation and timeline may be suspended if a law enforcement agency begins a criminal investigation of the alleged misconduct.

Interview with agency head: The agency head confirmed that the Professional Standards Office (PSO) will review the case, investigate and hand off to law enforcement if required. The PSO will report to the PREA coordinator.

Interview with investigative staff: The PSO conducts administrative investigations into any PREA complaint or allegation. The Oregon State Police are automatically notified if there is a criminal component to the allegation.

Reasoning and analysis by provision: 115.322 (b)

PAQ: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the investigation does not involve potentially criminal

	<p>behavior. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment is published on the agency's website or made publicly available via other means. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>Oregon Youth Authority Policy I-D-4.0 (page 5): Investigations of PREA-related Allegations 1. PSO must notify the PREA coordinator of sexual abuse or sexual harassment complaints to ensure PREA standards compliance. 2. PREA-related investigations must be completed within 60 days. a) PSO's investigation and timeline may be suspended if a law enforcement agency begins a criminal investigation of the alleged misconduct.</p> <p>Interview with investigative staff: The Oregon State Police are automatically notified if there is a criminal component to the allegation.</p> <p>Reasoning and analysis by provision: 115.322 (c) PAQ: If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>https://www.oregon.gov/oia/psa/Pages/abuse.aspx: The auditor reviewed the website and confirmed that the interagency agreement between the Oregon Youth Authority and the Oregon State Police is published on the site.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • OYA Training Academy New Employee Training Schedule of Classes 2026 • OYA Training Lesson Plan • Staff Training Records • TOP Ten Policy Training Documentation • PREA Considerations for Managers Training Curriculum • Camp Florence Youth Transitional Facility PREA Refresher Handouts

- PREA Refresher 2026 PowerPoint
- Interviews with Random Staff

Reasoning and analysis by provision: 115.331 (a)

PAQ: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities. The agency trains all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment. The agency trains 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. The agency trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents. The agency trains 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. The agency trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

Oregon Youth Authority Policy I-A-10.0 (pages 7 and 8): All staff receive instruction related to the prevention, detection, reporting, and investigation of youth sexual abuse and sexual harassment during New Employee Orientation (NEO). The training must include the following topics: a) OYA's zero-tolerance for sexual abuse and sexual harassment; b) How staff must prevent, detect, report, and respond to youth sexual abuse and sexual harassment; c) A youth's right to be free from sexual abuse and sexual harassment; d) A staff member's and youth's right to be free from retaliation for reporting sexual abuse and sexual harassment incidents; e) The dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs; f) The common reactions of juvenile victims of sexual abuse and sexual harassment; g) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youth; h) How to avoid inappropriate relationships with youth; i) How to communicate effectively and professionally with youth, including LGBTQ+, and gender nonconforming youth; and j) Relevant laws regarding the applicable age of sexual consent.

Interviews with random staff: All random staff interviewed stated that they had been trained on the agency's zero tolerance policy for sexual abuse and sexual

harassment; how to fulfill their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; resident's right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; 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. All staff knew that the age of consent was 18 years old. They received the initial training at the OYA New Employee Training Academy and refreshers occur at the facility at least annually.

Reasoning and analysis by provision: 115.331 (b)

PAQ: Training is tailored to the unique needs and attributes of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Training Schedule of Classes, OYA Training Lesson Plan, TOP Ten Policy Training Documentation, PREA Considerations for Managers Training Curriculum, and Camp Florence Youth Transitional Facility PREA Refresher Handouts: The auditor reviewed the facility and agency trainings and confirmed that training is tailored to the unique needs and attributes of juvenile facilities and to the gender of the residents at the employee's facility.

Sample of staff training records: The auditor reviewed a sample of training records for staff. Staff have received all phases of the PREA training, and it is tailored to the unique needs and attributes of juvenile facilities and to the gender of the residents at the facility.

Reasoning and analysis by provision: 115.331 (c)

PAQ: Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is annually.

Camp Florence YTF PREA Refresher handouts and PREA Refresher 2026 PowerPoint: The auditor reviewed the refresher training.

Interviews with random staff: All random staff stated that they have at least one annual PREA refresher and often more than that if needed.

Reasoning and analysis by provision: 115.331 (d)

PAQ: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.

Staff training records: The auditor reviewed a sample of the training records. The facility maintains electronic documentation that the staff have received and

	<p>understand the training required.</p> <p>Findings: Based on the analysis, the facility exceeds the provisions of this standard.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Volunteer Training Manual • Oregon Facility Access Level 2, Volunteers and Interns • Oregon Facility Access Level 3, Employees and Contractors <p>Reasoning and analysis by provision: 115.332 (a) PAQ: All volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response.</p> <ul style="list-style-type: none"> • The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response: 0 <p>Oregon Youth Authority Volunteer Training Manual: The auditor reviewed the training and confirmed that volunteers are trained on the agency's policies and procedures regarding sexual abuse and sexual harassment, prevention, detection, and response.</p> <p>There were not any volunteers or contractors assigned to Camp Florence at the time of the onsite visit to be interviewed.</p> <p>Reasoning and analysis by provision: 115.332 (b) PAQ: The level and type of training provided to the volunteers and contractors is based on the services they provide and level of contact they have with the residents. All volunteers and coordinators who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>Oregon Facility Access Level 2, Volunteers and Interns: As a person volunteering or interning in an OYA youth correctional facility, I have been informed of, and I agree to follow, the safety and security requirements while in the OYA facility. I further</p>

	<p>understand and agree that should I knowingly violate any of the requirements that I may be barred from future access to the facility.</p> <p>Oregon Facility Access Level 3, Employees and Contractors: As a person conducting business in an OYA youth correctional facility, I have been informed of, and I agree to follow, the safety and security requirements while in the OYA facility. I further understand and agree that should I knowingly violate any of the requirements that I may be barred from future access to the facility.</p> <p>There were not any volunteers or contractors assigned to Camp Florence at the time of the onsite visit to be interviewed.</p> <p>Reasoning and analysis by provision: 115.332 (c) PAQ: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.</p> <p>There were not any volunteers or contractors assigned to Camp Florence and no training records to review.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.333	Resident education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Cal Interpreting and Translation Inc. Contract • Reporting Line Card – English and Spanish • Youth Safety Card – English and Spanish • Victim Advocate Flyer – Bilingual, English and Spanish • Camp Florence Youth Sexual Safety Education Sample • Interview with Intake Staff • Interviews with Random Residents • Observations Made During Onsite Visit <p>Reasoning and analysis by provision: 115.333 (a) PAQ: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p>

This information is provided in an age-appropriate fashion.

- The number of residents admitted in the past 12 months who were given this information at intake: 25

Oregon Youth Authority Policy I-A-10.0 (pages 8 and 9): Youth education 1. Upon a youth's commitment to OYA custody and any subsequent transfer between close-custody facilities, staff must give the youth the Youth Safety Guide and Reporting Line card the same day they arrive at the facility. The Youth Safety Guide identifies abuse; gives guidelines on how to stay safe; how to report abuse; and what to do if abused. The Reporting Line card provides direct contact information to the Professional Standards Office. 2. Staff must document in JJIS that the Youth Safety Guide and Reporting Line card were given and explained to the youth, and the youth indicated an understanding. (JJIS case note - category: Orientation; subcategory: Youth Safety Guide) 3. Staff also must provide each facility youth a comprehensive age appropriate presentation (in-person or electronic) regarding the youth's right to be free from sexual abuse and harassment, free from retaliation for reporting incidents, and how OYA must respond to such incidents. This presentation must be provided within 10 days of a facility youth's commitment to OYA custody. Staff must document on OYA form YA 4033 that the youth viewed the presentation and understood it. The YA 4033 must be distributed and retained according to the form's instructions. 4. All OYA facilities and field offices must have the information described in paragraphs 1 and 2 (above) readily available and displayed for youth. 5. Provisions of youth education must include formats accessible to all youth, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities). 6. All OYA facilities and field offices must provide youth with, or display in an accessible area, mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations; OYA safety posters; Reporting Line information posters; and Youth Grievance forms (YA 1300).

Reporting line card, youth safety card, victim advocate flyer, and youth sexual safety education sample: The auditor reviewed the flyer, cards, and the education sample to confirm that they provided PREA education.

The auditor reviewed the resident safety education flyers that were posted all throughout the facility. The posters provided basic information about PREA and the hotline number to report any allegation or suspicion.

Interview with intake staff: Resident PREA education is provided within five minutes of the resident arriving at the facility. They get a green folder with all the PREA information and a handbook. Staff goes over the orientation list with them, and the residents sign sexual safety education form indicating that they received and understood the education.

Interviews with random residents: All random residents interviewed confirmed that they received PREA education on the same day they arrived at the facility during

the admission process. The residents stated that this information was provided verbally, and flyers. They stated there were given a folder with all of the information.

Reasoning and analysis by provision: 115.333 (b)

PAQ: 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 number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake: 25

Oregon Youth Authority Policy I-A-10.0 (pages 8 and 9): Youth education 1. Upon a youth's commitment to OYA custody and any subsequent transfer between close-custody facilities, staff must give the youth the Youth Safety Guide and Reporting Line card the same day they arrive at the facility. The Youth Safety Guide identifies abuse; gives guidelines on how to stay safe; how to report abuse; and what to do if abused. The Reporting Line card provides direct contact information to the Professional Standards Office. 2. Staff must document in JJIS that the Youth Safety Guide and Reporting Line card were given and explained to the youth, and the youth indicated an understanding. (JJIS case note - category: Orientation; subcategory: Youth Safety Guide) 3. Staff also must provide each facility youth a comprehensive age appropriate presentation (in-person or electronic) regarding the youth's right to be free from sexual abuse and harassment, free from retaliation for reporting incidents, and how OYA must respond to such incidents. This presentation must be provided within 10 days of a facility youth's commitment to OYA custody.

Interview with intake staff: Resident PREA education is provided within five minutes of the resident arriving at the facility. They get a green folder with all the PREA information and a handbook. Staff goes over the orientation list with them, and the residents sign sexual safety education form indicating that they received and understood the education. Posters and cards are placed throughout the facility to provide continuing education.

Interviews with random residents: All random residents interviewed stated that they were told they had a right to not be sexually abused or sexually harassed; they had a right to report sexual abuse or sexual harassment; and they had a right not to be punished for reporting sexual abuse or sexual harassment. All the residents stated that they received this information on the first day that they arrived at the facility.

Reasoning and analysis by provision: 115.333 (c)

PAQ: There are no residents who were not educated within 10 days of arriving at the facility. Agency policy requires that residents who are transferred from one facility to

another be educated 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 to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Oregon Youth Authority Policy I-A-10.0 (page 9): This presentation must be provided within 10 days of a facility youth's commitment to OYA custody.

Interview with intake staff: Resident PREA education is provided within five minutes of the resident arriving at the facility. They get a green folder with all the PREA information and a handbook. Staff goes over the orientation list with them, and the residents sign sexual safety education form indicating that they received and understood the education. Posters and cards are placed throughout the facility to provide continuing education. All intakes are the same because all residents are transfers from another facility and are considered new admissions.

Reasoning and analysis by provision: 115.333 (d)

PAQ: Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually, impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Oregon Youth Authority Policy I-A-10.0 (page 9): Provisions of youth education must include formats accessible to all youth, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).

Reporting line card, youth safety card, victim advocate flyer, and youth education videos are provided in English and Spanish.

Cal Interpreting and Translation Inc. Contract: Most materials to be translated are for youth services, medical services, human services, or courts. Content may be technical or for a specific demographic. Contractor must be equipped to respond to any request within its area of expertise or field.

Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, and common areas.

Reasoning and analysis by provision: 115.333 (e)

PAQ: The agency maintains documentation of resident participation in PREA education sessions.

Oregon Youth Authority Policy I-A-10.0 (page 9): Staff must document on OYA form YA 4033 that the youth viewed the presentation and understood it. The YA 4033 must be distributed and retained according to the form's instructions.

Camp Florence Youth Sexual Safety Education Sample: The auditor reviewed the

	<p>signed Youth Sexual Safety Education forms and confirmed that there is documentation of resident participation in PREA education sessions.</p> <p>Reasoning and analysis by provision: 115.333 (f) PAQ: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 9): Provisions of youth education must include formats accessible to all youth, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).</p> <p>Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, recreation room, and common areas.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Training certificates for investigators • Interview with Investigative Staff <p>Reasoning and analysis by provision: 115.334 (a) PAQ - Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 8): Professional Standards Office (PSO) investigators must complete specialized training specific to conducting sexual abuse investigations in juvenile justice settings.</p> <p>Interview with investigation staff: All investigators receive training specific to</p>

	<p>conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take various specialized trainings such as the National Institute of Corrections (NIC) PREA Investigator Training, as well as specialized sexual assault and child abuse investigation training. The investigator had over 30 years of child abuse investigation experience.</p> <p>Reasoning and analysis by provision: 115.334 (b) PAQ - Specialized 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.</p> <p>Interview with investigative staff: The training covers 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 or prosecution referral.</p> <p>Reasoning and analysis by provision: 115.334 (c) PAQ - The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>Training certificates and rosters for investigators: The auditor reviewed a sample of training certificates for the IIB investigators. Training certificates include training from the NIC, the Moss Group PREA Juvenile Specialized Investigators Training, FETI Methodology, and Ready and Resilient: Sexual Assault Response Workshop. The auditor confirmed that specialized training has been completed, and training records are documented.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Mental Health Training Certificates

- Interview with Mental Health Staff

Reasoning and analysis by provision: 115.335 (a)

PAQ: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities

- The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 1
- The facility does not have onsite medical staff.
- The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100%

Oregon Youth Authority Policy I-A-10.0 (page 8): OYA medical and mental health care practitioners must complete specialized training on the following topics: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and where to report allegations or suspicions of sexual abuse or sexual harassment.

Interview with mental health staff: Mental health staff confirmed that they had received specialized training regarding sexual abuse and sexual harassment. They stated that the training covered the topics of 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 whom to report allegations of suspicions of sexual abuse and sexual harassment. They both stated they completed the NIC PREA 201 for Medical and Mental Health Practitioners specialized training and the regular PREA training offered by the Oregon Youth Authority.

Reasoning and analysis by provision: 115.335 (b)

PAQ: The agency medical staff at this facility does not conduct forensic medical exams.

Oregon Youth Authority Policy I-A-10.0 (page 16): If the reported incident was a sexually abusive penetration¹ that occurred within 96 hours, Health Services staff (if available) must assist in arranging the youth's medical examination in the local community at a facility equipped to evaluate and treat sexual abuse victims.

Interview with mental health staff: The mental health staff interviewed stated they did not conduct forensic examinations. They stated these were conducted at the local hospital.

Reasoning and analysis by provision: 115.335 (c)

PAQ: The agency maintains documentation showing that medical and mental health

	<p>practitioners have completed the required training.</p> <p>Mental health training certificates: The auditor reviewed the training certificates and confirmed that the mental health practitioner has completed the required training.</p> <p>Reasoning and analysis by provision: 115.335 (d)</p> <p>PAQ: 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 the practitioner’s status at the agency.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 7): All staff receive instruction related to the prevention, detection, reporting, and investigation of youth sexual abuse and sexual harassment during New Employee Orientation (NEO).</p> <p>Training records for all staff are maintained electronically.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Facility Services Procedure Statement I-A-10.0 (b), Vulnerability to Victimization and Sexual Aggressive Behavior (VSAB) Placement Tool (effective 11/13/2025) • Sample of Resident Vulnerability Assessment in the Juvenile Justice Information System (JJIS) • Camp Florence YTF Sample of Completed VSABs • Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness • Interviews with Random Residents • Interview with OYA PREA Coordinator • Interview with PREA Compliance Manager <p>Reasoning and analysis by provision: 115.341 (a)</p> <p>PAQ: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual</p>

abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The policy requires that the resident's risk level be reassessed periodically throughout their confinement.

- The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 6

Oregon Youth Authority Policy I-A-10.0 (pages 13 and 14): A mental health practitioner will evaluate a youth within 72 hours of the youth's initial intake to close custody, transfer to another OYA facility and annually, specifically to determine the youth's vulnerability to sexual abuse or sexual harassment as indicated by the following risk factors: a) Age; b) Physical size and stature; c) Intellectual or developmental disabilities; d) Level of emotional and cognitive development; e) Mental illness or mental disability; f) Physical disabilities; g) Current charges and offense history including sexual offenses; h) First-time-youth status (first time in OYA custody); i) Past history of victimization; j) Any gender nonconforming appearance or manner, or identification as lesbian, gay, bisexual, transgender, queer, questioning, or intersex (LGBTQ+); k) The youth's own perception of vulnerability; and l) Any other specific information about the youth that may require an increase in supervision, additional safety precautions, or separation from certain other youth.

Oregon Youth Authority Facility Services Procedure Statement I-A-10.0 (b) (page 1): QMHPs must complete a JJIS VSAB assessment during these instances: 1. Within 72 hours of a youth's initial intake to close custody, or transfer to another OYA facility; 2. Annually; and 3. If the youth has had behavior or abuse allegations that may affect their score. If a youth is scheduled for their regularly scheduled MDT, ensure a JJIS VSAB has been completed.

Interview with staff that perform screening for risk of victimization and abusiveness: Residents are screened within the first hour of admission to the facility. The residents' information and prior records are reviewed in the Juvenile Justice Information System, especially the abuse apps. This helps to get more information and is useful in being able to approach the youth. All residents are transferred from another facility. Reassessments are completed annually.

Interviews with random residents: All the random residents stated they remember when they first came to the facility being asked questions like whether they had ever been sexually abused, whether they identified with being gay, bisexual or transgender, whether they had any disabilities, and whether they thought they might be in danger at the facility.

Reasoning and analysis by provision: 115.341 (b)

PAQ: Risk assessment is conducted using an objective screening instrument.

Camp Florence YTF Sample of Completed VSABs: The auditor reviewed the resident's current vulnerability assessments. The instrument is an objective assessment.

Reasoning and analysis by provision: 115.341 (c)

PAQ: At a minimum, the agency attempts to ascertain information about: prior sexual victimization or abusiveness; 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; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the resident's own perception of vulnerability; and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Oregon Youth Authority Policy I-A-10.0 (pages 13 and 14): A mental health practitioner will evaluate a youth within 72 hours of the youth's initial intake to close custody, transfer to another OYA facility and annually, specifically to determine the youth's vulnerability to sexual abuse or sexual harassment as indicated by the following risk factors: a) Age; b) Physical size and stature; c) Intellectual or developmental disabilities; d) Level of emotional and cognitive development; e) Mental illness or mental disability; f) Physical disabilities; g) Current charges and offense history including sexual offenses; h) First-time-youth status (first time in OYA custody); i) Past history of victimization; j) Any gender nonconforming appearance or manner, or identification as lesbian, gay, bisexual, transgender, queer, questioning, or intersex (LGBTQ+); k) The youth's own perception of vulnerability; and l) Any other specific information about the youth that may require an increase in supervision, additional safety precautions, or separation from certain other youth.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment considers history of fighting, prior sexual behavior, placement history, social skills, any historical abuse, and intellectual abilities

Reasoning and analysis by provision: 115.341 (d)

PAQ: This information is ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Interview with staff that perform screening for risk of victimization and abusiveness: The residents' information and prior records are reviewed in the Juvenile Justice Information System, especially the abuse apps. This helps to get more information and is useful in being able to approach the youth. Some of the questions are yes/no, but more are conversational. The staff members will often take the conversational route to get more information.

Reasoning and analysis by provision: 115.341 (e)

PAQ: The agency shall implement appropriate controls on the dissemination within

	<p>the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited to the residents' detriment by staff or other residents.</p> <p>Interview with the OYA PREA coordinator: The Qualified Mental Health Practitioners complete the assessments. Any elevated risk is provided to the unit leadership team. The PREA coordinator can access them as well.</p> <p>Interview with PREA compliance manager: The Qualified Mental Health Practitioners and the camp director are the only ones that have access to the assessments.</p> <p>Interview with staff that perform screening for risk of victimization and abusiveness: The Qualified Mental Health Practitioners can read the assessments. High risk thresholds are passed onto the camp director.</p> <p>Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Facility Services Procedure Statement I-A-10.0 (b), Vulnerability to Victimization and Sexual Aggressive Behavior (VSAB) Placement Tool (effective 11/13/2025) • Oregon Youth Authority Policy 11-B-1.2, Use of Time-Out, Room-Lock, Other Isolation and Safety Programs in OYA Facilities (effective 10/26/2023, revised 10/26/2025) • Interview with Staff That Perform Screening for Risk of Victimization and Abusiveness • Interview with Camp Director • Interview with PREA Compliance Manager • Interview with Staff that Perform Screening for Risk of Victimization and Abusiveness • Interview with Mental Health Staff <p>Reasoning and analysis by Provision: 115.342 (a)</p>

PAQ: The agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Oregon Youth Authority Facility Services Procedure Statement I-A-10.0 (b), (page 2): Multidisciplinary team (MDT): Review the VSAB information and QMHP observations prior to assigning the youth to a treatment program, education program, or work. Review during the youth's regularly scheduled MDT meetings.

Interview with PREA compliance manager: The population management team looks at the assessment and looks at the bed assignments to see how the youth fit in the programming.

Interview with staff that perform screening for risk of victimization and abusiveness: The assessment helps to determine if additional treatment is needed, risk levels and bed positioning.

Reasoning and analysis by provision: 115.342 (b)

PAQ: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

- The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months: 0
- The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0
- The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months: 0

Oregon Youth Authority Policy 11-B-1.2 (page 6): Staff must use other less restrictive interventions when appropriate, considering the youth's behavior and its effect on others in the area where the behavior occurred or is occurring.

Oregon Youth Authority Policy 11-B-1.2 (page 9): A safety program is an intensive, youth-specific, time-limited intervention that modifies a youth's activities to focus on developing the youth's emotion regulation and problem-solving skills. A safety program may be used when all less restrictive interventions have been exhausted and ineffective in managing a youth's behavior.

Interview with the camp director: The facility does not use isolation.

Interview with mental health staff: The facility does not use isolation for sexual.

	<p>Reasoning and analysis by provision: 115.342(h) PAQ: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:(1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged, was 0.</p> <p>Reasoning and analysis by provision: 115.342(i) PAQ: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>Interview with the camp director: The facility does not use isolation.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Facility Services Procedure Statement FAC I-D-4.0, Youth Incident Report (effective 08/30/2021, revised 03/25/2025) • Oregon Youth Authority Policy 11-F-1.1, Youth Grievance Process-Facility (effective 01/15/2025) • Oregon Youth Authority Policy 1-E-6.0, Contact with U.S. Immigration and Customs Enforcement (ICE) (effective 08/04/2025) • Oregon Youth Authority Policy 0-2.3, Mandatory Reporting of Abuse (effective 10/26/2023, last reviewed 10/26/2025) • Oregon Youth Authority Agreement with the Governor’s Office of Constituent Services (effective 01/2022) • Oregon Youth Authority Reporting Line • Oregon Youth Authority Mandatory Abuse Reporting Refresher PowerPoint (2025) • Oregon Youth Authority New Employee Orientation PREA Lesson Plan • Oregon Youth Authority PREA Refresher PowerPoint (2026) • Camp Florence Youth Transitional Facility PREA Refresher Handouts • Interview with PREA Compliance Manager

- Interviews with Random Staff
- Interviews with Random Residents
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.351 (a)

PAQ: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: • 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.

- Reporting line, Grievance Form, Notification to staff, third party reporting, victim advocates (can file 3rd part report on behalf of youth with an ROI)

Oregon Youth Authority Policy I-A-10.0 (page 10): OYA provides multiple ways for youth to report sexual abuse and sexual harassment incidents, retaliation for reporting incidents, and perceived staff neglect or policy violations that may be contributed to sexual abuse or sexual harassment incidents, including: a) The youth grievance process (see OYA policies II-F-1.1 Youth Grievance Process – Facility, and III-B-4.0 Youth Rights and Grievances in the Community); b) Access to the confidential OYA Reporting Line 1-800-315-5440 (see OYA policy II-F-3.4 Use of Telephone); c) Regular safety surveys; d) Confidential access (correspondence, telephonic, or in person) to agencies that provide legal services, including legal aid offices; and e) Confidential access through correspondence to the Governor’s Constituency Services Office that receives and forwards reports of sexual abuse and sexual harassment to OYA officials, allowing the youth to remain anonymous upon request.

Interviews with random staff: All random staff stated that the residents could privately report sexual abuse or sexual harassment to the Oregon Youth Authority Professional Standards Office hotline, by telling staff, writing a grievance or making a third-party report.

Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment to the hotline, by telling a staff member, writing a grievance, telling someone who does not work at the facility, or telling any trusted adult.

Observations made during the onsite visit: The auditor observed all areas where PREA posters and signage were posted throughout the facility and stated the facility's zero tolerance policy, as well as multiple ways to report. Signage was in both English and Spanish. They were visible in all areas of the facility including the dining room, visitation room, school, recreation room, living units, and in all common areas. The auditor tested the ways to report by calling the reporting line.

Reasoning and analysis by provision: 115.351 (b)

PAQ: The agency provides at least one way for residents to report abuse or

harassment to a public or private entity or office that is not part of the agency. The agency does not detain residents solely for civil immigration purposes.

Oregon Youth Authority Agreement with the Governor's Office of Constituent Services: The Governor's Office of Constituent Services agrees to provide a way for Adults in Custody (AICs) of the Oregon Department of Corrections (ODOC) and youth offenders in the Oregon Youth Authority (OYA) to report sexual abuse or sexual harassment. The Governor's Office agrees to forward such reports to the ODOC PREA Coordinator or OYA PREA immediately upon receipt. In all cases, if the writer/caller requests confidentiality, all of their personally identifiable information will be redacted prior to scanning into the database, and before forwarding the information to the ODOC PREA Coordinator or OYA PREA Coordinator. The Governor's Office will keep all allegations of sexual abuse and sexual harassment confidential and limited to need-to-know personnel only. ODOC and OYA agree to investigate every allegation of sexual abuse and sexual harassment. ODOC and OYA also agree to report the outcome of the investigation to the reporting ODOC AIC or OYA youth offender. The OYA PREA Coordinator will ensure that the following information will be posted in every OYA facility youth offender living unit as a sexual abuse or sexual harassment reporting entity.

Oregon Youth Authority Policy 1-E-6.0 (page 2): OYA staff must not inquire into or request information about a youth's immigration status unless: 1. The information is required to advance an investigation into a violation of state or local criminal law; 2. The information is submitted to a court in Oregon in connection with a proceeding in that court; or 3. As necessary to determine the youth's eligibility for a benefit that the youth is seeking.

OYA does not hold youth solely for civil immigration purposes.

Interview with PREA compliance manager: Residents can call the Professional Services Office Hotline. The PSO notifies the facility when they receive a report.

Interviews with random residents: All random residents stated that they could privately report sexual abuse or sexual harassment to the hotline, by telling a staff member, writing a grievance, telling someone who does not work at the facility, or telling any trusted adult. They stated that they could remain anonymous.

Observations during the site review: The auditor observed PREA posters and signage were posted throughout the facility that provided the information to make a report of sexual abuse or sexual harassment to the reporting line. The auditor tested the reporting line, and it is a voicemail service and is reviewed daily except for the weekends.

Reasoning and analysis by provision:115.351 (c)

PAQ: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports.

Oregon Youth Authority Policy I-A-10.0: OYA provides multiple ways for youth to

report sexual abuse and sexual harassment incidents, retaliation for reporting incidents, and perceived staff neglect or policy violations that may be contributed to sexual abuse or sexual harassment incidents, including: a) The youth grievance process (see OYA policies II-F-1.1 Youth Grievance Process – Facility, and III-B-4.0 Youth Rights and Grievances in the Community); b) Access to the confidential OYA Reporting Line 1-800-315-5440 (see OYA policy II-F-3.4 Use of Telephone); c) Regular safety surveys; d) Confidential access (correspondence, telephonic, or in person) to agencies that provide legal services, including legal aid offices; and e) Confidential access through correspondence to the Governor’s Constituency Services Office that receives and forwards reports of sexual abuse and sexual harassment to OYA officials, allowing the youth to remain anonymous upon request. OYA may receive youth-related sexual abuse and sexual harassment reports from youth family members or the public. Information regarding the reporting process is available on the OYA public Internet website and the Youth Family Guides (close-custody youth, and community youth) including: 1. Access to the confidential OYA Reporting Line 1-800-315-5440; 2. Access to a confidential e-mail contact: professionalstandards.office@oya.state.or.us; 3. E-complaint form: <https://www.oregon.gov/oya/psa/Pages/OnlineComplaintForm.aspx>; 4. The youth grievance process; and 5. By notifying staff.

Interviews with random residents: All random residents interviewed stated that they could privately report sexual abuse or sexual harassment by verbally telling a staff member.

Interviews with random staff: All random staff stated that a resident can make a verbal report of sexual abuse to any staff member. The staff stated that once they have been made aware of such a report, they are required to immediately report to the officer of the day and document it.

Reasoning and analysis by provision: 115.351 (d)

PAQ: The facility provides residents with access to tools to make written reports of sexual abuse or 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.

Oregon Youth Authority Policy 11-F-1.1 (page 4): Grievance Form Access, Collection, and Assignment 1. Youth Grievance Filing Forms (YA 1300) must be available to all youth within a common area. The Youth Grievance Filing Form must also be available on the OYA website. 2. Locked boxes specifically for form collection must be located where they can be accessed daily by youth. At least one locked box must be located in an area of the facility where youth can submit a grievance without being observed by their unit leadership team (e.g., school, recreation area).

Interview with PREA compliance manager: There is a grievance process. The residents are informed about the process during intake, and it is discussed at community meetings. The forms, envelopes, and the locked boxes are located in a common area of the facility.

There were no residents who reported sexual abuse to be interviewed during the

onsite visit.

Reasoning and analysis by provision: 115.351 (e)

PAQ: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Staff may use the third-party reporting process described in I-A-10.0, Pg. 12.

Oregon Youth Authority Policy I-A-10.0 (page 12): OYA may receive youth-related sexual abuse and sexual harassment reports from youth family members or the public. Information regarding the reporting process is available on the OYA public Internet website and the Youth Family Guides (close-custody youth, and community youth) including: 1. Access to the confidential OYA Reporting Line 1-800-315-5440; 2. Access to a confidential e-mail contact: professionalstandards.office@oya.state.or.us; 3. E-complaint form: <https://www.oregon.gov/oya/psa/Pages/OnlineComplaintForm.aspx>

Oregon Youth Authority Policy 0-2.3 (pages 3 and 4): Oregon law requires certain professionals and employees of certain state agencies to report to law enforcement or the Department of Human Services/Child Protective Services (DHS-CPS) any instance where the professional or employee becomes aware of or has reasonable cause to believe child abuse has occurred. OYA staff are designated and mandated by law to report any alleged or suspected child abuse occurring on the job and in their private lives. "Child" is defined in this policy (part II above). Nonstaff may be required to follow the child abuse reporting laws according to their professions or employment statuses. As with child abuse incidents, OYA staff are required by Oregon law to report any instance where they become aware of or have reasonable cause to believe abuse has occurred of an adult who is an elderly person or has a disability.

Interviews with random staff: All random staff interviewed stated that they could privately report any allegation or suspicion of sexual abuse or sexual harassment of a resident by contacting the hotline. They all stated they are required to report any abuse.

Finding: Based on this analysis, the facility substantially exceeds the provisions of this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:

- Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (Juvenile Facilities)
- Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025)
- Oregon Youth Authority Policy 11-F-1.1, Youth Grievance Process-Facility (effective 01/15/2025)
- Grievance Process Flow Chart
- Grievance Overview Videos for Youth and Staff
- Interview with Grievance Staff
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.352 (a)

PAQ: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Oregon Youth Authority Policy I-A-10.0 (page 10): OYA provides multiple ways for youth to report sexual abuse and sexual harassment incidents, retaliation for reporting incidents, and perceived staff neglect or policy violations that may be contributed to sexual abuse or sexual harassment incidents, including: a) The youth grievance process (see OYA policies II-F-1.1 Youth Grievance Process – Facility, and III-B-4.0 Youth Rights and Grievances in the Community).

Oregon Youth Authority Policy 11-F-1.1 (pages 2, 4 and 5): OYA recognizes all youth have a right to review any action or decision affecting them and initiate a grievance without fear of reprisal. Youth who believe they have been dealt with unjustly by OYA may file a grievance using the process described below. They are not required to discuss the nature of their grievance with staff, but staff and youth are encouraged to handle questions and complaints at the lowest level possible.

Grievance Form Access, Collection, and Assignment

1. Youth Grievance Filing Forms (YA 1300) must be available to all youth within a common area. The Youth Grievance Filing Form must also be available on the OYA website.
2. Locked boxes specifically for form collection must be located where they can be accessed daily by youth. At least one locked box must be located in an area of the facility where youth can submit a grievance without being observed by their unit leadership team (e.g., school, recreation area).
3. A designated staff member who does not have routine contact with youth must collect all forms from the locked boxes every day, except on weekends and public holidays. If it is not feasible to designate a staff that does not have routine contact with youth for this duty, sealable envelopes must be available with the Youth Grievance Filing Forms so youth may seal their forms prior to dropping them in the locked boxes.
4. The designated staff member must deliver all collected Youth Grievance Filing Forms to the facility local grievance coordinator.
5. The local grievance coordinator must assess the nature of the grievance and assign a tracking number and appropriate responder to each grievance on a YA 1300A Youth Grievance Review Form.

Interview with grievance staff: The agency and facility have a grievance process.

The residents are allowed to use the grievance system to report sexual abuse and sexual harassment, staff neglect or violation of responsibilities that may have contributed to such incidents, and retaliation by staff or residents for reporting. The process is explained during orientation and during community group meetings. There are forms available and green envelopes available. They are completed and placed in a locked box. The boxes are checked every day. The facility rarely receives any grievances. There is a grievance log.

Observations during site review: The auditor observed the locked grievance box and the form that can be used to make a grievance. The auditor tested the grievance procedure by putting a note into a grievance box and asking for an email stating it had been received by the grievance staff.

Reasoning and analysis by provision: 115.352 (b)

PAQ: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Oregon Youth Authority Policy 11-F-1.1, (page 2): There is no time limit between when a grievance incident or issue occurred and when a youth may file a grievance.

Interview with grievance staff: There is no time limit on when the resident may file a grievance for sexual abuse or sexual harassment. The residents are not asked to informally resolve any grievance, only for day-to-day conflicts.

Reasoning and analysis by provision: 115.352 (c)

PAQ: The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Oregon Youth Authority Policy 11-F-1.1, (pages 4 and 5): A designated staff member who does not have routine contact with youth must collect all forms from the locked boxes every day, except on weekends and public holidays. If it is not feasible to designate a staff that does not have routine contact with youth for this duty, sealable envelopes must be available with the Youth Grievance Filing Forms so youth may seal their forms prior to dropping them in the locked boxes. Any staff member who is the subject of a grievance or to whom the grievance may pose a conflict of interest must not be the assigned responder.

Interview with grievance staff: Grievances are processed and logged every day in the electronic system. There is no time limit on how long grievances are kept. Only the grievance staff have access to the grievances.

Reasoning and analysis by provision: 115.352 (d)

PAQ: The agency's policy and procedures that require that a decision on the merits

of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made

- In the past 12 months, the number of grievances that were filed that alleged sexual abuse: 0
- In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
- In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Oregon Youth Authority Policy 11-F-1.1, (page 5): Staff assigned as a grievance responder must review the grievance with the youth within seven working days of OYA receiving the grievance. The assigned responder must provide the youth a copy of the written resolution documented on the YA 1300A Youth Grievance Review Form. a) The original YA 1300A Youth Grievance Review Form containing the written resolution must be forwarded to the grievance coordinator for tracking and retention. b) If it appears the process may take longer than seven working days, staff must give the youth written notification of the delay before the due date. A copy of the delay notice must be forwarded to the grievance coordinator for tracking. c) Any delay longer than 14 working days must be approved by the Camp Director or Camp Director.

Grievance Process Flow Chart: The auditor reviewed the flow chart and confirmed the timelines for grievances to be resolved.

Interview with grievance staff: Regular grievances are decided within seven to ten days, unless it is PREA related and that depends on how long the investigation takes. Grievance decisions can be extended past 90 days, but the facility has never had one go that long. The grievance can move up to next level until it is resolved. When a grievance is extended, the resident is informed.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.352 (e)

PAQ: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Oregon Youth Authority Policy I-A-10.0 (page 15): Third-party reporting OYA may receive youth-related sexual abuse and sexual harassment reports from youth family members or the public. Information regarding the reporting process is available on the OYA public Internet website and the Youth Family Guides (close-custody youth, and community youth) including: 1. Access to the confidential OYA Reporting Line 1-800-315-5440; 2. Access to a confidential e-mail contact: professionalstandards.office@oya.state.or.us; 3. E-complaint form: <https://www.oregon.gov/oya/pso/Pages/OnlineComplaintForm.aspx>; 4. The youth grievance process; and 5. By notifying staff.

Oregon Youth Authority Policy 11-F-1.1, (page 2): Grievances may also be filed on behalf of a youth by the youth's representative when the youth agrees on the filing. Staff must document a youth's refusal of a representative's offer to file a grievance on behalf of the youth. Grievances filed by a youth's parent or legal guardian involving possible youth civil rights violations or criminal matters are not conditioned on the youth agreeing to have the grievance filed on their behalf.

Interview with grievance staff: Any third party can file a grievance. The staff member is not sure how a third party would file the grievance but thought it would probably come through a phone call. The grievance staff was not sure if the residents could decline to have the grievance processed.

Reasoning and analysis by provision: 115.352 (f)

PAQ: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0
- The number of those grievances in 115.352(f)-3, that had an initial response within 48 hours: 0
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within 5 days: 0

Oregon Youth Authority Policy 11-F-1.1, (pages 3 and 4): When staff receive an emergency grievance where life, health, or safety may be threatened (e.g., imminent danger, abuse, injury, sexual vulnerability), they must immediately notify the Camp Director/Camp Director, or officer-of-the-day (OD) of the matter. The

emergency grievance must be reviewed and responded to as soon as possible but no longer than 24 hours from receipt. 1. The Camp Director/Camp Director or OD will take appropriate action to assure the welfare of the youth. 2. Staff may also inform the youth of the option to contact the OYA Professional Standards Office by calling the OYA Reporting Line (formerly "Hotline") at 1-800-315-5440 regarding the emergency matter. Staff must remind the youth that the Professional Standards Office will not respond to OYA Reporting Line calls during weekends or public holidays. 3. Refer to OYA policies I-A-10.0 (Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment); and 0-2.3 (Mandatory Reporting of Abuse) if the matter involves sexual abuse/harassment or child abuse. 4. When Professional Standards Office receives youth messages on the OYA Reporting Line that clearly are not emergency grievances or civil rights violations, they must remind the youth of the appropriate grievance or communication process. This ensures all grievances are addressed in accordance with OAR 416-020.

Interview with grievance staff: Sexual abuse and sexual harassment would be considered an emergency grievance and would be reported immediately to the hotline. The resident would be told if it was reported to the hotline. The time for a final decision would depend on how long the investigation takes. Residents would be told the outcome as soon as the investigation was completed.

Reasoning and analysis by provision:115.352 (g)

PAQ: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith: 0

Interview with grievance staff: There has never been a bad faith grievance filed.

Corrective action: The staff member is not sure how a third party would file the grievance but thought it would probably come through a phone call. The grievance staff was not sure if the residents could decline to have the grievance processed. The facility will provide the auditor with documentation that the grievance staff has been trained in third party reporting. The facility provided the auditor with documentation that this corrective action was completed on 05/22/2026 and 06/10/2026.

Finding: Based on this analysis, corrective action is completed and the facility is substantially compliant with the provisions of this standard.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025)
- Oregon Youth Authority Policy 11-F-3.6, Youth Legal Materials and Assistance (effective 12/21/2018, last reviewed 12/21/2024)
- Oregon Youth Authority Policy II-F-3.4, Youth Use of Telephones (effective 10/25/2010, last reviewed 01/17/2025)
- Oregon Youth Authority Policy II-F-1.0, Youth Rights - Facility (effective 06/21/2023, last reviewed 06/21/2025)
- Oregon Youth Authority Policy II-E-2.5, Visits with Youth (effective 09/27/2013, last reviewed 09/27/2025)
- Oregon Youth Authority Policy I-A-9.0, Parent/Guardian and Family Involvement in Youth reformation (effective 06/30/2021, revised 06/30/2025)
- Memorandum of Understanding with Sexual Assault Support Services
- Victim Advocate Flyer
- Camp Florence Youth Sexual Safety Education Sample
- Annual Systems Testing for PREA Memo
- Interview with Camp Director
- Interview with PREA Compliance Manager
- Interviews with Random Residents
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.353 (a)

PAQ: The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

Oregon Youth Authority Policy I-A-10.0 (page 17): The Camp Director, Camp Director, SARRC or PCM, must ensure the sexual abuse victim is reminded of victim rights and advocacy information, and that a qualified victim advocate is available to the sexual abuse victim. The qualified victim advocate may be a qualified agency staff member, or an advocate from a community-based organization.

Memorandum of Understanding with Sexual Assault Support Services: The Parties desire to establish a method of providing victim support services for youth and ensure the availability of advocates through the forensic examination process and

during subsequent investigatory interviews; and The Parties wish to establish a framework for cooperation and collaboration in the interest of addressing the needs of youth who seek healing from sexual abuse and violence.

Victim Advocate Flyer: The auditor reviewed the flyer. The information for Sexual Assault Support Services is listed on the flyer.

Camp Florence Youth Sexual Safety Education Sample: The auditor confirmed that the residents are given information about outside support services. This is located on page three. The residents initial that they have received this information.

Interviews with random residents: All residents interviewed confirmed that they were aware of the outside services that were available. Only one of the twelve interviewed knew what type of services they would be.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Observations made during onsite visit. There was signage throughout the facility that provided information on outside support services. The auditor contacted Sexual Assault Support Services. They confirmed that the residents can call anytime, the service is always free, and the calls remain private unless there are concerns of harm.

Reasoning and analysis by provision: 115.353 (b)

PAQ: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Interview with random residents: All twelve residents interviewed stated that these calls would remain private and they knew that the outside agency would have to report if the resident was hurt or going to hurt someone. They were aware that the agency would be mandatory reporters.

Reasoning and analysis by provision: 115.353 (c)

PAQ: The agency or facility maintains memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

Memorandum of Understanding with Sexual Assault Support Services: The Parties desire to establish a method of providing victim support services for youth and ensure the availability of advocates through the forensic examination process and during subsequent investigatory interviews; and The Parties wish to establish a framework for cooperation and collaboration in the interest of addressing the needs of youth who seek healing from sexual abuse and violence.

Reasoning and analysis by provision: 115.353 (d)

PAQ: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.

Oregon Youth Authority Policy 11-F-3.6 (page 2): OYA recognizes youth committed to facilities have the right to consult privately with legal counsel and have legal materials and assistance in accessing the courts, without obstruction or interference by staff. OYA provides youth access to legal material through an electronic web portal (FastCase) that assists youth with access to the courts. OYA also maintains a contract to provide assistance for youth who want access to the court for direct appeals, post-conviction relief, and habeas corpus initial filings. Youth may also obtain an attorney licensed to practice in Oregon at their own expense. Youth determined to be indigent by the court may obtain a court-appointed attorney to assist in certain post-dispositional or probation violation hearings. Staff must treat all communication between youth and Youth Legal Clinic providers as confidential and provide private areas for providers and youth to meet. Living unit managers or facility administrative staff must coordinate legal visits in advance when an attorney wishes to consult with a youth who is a client or who has requested consultation. Youth's attorney telephone calls [other than Youth Legal Clinic providers] Staff must give a youth as much privacy as possible within the limitations of the facility's physical design while making or receiving a youth's attorney's telephone call. 1. When a youth requests to telephone their attorney, the staff receiving the request must note the request in the unit living log. 2. A supervisor/manager, or designee, must arrange the call within 24 hours of the youth's request, excluding holidays and weekends. 3. All calls must be made within normal business hours, except in emergencies. In an emergency, the call must be arranged as soon as practicable, including weekends or holidays. 4. Staff must not screen or inquire into the reason for or purpose of the call except to determine if an emergency exists. 5. Staff must not deliberately listen to the youth's conversation. 6. Staff may visually monitor the youth for safety and security reasons while the youth is on the telephone. 7. The successful or unsuccessful completion of the attorney telephone call must be noted in the youth's JJIS "Visits/Phone Calls" tab. 8. Incoming attorney telephone calls When an attorney calls a youth, the staff receiving the call must verify the attorney is on the youth's contact list prior to allowing the youth to speak to the attorney. If the youth is not available, staff must arrange for a return call as soon as practicable, as described above.

Oregon Youth Authority Policy II-F-3.4 (pages 2 and 3): Regular telephone calls are calls a youth may receive or make to maintain family or community ties consistent with the youth's case plan. 1. A youth may receive or make a minimum of one regular telephone call from/to a family member per week. The length of the call must be at least 10 minutes in duration. These outgoing telephone calls are paid for by OYA. Telephone calls beyond the minimum may be allotted according to the facility's behavior management system. 2. Each facility must establish the hours during which a telephone is available to youth. 3. Staff must verify the telephone number and person the youth wishes to call have been approved by the youth's treatment team prior to allowing the telephone call. Approved telephone numbers

	<p>are normally located in the youth’s JJIS profile. 4. Staff must place and ensure the approved party answers before the youth accesses the telephone. 5. Staff must remain in visual and audio proximity to monitor the youth for safety and security reasons while the youth is on the telephone. 6. Staff must terminate a telephone call if they believe that one of the parties participating in the call is being verbally abusive or committing a facility behavior violation.</p> <p>Oregon Youth Authority Policy II-F-1.0 (page 4): Opportunity to contact their attorney, parent, guardian, and juvenile parole/probation officer.</p> <p>Interview with the camp director: Upon request, the unit leadership team can approve a call to their attorney. Attorneys can call and visit the facility. The residents get calls anytime to the people on the approved contact list. Visitation occurs on the weekend. The families can request a special visit.</p> <p>Interview with the PREA compliance manager: Upon request, the unit leadership team can approve a call to their attorney. Attorneys can call and visit the facility. The residents get calls anytime to the people on the approved contact list. Visitation occurs on the weekend. The families can request a special visit.</p> <p>Interviews with random residents: The random residents stated that they have access to their attorneys or probation officers, and parents, legal guardians, or other family members if they want to use it. They stated they can call anytime. Family can visit or they can have virtual visits if they cannot.</p> <p>Corrective action: All residents interviewed confirmed that they were aware of the outside services that were available. Only one of the twelve interviewed knew what type of services they would be. The facility will provide the auditor with documentation that the residents have been re-trained on this provision of the standard. The agency/facility provided the auditor with documentation that the residents were re-trained on 06/15/2026.</p> <p>Finding: Based on this analysis, the corrective action is completed, and the facility is substantially compliant with the provisions of this standard.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)

- Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025)
- Top Ten Things for Families to Know, English and Spanish
- PSO Public Website Reporting Options
- Visitation Poster
- Observations Made During Onsite Visit

Reasoning and analysis by provision: 115.354 (a)

PAQ: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

Oregon Youth Authority Policy I-A-10.0,(page 12): OYA may receive youth-related sexual abuse and sexual harassment reports from youth family members or the public. Information regarding the reporting process is available on the OYA public Internet website and the Youth Family Guides (close-custody youth, and community youth) including: 1. Access to the confidential OYA Reporting Line 1-800-315-5440; 2. Access to a confidential e-mail contact: professionalstandards.office@oya.state.or.us; 3. E-complaint form: <https://www.oregon.gov/oya/psa/Pages/OnlineComplaintForm.aspx>; 4. The youth grievance process; and 5. By notifying staff.

Top Ten Things for Families to Know, English and Spanish: The auditor reviewed this flyer and confirmed that it contained information about third-party reporting

PSO Public Website Reporting Options: The auditor reviewed the website. There are four main ways to report or complaint.

Observations made during onsite visit: The auditor reviewed the signage posted throughout the facility and documented that it contained information and phone numbers on third party reporting.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making determination of compliance:
	<ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-

Audit Questionnaire (PAQ) (Juvenile Facilities)

- Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025)
- Oregon Youth Authority Policy 0-2.3, Mandatory Reporting of Abuse (effective 10/26/2023, last reviewed 10/26/2025)
- Camp Florence Youth Transitional Facility Sexual Abuse Response Plan, CFYTF I-A-10.0 (effective 05/01/2025)
- Staff and Reporting Duties Oregon Youth Authority PREA Coordinator Notification Process
- Interview with Camp Director
- Interview with PREA Compliance Manager
- Interviews with Random Staff
- Interview with Mental Health Staff

Reasoning and analysis by provision: 115.361 (a)

PAQ: The agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Oregon Youth Authority Policy I-A-10.0 (page 15): If a youth notifies a staff member that the youth has been sexually abused or the staff sees or learns of the abuse, staff must, in the following order, immediately: a) Ensure the victim is safe and kept separated from the perpetrator. b) If the incident occurred within 96 hours, secure the incident area(s) and treat it as a crime scene(s) in accordance with OYA policy II-A-1.2 (Preserving Chain of Evidence) until released. (1) Request that the alleged victim not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating. (2) Ensure that the alleged abuser does not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating. c) Notify their supervisor or officer-of-day (OD).

Staff and Reporting Duties Oregon Youth Authority PREA Coordinator Notification Process: 1. An incident happens within the facility and the reporting OYA staff member completes a YIR (Youth Incident Report) in JJIS (Juvenile Justice Information System). 2. When completing a YIR for a sexual behavior, the staff may click the "Notify PREA Coordinator" radio button to enter a short statement describing the incident or specifying specific concerns. 3. Clicking the "Notify PREA Coordinator" button triggers an automatic notification email from JIS to the PREA coordinator inbox. 4. Choosing the incident problem "Sexual Behavior" also triggers an automatic notification email to the PREA Coordinator inbox 5. The PREA Coordinator

reviews the notification and the YIR to determine whether a recommendation for a sexual abuse incident investigation by the Professional Standards Office (PSO) is required. 6. If the PREA Coordinator recommends and investigation, a case is opened and assigned to an investigator for investigation.

Interviews with random staff: All random staff interviewed stated that the agency requires all staff to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment. They stated all incidents are reported to their supervisor or officer of the day.

Reasoning and analysis by provision: 115.361 (b)

PAQ: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Oregon Youth Authority Policy 0-2.3 (page 5): All OYA staff and substitute care providers are subject to mandatory child abuse reporting laws and must immediately report any observed, alleged or suspected child abuse. The obligation to report includes any child and is not limited to incidents involving youth in OYA legal or physical custody. 1. As mandatory child abuse reporters, staff and substitute care providers are required to report alleged or suspected child abuse brought to their attention both on and off duty. The duty to report suspected child abuse extends to all hours of the day, every day. The duty to report remains the same whether the information is learned through rumors or hearsay, alleged by perpetrators or victims, is suspected, or is observed.

Interview with random staff: All random staff interviewed stated that they had received training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Reasoning and analysis by provision: 115.361 (c)

PAQ: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Oregon Youth Authority Policy I-A-10.0 (page 9): Any sexual abuse information received by any staff member must only be disclosed on a need-to-know basis. Information must be shared according to state and federal privacy laws, professional licensure, and ethical standards.

Interviews with random staff: All random staff interviewed stated that they would only share information about an incident with those that need to know.

Reasoning and analysis by provision: 115.361 (d)

PAQ: Medical and mental health practitioners shall be 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. Such practitioners shall be required to inform

residents at the initiation of services of their duty to report and the limitations of confidentiality.

The facility does not have onsite medical services.

Interview with mental health staff: Mental health staff stated they are required to disclose the limitations of confidentiality and their duty to report at the initiation of services to a resident. They stated there is a signed form and they walk the resident through what that means. They stated they are mandated reporters and are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official upon learning of it. They both stated they are required to report to the officer on duty. They can report to the camp director, the treatment supervisor. There is a chart that triggers what is reported and to whom.

Reasoning and analysis by provision: 115.361 (e)

PAQ: Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall 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 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 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.

Oregon Youth Authority Policy I-A-10.0 (page 15): If the victim is under the guardianship of the child welfare system (Department of Human Services - DHS), the PREA coordinator must ensure DHS is notified of the incident. If the victim was committed to OYA through a juvenile court and has an attorney or legal representative on record, the PREA coordinator must ensure that person is notified within 14 days of the sexual abuse allegation.

Camp Florence YTF) Sexual Abuse Response Plan: The living unit manager or the qualified mental health practitioners would communicate with the victim's family.

Interview with the camp director: The parents/guardians, probation officer, and the court system would be notified as soon as possible if the youth is a minor.

Interview with PREA compliance manager: The parents/guardians, probation officer, and the court system would be notified as soon as possible if the youth is a minor.

Reasoning and analysis by provision: 115.361 (f)

PAQ: The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's designated investigators.

Oregon Youth Authority Policy I-A-10.0 (page 15): The supervisor or OD must verbally notify: a) The Camp Director or Camp Director; b) The PCM; and c) The PSO

	<p>Chief Investigator.</p> <p>Interview with the camp director. All allegations of sexual abuse and sexual harassment are reported directly to the Professional Standards Office and they assign the case.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Interview with Agency Head • Interviews with Random Staff • Interview with Camp Director <p>Reasoning and analysis by provision: 115.362 (a)</p> <p>PAQ: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <ul style="list-style-type: none"> • In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse: 0 <p>Oregon Youth Authority Policy I-A-10.0 (page 14): Any staff who learns that a youth is subject to a substantial risk of imminent sexual abuse, or is a substantial risk of imminently sexually abusing must immediately ensure the youth's safety, and notify the staff member's supervisor or officer-of-the-day (OD), and a PCM.</p> <p>Interview with agency head: When staff learn that a resident is subject to the risk of imminent sexual abuse, immediate action will be taken to make sure the resident is safe. The camp director or the officer of the day would be notified. The risk would be identified, and a plan would be developed to address the situation.</p>

	<p>Interview with the camp director: Staff would connect as a team to confer and develop a plan to ensure safety, adjust programming or look at a transfer. The expectation is that staff would act immediately.</p> <p>Interviews with random staff: All random staff stated they would immediately separate the resident from the potential threat, notify supervisor, keep resident safe.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Confinement Notice Sample • Interview with Agency Head • Interview with Camp Director <p>Reasoning and analysis by provision: 115.363 (a) PAQ: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 0 <p>Oregon Youth Authority Policy I-A-10 (page 17): Allegations of sexual abuse in another facility 1. Upon receiving an allegation that a youth was sexually abused while housed in another facility, the Camp Director/Camp Director that received the allegation must notify the following entities as soon as possible, but no longer than 72 hours after receiving the allegation: a) The head of the facility or appropriate office of the agency where the alleged abuse occurred; b) The other facility's or office's investigative agency; and c) PSO. 2. PSO must document the notification in its case management system.</p>

Reasoning and analysis by provision: 115.363 (b)

PAQ: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Oregon Youth Authority Policy I-A-10 (page 17): Allegations of sexual abuse in another facility 1. Upon receiving an allegation that a youth was sexually abused while housed in another facility, the Camp Director/Camp Director that received the allegation must notify the following entities as soon as possible, but no longer than 72 hours after receiving the allegation: a) The head of the facility or appropriate office of the agency where the alleged abuse occurred; b) The other facility's or office's investigative agency; and c) PSO. 2. PSO must document the notification in its case management system.

Reasoning and analysis by provision: 115.363 (c)

PAQ: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Oregon Youth Authority Policy I-A-10 (page 17): Allegations of sexual abuse in another facility 1. Upon receiving an allegation that a youth was sexually abused while housed in another facility, the Camp Director/Camp Director that received the allegation must notify the following entities as soon as possible, but no longer than 72 hours after receiving the allegation: a) The head of the facility or appropriate office of the agency where the alleged abuse occurred; b) The other facility's or office's investigative agency; and c) PSO. 2. PSO must document the notification in its case management system.

Reasoning and analysis by provision: 115.363 (d)

PAQ: The agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards.

- In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0

Oregon Youth Authority Policy I-A-10 (page 17): Allegations of sexual abuse in another facility 1. Upon receiving an allegation that a youth was sexually abused while housed in another facility, the Camp Director/Camp Director that received the allegation must notify the following entities as soon as possible, but no longer than 72 hours after receiving the allegation: a) The head of the facility or appropriate office of the agency where the alleged abuse occurred; b) The other facility's or office's investigative agency; and c) PSO. 2. PSO must document the notification in its case management system.

Interview with agency head: The camp director and then the PREA coordinator would be the point of contact. These allegations would be investigated the same as any other allegation.

Interview with the camp director: If the facility received an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in

the facility, the Professional Standards Office would be notified and made aware of the allegation. It would be the same process as any other allegation. There were no examples from Camp Florence.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.364 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making determination of compliance:

- Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025)
- Camp Florence Youth Transitional Facility (Camp Florence YTF) Local Operating Protocol CFYTF I-A-10.0, Sexual Abuse Response Plan (effective 05/01/2025)
- Interview with Security First Responder
- Interview with Non-Security First Responder
- Interviews with Random Staff

Reasoning and analysis by provision: 115.364 (a)

PAQ: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

- In the past 12 months, the number of allegations that a resident was sexually abused: 0
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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: 0
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured 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: 0

Oregon Youth Authority Policy I-A-10.0 (pages 14 and 15): A. Each Camp Director or Camp Director must designate a PREA compliance manager (PCM) who is responsible for the facility's compliance with the national PREA standards and OYA policies regarding preventing, detecting, and responding to sexual abuse and sexual harassment incidents. B. The PCM may designate a Sexual Abuse Response and Resource Team (SARRT) to facilitate a coordinated response to sexual abuse. The PCM must ensure responses to sexual abuse incidents and investigations use a coordinated response that follows established protocols described in this policy, local operating protocols, and if appropriate, the Facility SARRT Sexual Abuse Incident Checklist (YA 1959). C. Notification and investigation of sexual abuse in OYA facilities 1. If a youth notifies a staff member that the youth has been sexually abused or the staff sees or learns of the abuse, staff must, in the following order, immediately: a) Ensure the victim is safe and kept separated from the perpetrator. b) If the incident occurred within 96 hours, secure the incident area(s) and treat it as a crime scene(s) in accordance with OYA policy II-A-1.2 (Preserving Chain of Evidence) until released. (1) Request that the alleged victim not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating. (2) Ensure that the alleged abuser does not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating. c) Notify their supervisor or officer-of-day (OD).

Camp Florence YTF) Local Operating Protocol CFYTF I-A-10.0 (page 2): This protocol outlines the role of the SARRT members and other facility staff in the event of a sexual abuse incident at Camp Florence Youth Transitional Facility. It specifies the steps to be taken when sexual abuse of any kind occurs at Camp Florence Youth Transitional Facility. This protocol is supplemental to OYA policy I-A-10.0 Preventing, Responding to, and Monitoring Youth Sexual Abuse and Harassment. This plan will be reviewed at least annually to ensure contact information and other references are still current (e.g., hospital SANE information, advocate information).

Interview with random staff: All random staff interviewed could describe the first responder plan. The staff interviewed stated they would preserve the scene, separate the youth and call for staff assistance, and request the victim and ensure the alleged perpetrator does not shower, change clothes or use the bathroom. They all stated that notifications are made to supervisors.

Interview with security first responder: The victim and alleged perpetrator are separated, and the scene is preserved. This is done by taping off the area and making sure nothing is touched. Request the victim and ensure the alleged perpetrator does not wash, go to the bathroom, brush their teeth, or change their clothes. Make notifications as required.

Reasoning and analysis by provision: 115.364 (b)

PAQ: Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any action that could destroy physical evidence. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

- Of the allegation that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: 0

Oregon Youth Authority Policy I-A-10.0 (page 15): Staff responding to sexual abuse incidents may refer to the Facility First Responders to Sexual Abuse Checklist (YA 1958) to help guide them through the appropriate response.

Interview with non-security first responder: Separate the victim and alleged perpetrator. Don't let anyone touch anything. Make sure the evidence is preserved. Call for security to assist and follow the procedures outlined in the Sexual Abuse Response Plan.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon to make determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Camp Florence Youth Transitional Facility Local Operating Protocol I CFYTF I-A-10.0, Sexual Abuse Response Plan (effective 05/01/2025) • Interview with Camp Director <p>Reasoning and analysis by provision: 115.365 (a)</p> <p>PAQ: The facility has developed 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>Camp Florence YTF) Local Operating Protocol CFYTF I-A-10.0 (page 2): This protocol outlines the role of the SARRT members and other facility staff in the event of a sexual abuse incident at Camp Florence Youth Transitional Facility. It specifies the steps to be taken when sexual abuse of any kind occurs at Camp Florence Youth Transitional Facility. This protocol is supplemental to OYA policy I-A-10.0 Preventing, Responding to, and Monitoring Youth Sexual Abuse and Harassment. This plan will be reviewed at least annually to ensure contact information and other references are still current (e.g., hospital SANE information, advocate information).</p> <p>Interview with the camp director: The facility has a coordinated first responder’s protocol. It is discussed regularly with staff.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Audit: Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Collective Bargaining Agreement Between the Department of Administrative

	<p>Services and Service Employees International Union, Local 503, OPEU (2023-2025)</p> <ul style="list-style-type: none"> • Interview with Agency Head <p>Reasoning and analysis by provision: 115.366 (a) PAQ: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interview with agency head: The agency does have a collective bargaining agreement. The agreement permits the agency to remove alleged staff sexual abusers from contact with any residents pending an investigation or determination of whether and to what extent discipline is warranted. There is no push back from the union. They are very supportive of the agency in this area.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Facility Service Procedure Statement, FAC-I-A-10.0, Monitoring Youth for Retaliation (effective 08/20/2021, revised 12/11/2024) • Interview with Agency Head • Interview with Camp Director • Interview with Designated Staff Charged with Monitoring Retaliation <p>Reasoning and analysis by provision: 115.367 (a) PAQ: The agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation.</p> <p>Oregon Youth Authority Policy I-A-10.0 (pages 20 and 21): For at least 90 days following a report of sexual abuse or sexual harassment, the PCM or designee must</p>

monitor the youth's conduct or treatment to see if there are changes that may suggest possible retaliation by other youth or staff and must act promptly to remedy any such retaliation. (See facility wide procedure FAC I-A-10.0 Monitoring Youth for Retaliation.) (1) Monitoring must be documented the youth's JJIS case notes. Use the PREA category, subcategory Retaliation Monitoring. (2) Monitoring may include reviewing youth behavior violation incident reports (YIRs), housing or other program changes, unit log entries, and periodic face-to-face check-ins with the youth. Staff may only refocus a youth for a behavior violation regarding an unfounded allegation if it can be determined that the youth made the allegation in bad faith. (3) The PCM or designee must continue such monitoring beyond 90 days if the initial monitoring indicates continued need.

Oregon Youth Authority Facility Service Procedure Statement, FAC-I-A-10.0 (page 1): PREA compliance managers (PCM), sexual abuse response and resource coordinators (SARRC), and the agency PREA coordinator must collaborate to monitor the behavior and treatment of youth who reported sexual abuse, youth who have suffered sexual abuse, or youth who fear retaliation for reporting or cooperating with an investigation to see if there are changes that may suggest possible retaliation by staff or other youth. If it appears retaliation exists, facility management must act promptly to remedy the retaliation.

Reasoning and analysis by provision: 115.367 (b)

PAQ: The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Oregon Youth Authority Policy I-A-10.0 (pages 20 and 21): Use the PREA category, subcategory Retaliation Monitoring. (2) Monitoring may include reviewing youth behavior violation incident reports (YIRs), housing or other program changes, unit log entries, and periodic face-to-face check-ins with the youth. Staff may only refocus a youth for a behavior violation regarding an unfounded allegation if it can be determined that the youth made the allegation in bad faith. (3) The PCM or designee must continue such monitoring beyond 90 days if the initial monitoring indicates continued need.

Oregon Youth Authority Facility Service Procedure Statement, FAC-I-A-10.0 (pages 1 and 2): Monitor for retaliation by reviewing youth behavior violation incident reports (YIRs), housing or other program changes, and unit log entries that may appear to be unfair or irregular.

Interview with agency head: The agency monitors retaliation through the PREA coordinator and human resources. They conduct check-ins and make sure everybody is notified. Retaliation monitoring is tracked in the Juvenile Justice Information System.

Interview with the camp director: Retaliation is monitored to address and ensure safety. Any retaliation would be discussed with the youth to see what level they feel

safe and develop a plan. If retaliation was suspected, there could be disciplinary actions up to a transfer to another facility.

Interview with designated staff charged with monitoring retaliation: Retaliation has only occurred once in the past 3 years. The staff member monitors for 30, 60 and 90 days to ensure there is no retaliation. There is at least once check every 30 days. The monitoring is documented in the Juvenile Justice Information System. The qualified mental health practitioner is the designated person to monitor retaliation. If there were any retaliation, the QMHP would evaluate the situation and pass the information and findings to the leadership team for a decision on the measures that would be taken. The QMHP initiates contact with the youth or staff that are involved in retaliation monitoring.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.367 (c)

PAQ: The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The agency/facility acts promptly to remedy any such retaliation. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

- The length of time that the agency/facility monitors the conduct or treatment: 90 days
- The number of times an incident of retaliation occurred in the past 12 months: 0

Oregon Youth Authority Policy I-A-10.0 (pages 10 and 11): For at least 90 days following a report of sexual abuse or sexual harassment, the PCM or designee must monitor the youth's conduct or treatment to see if there are changes that may suggest possible retaliation by other youth or staff and must act promptly to remedy any such retaliation. The PCM or designee must continue such monitoring beyond 90 days if the initial monitoring indicates continued need.

Oregon Youth Authority Facility Service Procedure Statement, FAC-I-A-10.0 (page 2): Continue monitoring for possible retaliation through regular youth contact every 30 days for 90 days (30, 60, 90 days). If the youth needs additional retaliation monitoring beyond the 90-day requirement, document the need in JJIS and continue to monitor retaliation. Notify the SARRC of your plans

Interview with the camp director: The facility would follow the protocols and conduct an investigation for any retaliation. Retaliation monitoring can continue as long as necessary.

Interview with designated staff charged with monitoring retaliation: The staff member stated they look for changes in mood, affect, and are they afraid or

withdrawn. Being distressed is a tell-tale sign that something is going on. Retaliation is monitored for up to 90 days. It could go longer if there is an indication of any or continued retaliation. There is no limit.

Reasoning and analysis by provision: 115.367 (d)

PAQ: In the case of residents, such monitoring shall also include periodic status checks.

Oregon Youth Authority Policy I-A-10.0 (pages 10 and 11): Monitoring may include reviewing youth behavior violation incident reports (YIRs), housing or other program changes, unit log entries, and periodic face-to-face check-ins with the youth.

Oregon Youth Authority Facility Service Procedure Statement, FAC-I-A-10.0 (page 1): Email the facility’s PREA compliance monitor (PCM) and sexual abuse response and resource coordinator (SARRC) to notify them when retaliation monitoring is required. Include 30-, 60-, 90-day calendar reminders. Forward calendar reminders to the youth’s QMHP with instructions to contact the youth periodically for retaliation monitoring purposes.

Reasoning and analysis by provision: 115.367 (e)

PAQ: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Oregon Youth Authority Policy I-A-10.0 (pages 10): In OYA facilities, the PREA compliance manager (PCM) must ensure any youth who reports sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations is protected from retaliation by other youth or staff.

Interview with agency head: There would be an immediate response with the right support in place. The resident could be moved but that would not be the first move. The facility would use a refocus matrix to determine what is in the best interest of the residents.

Interview with the camp director: The facility would follow the protocols and conduct an investigation for any retaliation.

Findings: Based on the analysis, the facility is substantially compliant with provisions of this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon making determination of compliance:

- Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Oregon Youth Authority Policy II-B-1.2, Use of Time-out, Room-lock Other, Isolation, and Safety Programs in OYA Facilities (effective 10/26/2023, last reviewed 10/26/2025)
- Interview with Camp Director
- Interview with Mental Health Staff

Reasoning and analysis by provision: 115.368 (a)

PAQ: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. If a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

- The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0
- The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: 0
- The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months: 0

This does not meet OYA's threshold for use of isolation. Youth who allege to have suffered sexual abuse may not be placed in isolation for being an alleged victim. However, youth who are placed in isolation do have access to the listed activities and services.

Oregon Youth Authority Policy II-B-1.2 (page 6): Staff must use other less restrictive interventions when appropriate, considering the youth's behavior and its effect on others in the area where the behavior occurred or is occurring.

Interview with the camp director: The facility does not use isolation.

Interview with mental health staff: The facility does not use isolation.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Policy I-D-4.0, Professional Standards Office Investigations (effective 01/29/2026) • Training Certificates for Investigators • Interview with Camp Director • Interview with OYA PREA Coordinator • Interview with PREA Compliance Manager • Interview with Investigative Staff <p>Reasoning and analysis by provision: 115.371 (a) PAQ: The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>Oregon Youth Authority Policy I-D-4.0 (pages 1, 3, 5 and 6): This policy describes the role and responsibilities of the Professional Standards Office (PSO) and the process PSO staff will follow to conduct or coordinate investigations concerning youth rights and safety and any related staff and nonstaff conduct, or as requested by the director or director's designee. Investigations of youth sexual abuse or sexual harassment are in compliance with the Prison Rape Elimination Act (PREA) Standards. Investigations of PREA-related Allegations 1. PSO must notify the PREA coordinator of sexual abuse or sexual harassment complaints to ensure PREA standards compliance. 2. PREA-related investigations must be completed within 60 days. a) PSO's investigation and timeline may be suspended if a law enforcement agency begins a criminal investigation of the alleged misconduct. b) If a PSO investigator cannot complete a PREA investigation within 60 days of the receipt of the allegation, the PSO investigator must notify the chief investigator. (1) The chief investigator must notify the director, or designee, and the PREA coordinator if any further time extensions are needed. (2) The investigation report must document the reason for the extension. 3. PSO must not terminate an investigation based on the departure of a complaint's alleged victim or perpetrator from OYA's employment or control, or if the source of the allegation recants. 4. PSO investigations must include an effort to determine whether staff/nonstaff actions, or failures to act, contributed to the incident being investigated 5. The credibility of an alleged victim, subject, or witness in a PREA related investigation must be assessed on an individual basis. Credibility must never be determined by the person's status as a youth, staff, or nonstaff. 6. PSO investigators must impose a preponderance of evidence standard</p>

when determining whether any youth sexual abuse or sexual harassment complaint or allegation is substantiated.

Interview with investigative staff: The case is reviewed the day that it is assigned. Contact is made within at least 72 hours. In the case of sexual abuse, the turn-around is quick. Any third-party or anonymous reports are treated the same.

Reasoning and analysis by provision: 115.371 (b)

PAQ: Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Oregon Youth Authority Policy I-A-10.0 (page 8): Professional Standards Office (PSO) investigators must complete specialized training specific to conducting sexual abuse investigations in juvenile justice settings.

Training certificates for investigators: The auditor reviewed the training certificates for the investigators and confirmed that they received specialized training.

Interview with investigative staff: All investigators receive training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. Investigators take various specialized trainings such as the National Institute of Corrections (NIC) PREA Investigator Training, as well as specialized sexual assault and child abuse investigation training. The investigator had over 30 years of child abuse investigation experience. The training covers 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 or prosecution referral.

Reasoning and analysis by provision: 115.371 (c)

PAQ: Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Oregon Youth Authority Policy I-A-10.0 (page 6): The PSO investigator may use discretion and interview persons the investigator believes has relevant information. Those interviewed may include the complainant, witnesses, and the subject staff or nonstaff. All relevant reports, records, supporting information, and materials must be reviewed to resolve the allegation objectively and expeditiously.

Interview with investigative staff: The investigator stated they review everything about the case such as any video footage, any criminal components or history of the parties involved and then they talk to the alleged victim and conduct interviews. The investigation would involve reviewing any evidence or anything that was potentially used in the incident. The investigator stated this could include looking at laptops, phones and other electronics.

Reasoning and analysis by provision: 115.371 (d)

PAQ: The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

Interview with investigative staff: The investigation does not terminate if the source of the allegation recants his/her allegation.

Reasoning and analysis by provision: 115.371 (e)

PAQ: When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Interview with investigative staff: The investigator stated they initially consult with the Oregon State Police and they review the case. If they open a case, then PSO takes a step back until their investigation is completed.

Reasoning and analysis by provision: 115.371 (f)

PAQ: The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Oregon Youth Authority Policy I-D-4.0 (page 6): The credibility of an alleged victim, subject, or witness in a PREA related investigation must be assessed on an individual basis. Credibility must never be determined by the person's status as a youth, staff, or nonstaff.

Interview with investigative staff: The credibility of an alleged victim, suspect, or witness is judged based on if the information that provide can be collaborated, their emotions and their behaviors. No one is ever asked to take a polygraph test.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.371 (g)

PAQ: Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Oregon Youth Authority Policy I-D-4.0 (pages 6 and 9): PSO investigations must include an effort to determine whether staff/nonstaff actions, or failures to act, contributed to the incident being investigated. A PSO investigator must complete an investigative report containing factual findings at the conclusion of the investigation. The report may also include recommendations to improve youth safety. Investigative reports are classified as restricted information and must be

handled according to OYA policy I-E-3.2 Information Asset Classification and Protection.

Interview with investigative staff: This is determined by interviews, video footage and the entire investigation. Efforts to document whether staff actions or failures contributed to the abuse are included in the written report which includes all exhibits of the investigations to include interviews, physical evidence, and video footage.

Reasoning and analysis by provision: 115.371 (h)

PAQ: Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Interview with investigative staff: The Oregon State Police send their report to the Professional Standards Office and it is used as an exhibit in the PSO report.

Reasoning and analysis by provision: 115.371 (i)

PAQ: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

Oregon Youth Authority Policy I-D-4.0 (page 4): PSO staff must contact the appropriate law enforcement agency and notify any other required third party if, while conducting an investigation, PSO suspects criminal activity by staff or nonstaff. PSO will act as OYA's liaison with any law enforcement agency investigating an allegation.

Interview with investigative staff: The case is referred to the Oregon State Police.

Reasoning and analysis by provision: 115.371 (j)

PAQ: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or alleged sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

- Records are retained for 20 years from the date of investigation closure.

Oregon Youth Authority Policy I-D-4.0 (page 10): PSO investigative records as they relate to a particular OYA staff must be retained for the career of that staff, plus 20 years.

Reasoning and analysis by provision: 115.371 (k)

PAQ: The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

	<p>Oregon Youth Authority Policy I-D-4.0 (page 6): PSO must not terminate an investigation based on the departure of a complaint's alleged victim or perpetrator from OYA's employment or control, or if the source of the allegation recants.</p> <p>Interview with investigative staff: The case is not terminated. The investigator attempts to track down the staff and the youth to get statements and complete the investigation.</p> <p>Reasoning and analysis by provision: 115.371 (m) PAQ: When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>Interview with camp director: The facility gets calls and emails from the Professional Standards Office. There is a monthly meeting with PSO.</p> <p>Interview with OYA PREA coordinator: The Oregon State Police and the Department of Human Services meet with the agency at least once per month. There are set timelines for the investigations. There is a weekly report provided by the PSO.</p> <p>Interview with PREA compliance manager: The facility gets calls and emails from the Professional Standards Office. There is a monthly meeting with PSO.</p> <p>Interview with investigative staff: Case can be referred to the Oregon State Police and the Child Abuse Hotline. There are often multiple agencies involved. The outside agency takes the lead and PSO provides assistance as requested.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA (PAQ) Pre-Audit Questionnaire (Juvenile Facilities) • Oregon Youth Authority Policy I-D-4.0, Professional Standards Office Investigations (effective 01/29/2026) • Interview with Investigative Staff <p>Reasoning and analysis by provision: 115.372 (a) PAQ: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual</p>

	<p>harassment are substantiated.</p> <p>Oregon Youth Authority Policy I-D-4.0 (page 6): PSO investigators must impose a preponderance of evidence standard when determining whether any youth sexual abuse or sexual harassment complaint or allegation is substantiated.</p> <p>Interview with investigative staff: The agency uses the preponderance of evidence to substantiate allegations of sexual abuse or sexual harassment.</p> <p>Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • OYA After Action: TIC Response Protocol • Sample of Oregon State Police Reports • Sample of Oregon Youth Authority Youth Notifications • Interview with Camp Director • Interview with Investigative Staff <p>Reasoning and analysis by provision: 115.373 (a)</p> <p>PAQ: The agency has a policy requiring that any resident who makes an allegation 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.</p> <ul style="list-style-type: none"> • The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months: 0 • Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation: 0 <p>Oregon Youth Authority Policy I-A-10.0 (page 11): After responding to a facility youth's report of sexual abuse or sexual harassment, the facility's PCM must ensure</p>

the youth is notified whether the allegation has been substantiated, unsubstantiated, or unfounded. All notifications must be documented in the youth's JJIS case notes, PREA category. a) If the allegation is substantiated and the perpetrator is a staff member, the PCM or designee must inform the youth of the following when known: (1) The staff member is no longer assigned to work in the youth's housing unit; (2) The staff member is no longer employed at the facility where the youth is residing; (3) The agency learns that the staff member has been indicted on a charge related to the allegation; or (4) The agency learns that the staff member has been convicted on a charge related to the allegation. b) If the allegation is substantiated and the perpetrator is another youth, the PCM or designee must inform the youth who reported the incident of the following when known: (1) The agency learns that the alleged perpetrator has been indicted on a charge related to the allegation; or (2) The agency learns that the alleged perpetrator has been convicted on a charge related to the allegation. 4. Field supervisors must ensure youth who have reported sexual abuse or sexual harassment incidents while in community placements are notified of the results of related investigations, if the information is available to OYA. Investigations of allegations in the community may be conducted by law enforcement or another government agency that may not share the information with OYA.

OYA After Action: TIC Response Protocol (page 4): For youth who are placed in an OYA facility, a staff member of the youth's unit leadership team (ULT) will be responsible for providing the youth with the TIC response advocacy letter and resource packet and reviewing their options for connecting with either an OYA advocate or a community-based advocate.

Interview with camp director: If the facility had an investigation for sexual abuse or sexual harassment that was investigated, the facility would absolutely notify the youth of the outcome of the investigation.

Interview with investigative staff: The outcome used to be provided to the facility and they made the notification. Those notifications will now be made by the Professional Standards Office.

Reasoning and analysis by provision: 115.373 (b)

PAQ: The agency requests the relevant information from the outside investigative entity in order to inform the resident of the outcome of the investigation.

- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0

Oregon Youth Authority Policy I-A-10.0 (page 11): Field supervisors must ensure youth who have reported sexual abuse or sexual harassment incidents while in community placements are notified of the results of related investigations, if the

information is available to OYA.

Reasoning and analysis by provision: 115.373 (c)

PAQ: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- There has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in an agency/facility in the past 12 months

Oregon Youth Authority Policy I-A-10.0 (page 11): After responding to a facility youth's report of sexual abuse or sexual harassment, the facility's PCM must ensure the youth is notified whether the allegation has been substantiated, unsubstantiated, or unfounded. All notifications must be documented in the youth's JJIS case notes, PREA category. a) If the allegation is substantiated and the perpetrator is a staff member, the PCM or designee must inform the youth of the following when known: (1) The staff member is no longer assigned to work in the youth's housing unit; (2) The staff member is no longer employed at the facility where the youth is residing; (3) The agency learns that the staff member has been indicted on a charge related to the allegation; or (4) The agency learns that the staff member has been convicted on a charge related to the allegation.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.373 (d)

PAQ: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Oregon Youth Authority Policy I-A-10.0 (page 11): If the allegation is substantiated and the perpetrator is another youth, the PCM or designee must inform the youth who reported the incident of the following when known: (1) The agency learns that the alleged perpetrator has been indicted on a charge related to the allegation; or (2) The agency learns that the alleged perpetrator has been convicted on a charge related to the allegation. 4. Field supervisors must ensure youth who have reported sexual abuse or sexual harassment incidents while in community placements are notified of the results of related investigations, if the information is available to OYA. Investigations of allegations in the community may be conducted by law

	<p>enforcement or another government agency that may not share the information with OYA.</p> <p>There were no residents who reported sexual abuse to be interviewed during the onsite visit.</p> <p>Reasoning and analysis by provision: 115.373 (e) PAQ: The agency has a policy that all notifications to residents described under this standard are documented.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard: 0 • Of those notifications made in the past 12 months, the number that were documented: 0 <p>Oregon Youth Authority Policy I-A-10.0 (page 11): After responding to a facility youth's report of sexual abuse or sexual harassment, the facility's PCM must ensure the youth is notified whether the allegation has been substantiated, unsubstantiated, or unfounded. All notifications must be documented in the youth's JJIS case notes, PREA category.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Policy I-D-4.0, Professional Standards Office Investigations (effective 01/29/2026) <p>Reasoning and analysis by provision: 115.376 (a) PAQ: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 5): Any sexual behavior or act between staff and youth, volunteers and youth, or contractors and youth, regardless of</p>

consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. Termination is the presumptive disciplinary sanction for staff, contractors, or volunteers, who have engaged in sexual abuse.

Reasoning and analysis by provision: 115.376 (b)

PAQ: Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Oregon Youth Authority Policy I-A-10.0 (page 5): Termination is the presumptive disciplinary sanction for staff, contractors, or volunteers, who have engaged in sexual abuse.

Reasoning and analysis by provision: 115.376 (c)

PAQ: The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0

Oregon Youth Authority Policy I-A-10.0 (page 5): Any sexual behavior or act between staff and youth, volunteers and youth, or contractors and youth, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions.

Reasoning and analysis by provision: 115.376 (d)

PAQ: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Oregon Youth Authority Policy I-A-10.0 (page 5): Any sexual behavior or act between staff and youth, volunteers and youth, or contractors and youth, regardless of

	<p>consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. Termination is the presumptive disciplinary sanction for staff, contractors, or volunteers, who have engaged in sexual abuse.</p> <p>Oregon Youth Authority Policy I-D-4.0 (page 4): PSO staff must contact the appropriate law enforcement agency and notify any other required third party if, while conducting an investigation, PSO suspects criminal activity by staff or nonstaff. PSO will act as OYA’s liaison with any law enforcement agency investigating an allegation.</p> <p>Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Policy I-D-4.0, Professional Standards Office Investigations (effective 01/29/2026) • Interview with Camp Director <p>Reasoning and analysis by provision: 115.377 (a)</p> <p>PAQ: Agency policy requires 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. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <ul style="list-style-type: none"> • In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents: 0 <p>Oregon Youth Authority Policy I-A-10.0 (page 5): Any sexual behavior or act between staff and youth, volunteers and youth, or contractors and youth, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. Termination is the presumptive disciplinary sanction for staff, contractors, or volunteers, who have engaged in sexual abuse.</p>

	<p>Oregon Youth Authority Policy I-D-4.0 (page 4): PSO staff must contact the appropriate law enforcement agency and notify any other required third party if, while conducting an investigation, PSO suspects criminal activity by staff or nonstaff. PSO will act as OYA’s liaison with any law enforcement agency investigating an allegation.</p> <p>Reasoning and analysis by provision: 115.377 (b)</p> <p>PAQ: The facility takes appropriate remedial measures and considers 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>Interview with camp director: In the case of any violation of agency sexual abuse or sexual harassment by a contractor or volunteer, remedial measures would absolutely be taken. They would be dismissed and not allowed back in the facility. There are no volunteers at the facility. This has not happened at this facility. There are examples at other facilities in the Oregon Youth Authority.</p> <p>Findings: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Policy II-B-1.2, Use of Time-out, Room-lock Other, Isolation, and Safety Programs in OYA Facilities (effective 10/26/2023, last reviewed 10/26/2025) • Oregon Youth Authority Health Services Procedure HS-I-A-10.0, Preventing, Responding To and Monitoring Youth Sexual Abuse/Assault (effective 04/08/2013) • Oregon Youth Authority Policy II-B-2.1, Youth Behavior Management (effective 03/27/2025) • Camp Florence Behavior Management JJIS Sample • Interview with Camp Director • Interview with Mental Health Staff <p>Reasoning and analysis by provision: 115.378 (a)</p>

PAQ: Residents are 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. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Oregon Youth Authority Policy II-B-2.1 (pages 3, 13 and 14): Each OYA facility living unit follows an overall behavior management system to promote youth prosocial behavior. Level Zero Prohibited Behaviors (major behavior violations): Sexual Assault: An aggressive or nonconsensual action toward others of a sexual nature – Administrative Case Review referral for transfer to the Department of Corrections, Community Safety Protocol referral, Individual Safety Plan referral, and Loss of privilege or program level up to and including full program restart. Level Two Prohibited Behaviors: Sexually Acting Out: Consensual or nonconsensual actions toward others for the purpose of or implying sexual gratification. May include participation in behaviors involving sexual touch, frottage, or showing others parts of one’s body. Harassing Behavior Toward Peers: Repeated verbal comments, gestures, or actions of a derogatory or offensive nature by one youth directed toward another. May include repeated and unwelcome sexual advances or requests for sexual favors. -Individual Safety Plan referral for repeated behaviors only. Loss of privilege or program level (full program restart only after repeated behaviors and other failed interventions). Temporary loss of privileges (up to 5 days). Restricted access to some areas of the facility (up to 30 days),, but must not include placing the youth alone in a locked room. Up to 3 Level Three Accountability Options (except additional temporary loss of privileges).

Reasoning and analysis by provision: 115.378 (b)

PAQ: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in insolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied

daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0

- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0

Oregon Youth Authority Policy II-B-1.2 (pages 6, 7, and 8): Isolation is a crisis intervention where a youth is temporarily placed alone in a room with a locked door due to the youth's crisis behavior. 1. Isolation must only be used to manage a youth's crisis behavior when the youth is in danger of physically harming others, where a serious threat of violence is present, or violence has occurred. 2. Staff must use other less restrictive interventions when appropriate, considering the youth's behavior and its effect on others in the area where the behavior occurred or is occurring. 3. A staff member not involved in the incident must try to help the youth with emotion regulation and problem-solving prior to using an isolation intervention. 4. If staff determine an isolation intervention is necessary, the following actions are required: a) A manager or officer-of-the-day (OD) must immediately be notified of and review the intervention for appropriateness (see paragraph 5 below). b) Staff must follow suicide precautions described in OYA policy II-D-2.2 (Suicide Prevention in OYA Close-custody Facilities). c) Staff must follow the noncrisis referral process described in OYA policy II-D-2.2 (Suicide Prevention in OYA Close custody Facilities) when a youth with either mental health or developmentally disability issues is placed in isolation. d) Staff must complete a Youth Incident Report (YIR), including the time, date, reasons for the isolation intervention, and manager or OD review results. e) Staff must monitor the youth at least every 15 minutes and document findings on a YA 4400 (Visual Observation Log). f) Mental health status assessment (1) A QMHP or mental health practitioner must complete a mental health status assessment on the youth within one hour of the isolation intervention if a QMHP or mental health practitioner is on site. (2) If a QMHP or mental health practitioner is not on site, the assessment must be completed as soon as possible after a QMHP or mental health practitioner is on site. 5. Manager or OD isolation review a) The manager or OD reviewing the isolation intervention must not have been directly involved in the isolation intervention incident. b) Immediately upon notification of an isolation intervention, the manager or OD must determine whether the isolation intervention was warranted as described in section 1 above. c) If the manager or OD determines an isolation intervention is not warranted, the manager or OD must ensure the youth is no longer alone in a room with a locked door. d) If the manager or OD determines an isolation intervention is warranted and approves isolation to continue, the youth must be assessed as described in paragraph 6 below for engagement readiness. e) The manager or OD must ensure the results of the isolation intervention review are documented in a YIR. 6 Youth engagement readiness a) A skill development coordinator (SDC), member of the youth's unit leadership team, QMHP, onsite manager, or OD must assess the youth for engagement readiness within two hours of the isolation intervention, and at least every two hours thereafter during the youth's waking hours. The results of the assessment must be documented in a YIR. b) The assessment must determine

whether - (1) The youth continues to be in crisis; (2) The youth is in danger of physically harming others; (3) If the serious threat of violence has passed; and (4) The youth's readiness to engage in problem analysis and reintegration planning.

Interview with camp director: A criminal finding would involve the police and charges being filed. An administrative finding would result in looking at the totality of the case. The leadership team would look at the case and decide the disciplinary sanctions based on the outcome. Disciplinary sanctions would be proportionate to the nature and circumstances of the abuse committed, disciplinary history and sanctions imposed for similar offenses. The facility does not use isolation

Reasoning and analysis by provision: 115.378 (c)

PAQ: The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

Interview with camp director: Mental health would be involved in any decisions relating to imposing any disciplinary actions or sanctions. They are a part of the leadership team that makes the decision.

Reasoning and analysis by provision: 115.378 (d)

PAQ: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

Oregon Youth Authority Policy I-A-10.0 (page 17): A mental health practitioner must conduct an evaluation of a youth who allegedly perpetrated a sexual abuse against another youth to assess related treatment needs within 60 days of the mental health practitioner learning of the alleged sexual abuse. 2. The evaluation must be documented in the following manner and include specific recommendations about the youth's treatment and placement needs: a) A case note restricted to the "OYA MH Full Access" group in JJIS; b) A YA 4452 (Psychology Progress Report) if completed by a psychologist; or c) A YA 4453 (Psychiatric Progress Report) if completed by a psychiatrist or psychiatric mental health nurse practitioner.

Interview with mental health staff: The facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse for the offending residents, as well as the victims. Services offered to victims are instantly. A resident's participation is not a condition of any rewards-based behavior management system. It is also not a condition for any programming or education.

Reasoning and analysis by provision: 115.378 (e)

PAQ: The agency disciplines residents for sexual conduct with staff only upon finding

	<p>that the staff member did not consent to such contact.</p> <p>Interview with camp director: The facility would discipline the residents for sexual conduct with the staff only when they find out the staff did not consent to such contact.</p> <p>Reasoning and analysis by provision: 115.378 (f) PAQ: The agency 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.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 11): Staff may only refocus a youth for a behavior violation regarding an unfounded allegation if it can be determined that the youth made the allegation in bad faith.</p> <p>Reasoning and analysis by provision: 115.378 (g) PAQ: The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 5): Inappropriate sexual behavior is prohibited in OYA facilities and community residential programs. Youth who commit any type of behavior violation in OYA facilities may be refocused according to OYA policy II-B-2.1 (Youth Behavior Management). Behavior violations involving sexual behavior will be assessed by the PREA coordinator as potential sexual abuse or sexual harassment cases.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Facility Services Procedure Statement I-A-10.0 (b), Vulnerability to Victimization and Sexual Aggressive Behavior (VSAB)

Placement Tool (effective 11/13/2025)

- Interview with Mental Health Staff
- Interview with Staff That Perform Risk Screening
- Observations During the On-Site Visit

Reasoning and analysis by provision: 115.381 (a)

PAQ: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

Oregon Youth Authority Policy I-A-10.0 (page 14): A youth who discloses any previously unknown sexual victimization or perpetration must be offered an individual meeting with a mental health practitioner to further assess related treatment and placement needs within 14 days of the disclosure. The mental health practitioner's meeting must be documented in the following manner and include recommendations about the youth's treatment and placement needs: a) A case note restricted to the "OYA MH Full Access" group in JJIS; or b) A YA 4452 (Psychology Progress Report) if completed by a psychologist; or c) A YA 4453 (Psychiatric Progress Report) if completed by a psychiatrist or psychiatric mental health nurse practitioner.

Oregon Youth Authority Facility Services Procedure Statement I-A-10.0 (b) (page 2): If a youth disclosed any previously unknown (never been reported to police or investigated) sexual victimization or perpetration during the VSAB, the assigned mental health practitioner must complete the following actions below. 1. Complete a follow-up meeting with the youth within 14 days of the initial VSAB Screening. 2. Document the follow-up meeting in a restricted JJIS case note restricted to the "OYA MH Full access" group, or appropriate JJIS form in accordance with OYA policy I-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment (pg. 14). 3. Complete a "OYA PREA Documentation for VSAB Referral" in JJIS.

Medical services are not provide onsite.

Interview with staff that perform risk screening: Residents are offered medical and mental health follow-up. Both a follow up with medical and mental health is offered, but medical services are not available on site. The follow-up with medical would be within 14 days. The follow up with mental health would be right away.

There were no residents who disclosed prior sexual victimization to be interviewed

during the onsite review. There was a resident identified by the facility, but when asked by the auditor, they stated they were not and did not want to be interviewed.

Reasoning and analysis by provision: 115.381 (b)

PAQ: All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The follow-up meeting is offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

- In the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

Oregon Youth Authority Policy I-A-10.0 (page 14): A youth who discloses any previously unknown sexual victimization or perpetration must be offered an individual meeting with a mental health practitioner to further assess related treatment and placement needs within 14 days of the disclosure. The mental health practitioner's meeting must be documented in the following manner and include recommendations about the youth's treatment and placement needs: a) A case note restricted to the "OYA MH Full Access" group in JJIS; or b) A YA 4452 (Psychology Progress Report) if completed by a psychologist; or c) A YA 4453 (Psychiatric Progress Report) if completed by a psychiatrist or psychiatric mental health nurse practitioner.

Oregon Youth Authority Facility Services Procedure Statement I-A-10.0 (b) (page 2): If a youth disclosed any previously unknown (never been reported to police or investigated) sexual victimization or perpetration during the VSAB, the assigned mental health practitioner must complete the following actions below. 1. Complete a follow-up meeting with the youth within 14 days of the initial VSAB Screening. 2. Document the follow-up meeting in a restricted JJIS case note restricted to the "OYA MH Full access" group, or appropriate JJIS form in accordance with OYA policy I-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment (pg. 14). 3. Complete a "OYA PREA Documentation for VSAB Referral" in JJIS.

Interview with staff that perform risk screening: Residents are offered medical and mental health follow-up. Both a follow up with medical and mental health is offered, but medical services are not available on site. The follow-up with medical would be within 14 days. The follow up with mental health would be right away.

Reasoning and analysis by provision: 115.381 (c)

PAQ: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Oregon Youth Authority Policy I-A-10.0 (page 14): The mental health practitioner's meeting must be documented in the following manner and include recommendations about the youth's treatment and placement needs: a) A case note

	<p>restricted to the "OYA MH Full Access" group in JJIS; or b) A YA 4452 (Psychology Progress Report) if completed by a psychologist; or c) A YA 4453 (Psychiatric Progress Report) if completed by a psychiatrist or psychiatric mental health nurse practitioner.</p> <p>Oregon Youth Authority Facility Services Procedure Statement I-A-10.0 (b) (page 2): Document the follow-up meeting in a restricted JJIS case note restricted to the "OYA MH Full access" group, or appropriate JJIS form in accordance with OYA policy I-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment (pg. 14). 3. Complete a "OYA PREA Documentation for VSAB Referral" in JJIS.</p> <p>Observations during site review: All confidential records are securely locked or stored electronically. The mental health staff use the Epic System.</p> <p>Reasoning and analysis by provision: 115.381 (d) PAQ: 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.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 9): OYA facility medical and mental health practitioners a) Must notify youth at the initiation of services of their duty to report and the limitations of confidentiality. b) Must obtain informed consent from youth who are 18 years old or older before reporting information about the youth' prior sexual victimization that did not happen in an institutional setting.</p> <p>Medical services are not provide onsite.</p> <p>Interview with mental health staff: The mental health stated they have never had to obtain informed consent because one of the first things that the facility does is go over informed consent with all youth. It is discussed with everyone, regardless of age.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and

Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025)

- Oregon Youth Authority Health Services Procedure HS-I-A-10.0, Preventing, Responding to and Monitoring Youth Sexual Abuse/Assault (effective 04/08/2013)
- Oregon Youth Authority Policy II-D-1.0, Facility Health Services (effective 08/04/2025)
- Interview with Mental Health Staff
- Interviews with Security and Non-Security First Responders

Reasoning and analysis by provision: 115.382 (a)

PAQ: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) 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 contraception and sexually transmitted infection prophylaxis.

Documentation tracking is done through JJIS so staff with appropriate security settings can verify when needed.

Oregon Youth Authority Health Services Procedure HS-I-A-10.0 (pages 1 and 2): If a youth is sexually assaulted/abused and the incident is discovered within 96 hours, Health Services staff must: 1. Ensure the youth is medically stable, without compromising forensic evidence; 2. Arrange for the youth to be transported to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse/assault; and 3. Schedule a follow-up appointment with the medical provider once the youth returns to the facility; B. During the follow-up appointment, the medical provider must determine if all necessary prophylactic treatment has been given to the youth and administer all needed prophylactic treatment when warranted. This includes follow-up care for sexually transmitted diseases or other communicable diseases as appropriate.

Oregon Youth Authority Policy II-D-1.0 (page 2): OYA ensures all youth receive health services in an appropriate and timely manner. It is the responsibility of Health Services to ensure that all youth receive quality health care services that are equitable, cost-effective, and medically necessary. Health Services recognizes that underserved and marginalized populations may require more health care services in order to restore health due to lack of access to health care services while living in the community.

Medical services are not provide onsite.

Interview with mental health staff: Residents victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. If these services are needed, they are immediately accessible. The qualified mental health practitioner is immediately accessed at the facility. The nature and scope of these services are determined according to the professional judgement of the medical and mental health staff. Medical would follow up by sending the resident to the hospital for any needed services.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.382 (b)

PAQ: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Oregon Youth Authority Policy I-A-10.0 (page 16): If Health Services staff are not available, facility staff will arrange the medical examination in the community.

Medical services are not provide onsite.

Interviews with security and non-security responders. The victim and alleged perpetrator are separated. The scene is preserved and notifications to the officer of the day, and mental health are made.

Reasoning and analysis by provision: 115.382 (c)

PAQ: Resident victims of sexual abuse while incarcerated are 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.

Oregon Youth Authority Policy I-A-10.0 (page 16): Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases must be offered to the victim, as appropriate, and documented.

Interview with mental health staff: Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.382 (d)

PAQ: Treatment services are 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.

Oregon Youth Authority Health Services Procedure HS-I-A-10.0 (page 1): This facility wide Health Services procedure provides guidelines for OYA Health Services staff

	<p>regarding the health care that must be provided to youth who are sexually abused or assaulted. Health care services must be provided at no cost to the youth who has been sexually assaulted or abused and must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Health Services Procedure HS-I-A-10.0, Preventing, Responding to and Monitoring Youth Sexual Abuse/Assault (effective 04/08/2013) • Oregon Youth Authority Policy II-D-1.0, Facility Health Services (effective 08/04/2025) • Interview with Mental Health Staff <p>Reasoning and analysis by provision: 115.383 (a) PAQ: The facility offers 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.</p> <p>Oregon Youth Authority Health Services Procedure HS-I-A-10.0 (page 1): This facility wide Health Services procedure provides guidelines for OYA Health Services staff regarding the health care that must be provided to youth who are sexually abused or assaulted. Health care services must be provided at no cost to the youth who has been sexually assaulted or abused and must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation.</p> <p>Medical services are not provided onsite.</p> <p>Reasoning and analysis by provision: 115.383 (b) PAQ: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued</p>

care following their transfer to, or placement in, other facilities, or their release from custody.

Oregon Youth Authority Policy I-A-10.0 (page 16): Health Services staff must follow Health Services procedure HS I-A-10.0 (Preventing, Responding to Monitoring Sexual Assault/Abuse) when responding to sexual abuse incidents. 3. Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases must be offered to the victim, as appropriate, and documented. 4. A mental health practitioner must evaluate the victim for crisis intervention counseling and long-term follow-up within 24 hours of the medical examination. Interviews with mental health staff: Evaluation and treatment for residents who have been victimized would include going to the hospital and further evaluations such as a clinical interview, mental status exam and evaluation, follow-up services, referrals, update treatment plans if needed and provide additional services as needed.

Interview with mental health staff: Evaluation and treatment would follow all recommendations, a treatment plan and assessments that the residents are comfortable with. Referrals would be made for continued care, and the mental health staff would work with the probation officers to get them scheduled.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.383 (c)

PAQ: The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Medical services are not provided onsite.

Interview with mental health staff: Mental health services are consistent with community level of care. They are more accessible at the facility.

Reasoning and analysis by provision: 115.383 (f)

PAQ: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Oregon Youth Authority Policy II-D-1.0 (page 10): The physician, nurse practitioner, or physician assistant must determine if all necessary prophylactic treatment and timely access to emergency contraception has been given to the youth. If not, the physician, physician assistant, or nurse practitioner must administer all necessary prophylaxis (including follow-up care for sexually transmitted diseases or other communicable diseases as appropriate) and emergency contraception.

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.383 (g)

PAQ: Treatment services are provided to the victim without financial cost and

regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Oregon Youth Authority Health Services Procedure HS-I-A-10.0 (page 1): This facility wide Health Services procedure provides guidelines for OYA Health Services staff regarding the health care that must be provided to youth who are sexually abused or assaulted. Health care services must be provided at no cost to the youth who has been sexually assaulted or abused and must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation

There were no residents who reported sexual abuse to be interviewed during the onsite visit.

Reasoning and analysis by provision: 115.383 (h)

PAQ: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Oregon Youth Authority Health Services Procedure HS-I-A-10.0 (page 2): The medical provider must refer the youth to mental health practitioner for crisis intervention, assessment for suicide risk and counseling. The mental health practitioner must meet with the youth within 24 hours of the medical examination.

Oregon Youth Authority Policy I-A-10.0 (page 16): A mental health practitioner must evaluate the victim for crisis intervention counseling and long-term follow-up within 24 hours of the medical examination. a) The evaluation must include an assessment for potential for suicide and anxiety disorders, and appropriate treatment needs to address victimization. (See OYA policy II-D-2.2 Suicide Prevention in OYA Close-custody Facilities) b) The evaluation must be documented in the following manner and include specific recommendations about the youth's treatment and placement needs: (1) A case note restricted to the "OYA MH Full Access" group in JJIS; (2) A YA 4452 (Psychology Progress Report) if completed by a psychologist; or (3) A YA 4453 (Psychiatric Progress Report) if completed by a psychiatrist or psychiatric mental health nurse practitioner.

Interview with mental health staff: Mental health staff conduct a mental health evaluation of all known residents-on-resident abusers and offers treatment if appropriate. This is conducted as soon as possible.

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making determination of compliance:

- Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities)
- Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025)
- Oregon Youth Authority Policy I-E-4.0, Incident Reviews (effective 10/10/2022, last reviewed 10/10/2024)
- Interview with Camp Director
- Interview with PREA Compliance Manager
- Interview with Sexual Abuse Incident Review Team Member

Reasoning and analysis by provision:115.386 (a)

PAQ: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Oregon Youth Authority Policy I-A-10.0 (page 17): The Camp Director, Camp Director, or PCM, must ensure an Administrative Incident Review Report (YA 0024) is completed within 30 calendar days after the conclusion of a sexual abuse investigation whenever the allegation is unsubstantiated or substantiated. (See OYA policy I-E-4.0 Incident Reviews)

Oregon Youth Authority Policy I-E-4.0 (pages 3 and 5): A. All incidents involving youth that require a Youth Incident Report (YIR) also require a Youth Incident Review by a supervisor or manager. B. The following incidents require an Administrative Incident Review if the incident occurs in an OYA facility: 1. Youth-on-staff assault; 2. Use, or alleged use, of excessive force on a youth; 3. Youth room removal from a confined space; 4. Youth placement in a restraint chair; 5. A substantiated or unsubstantiated (by completed investigation) allegation/incident of youth sexual abuse. All facility incidents listed in section IV. B. and community incidents determined by the Community Services assistant director require an Administrative Incident Review within seven calendar days of when staff became aware of the incident, or within 30 days of the conclusion of a substantiated or unsubstantiated sexual abuse incident investigation.

There have been no investigations in the past 12 months, therefore there were no sample of reviews for the auditor to review.

Reasoning and analysis by provision:115.386 (b)

PAQ: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0

Oregon Youth Authority Policy I-E-4.0 (page 5): A substantiated or unsubstantiated (by completed investigation) allegation/incident of youth sexual abuse. All facility incidents listed in section IV. B. and community incidents determined by the Community Services assistant director require an Administrative Incident Review within seven calendar days of when staff became aware of the incident, or within 30 days of the conclusion of a substantiated or unsubstantiated sexual abuse incident investigation.

Reasoning and analysis by provision: 115.386 (c)

PAQ: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Oregon Youth Authority Policy I-E-4.0 (page 5): The Camp Director/Camp Director or field supervisor must designate at least two staff to conduct the review who were not involved in the incident and have the appropriate experience, training, and knowledge of agency policies, procedures and practices necessary to conduct the review. (1) The Camp Director/Camp Director or field supervisor may designate themselves, other managers, program staff, Health Services staff, Community Services staff, or other staff. (2) When reviewing a sexual abuse incident, the review team must include upper-management staff with input from line supervisors, investigators, and medical or mental health practitioners.

Interview with camp director: The facility has a sexual abuse review team. It is a multi-disciplinary team made up of upper management, camp director, administrative staff, medical and mental health, and supervisors. It is basically the facility's leadership team.

Reasoning and analysis by provision: 115.386 (d)

PAQ: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made and any recommendations for improvement, and submits such report to the facility head and PREA compliance manager.

Oregon Youth Authority Policy I-E-4.0 (pages 5 and 6): An Administrative Incident Review Report (YA 0024) with relevant information must be submitted by the reviewing staff to the applicable superintendent/Camp Director or field supervisor, and assistant director for review with the following elements: (1) Incident summary; (2) Whether the action/response to the incident was in or not in compliance with applicable OYA rules and policies and requires no further review or requires a Critical Incident Review; (3) Acknowledgements of what went well; (4) Corrective actions taken or still needed to improve outcomes in future similar incidents; (5) When reviewing a sexual abuse incident, specific areas must be addressed in accordance

with national PREA standard 115.386(d), as reflected in the Administrative Incident Review Report template. d) The applicable Camp Director/Camp Director, field supervisor or assistant director may forward the Administrative Incident Review Report to the Director's Office to be considered for a Critical Incident Review when deemed appropriate. A copy of the Administrative Incident Review Report must be forwarded to the facility's PREA compliance manager and OYA PREA coordinator when reviewing a sexual abuse incident.

Interview with camp director: The facility uses Information from the sexual abuse incident review team to review all areas and completes a report following the review. The team examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. They assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The team looks at any information or status that might have contributed to the incident.

Interview with PREA compliance manager: The facility provides any facility related data to the OYA PREA coordinator.

Interview with sexual abuse incident review team member: The team would consider whether the incident or allegation was motivated by race; ethnicity; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Reasoning and analysis by provision:115.386 (e)

PAQ: The facility implements the recommendations for improvement or documents its reasons for not doing so.

Oregon Youth Authority Policy I-E-4.0 (pages 5 and 6): An Administrative Incident Review Report (YA 0024) with relevant information must be submitted by the reviewing staff to the applicable Camp Director/Camp Director or field supervisor, and assistant director for review with the following elements: (1) Incident summary; (2) Whether the action/response to the incident was in or not in compliance with applicable OYA rules and policies and requires no further review or requires a Critical Incident Review; (3) Acknowledgements of what went well; (4) Corrective actions taken or still needed to improve outcomes in future similar incidents; (5) When reviewing a sexual abuse incident, specific areas must be addressed in accordance with national PREA standard 115.386(d), as reflected in the Administrative Incident Review Report template

Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.

115.387	Data collection
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1259 376">Evidence relied upon in making determination of compliance:</p> <ul data-bbox="352 443 1465 813" style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Screenshot of Administrative Investigations Management Report Generator for Aggregate Data • https://www.oregon.gov/oia/psa/Pages/prea.aspx • 2024 Survey of Sexual Victimization SSV-5 and SSV-IJ <p data-bbox="280 853 1062 889">Reasoning and analysis by provision: 115.387 (a)</p> <p data-bbox="280 898 1481 1010">PAQ: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 1050 1465 1252">Oregon Youth Authority Policy I-A-10.0 (page 19): The PREA coordinator must coordinate OYA’s PREA data collection and generate any reports needed to comply with national PREA Standards. The data will be retained for 20 years after related investigations are completed. B. The PREA coordinator is responsible for monitoring the PREA data and alerting the OYA Executive Team of any notable trends.</p> <p data-bbox="280 1292 1465 1494">Screenshot of Administrative Investigations Management Report Generator for Aggregate Data and https://www.oregon.gov/oia/psa/pages/prea.aspx. The auditor reviewed this document and website and confirmed that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 1534 1187 1570">Reasoning and analysis by provision: 115.387 (b) and (c)</p> <p data-bbox="280 1579 1481 1937">PAQ: The agency aggregates the incident-based sexual abuse data at least annually. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency utilizes the DOJ Form SSV-5 and IJ, Survey of Sexual Victimization Report as their standardized instrument, The Agency PREA Coordinator requests incident based and aggregated data from every state and private facility with which it contracts for the confinement of its juveniles. All data from the previous calendar year to the Department of Justice as requested each year.</p> <p data-bbox="280 1977 1481 2058">https://www.oregon.gov/oia/psa/pages/prea.aspx: The auditor reviewed the website and confirmed that PREA Compliance Reports are there for every year.</p>

	<p>Reasoning and analysis by provision: 115.387 (d) PAQ: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 19): The PREA coordinator must coordinate OYA’s PREA data collection and generate any reports needed to comply with national PREA Standards.</p> <p>Reasoning and analysis by provision: 115.387 (f) PAQ: The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>2024 Survey of Sexual Victimization SSV-5 and SSV-IJ: The auditor reviewed and confirmed this information is provided as requested by the Department of Justice.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Agency Annual PREA Reports for 2025 • https://www.oregon.gov/oya/pso/pages/prea.aspx • Interview with Agency Head • Interview with OYA PREA Coordinator • Interview with PREA Compliance Manager <p>Reasoning and analysis by provision: 115.388 (a) PAQ: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>Oregon conducts monthly IMPACT reviews with their leadership team to review PREA data and make recommendations. This is posted on the agency website, so community members have access to the ongoing data.</p>

2025 PREA Annual Report: The auditor reviewed the PREA Annual Report and confirmed that the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and prepares an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Interview with agency head: An annual PREA report is written. The report analyzes patterns and trends. The agency has a performance-based system and reports are made once a month. The agency is always looking at ways to create a safer environment for young people and staff. The director reviews and approves the annual reports.

Interview with OYA PREA coordinator: The agency reviews data collected and aggregated to improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The data is collected through the case management and Juvenile Justice Information System. The research team assists in pulling the data. The agency prepares an annual report of its findings and data review from any corrective actions for each facility, and the agency. There have been no corrective actions.

Interview with PREA compliance manager: The facility collects and provides the requested data to the agency PREA coordinator.

Reasoning and analysis by provision: 115.388 (b)

PAQ: The OYA 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 annual reports are approved by the agency head. The Agency Head and Agency PREA Coordinator submit an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions. The annual report includes comparisons of the current year's data and corrective actions with those from prior years and includes an assessment of the agency's progress in addressing sexual abuse.

Reasoning and analysis by provision: 115.388 (c)

PAQ: The agency makes its annual report readily available to the public at least annually through other means. The annual report is approved by the agency head.

Interview with agency head: Annual reports are approved by the director.

Reasoning and analysis by provision: 115.388 (d)

PAQ: When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Interview with OYA PREA coordinator: Personal information is redacted. There are no

	<p>names or details, only numbers. The agency posts PREA Annual and Audit Reports on the agency's website.</p> <p>Finding: Based on this analysis, the facility substantially exceeds with the provisions of this standard.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Oregon Youth Authority Policy I-A-10.0, Preventing, Detecting and Responding to Youth Sexual Abuse and Sexual Harassment (effective 09/24/2025) • Oregon Youth Authority Policy I-E-3.2, Information Asset Classification and Protection (effective 10/29/2024) 2025 Annual PREA Report • Interview with OYA PREA Coordinator <p>Reasoning and analysis by provision: 115.389 (a) PAQ: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>Oregon Youth Authority Policy I-E-3.2 (page 2): OYA identifies and classifies its information assets by risk level and ensures protection according to classification levels. This policy establishes how OYA information assets are identified, assigned classification risk levels, and what the protection standards are for the different classification levels.</p> <p>Reasoning and analysis by provision: 115.389 (b) PAQ: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 18): The PREA coordinator must coordinate OYA’s PREA data collection and generate any reports needed to comply with national PREA Standards. The data will be retained for 20 years after related investigations are completed. The PREA coordinator is responsible for monitoring the PREA data and alerting the OYA Executive Team of any notable trends.</p> <p>Interview with OYA PREA Coordinator: The agency reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention,</p>

	<p>detection, and response program. This is done monthly through an Impact Report.</p> <p>Reasoning and analysis by provision: 115.389 (c) PAQ: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>There was no personal identifying information on any of the reports posted online and reviewed by the auditor.</p> <p>Interview with OYA PREA coordinator: Personal information is redacted. There are no names or details, only numbers. The agency posts PREA Annual and Audit Reports on the agency's website.</p> <p>Reasoning and analysis by provision: 115.389 (d) PAQ: The agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>Oregon Youth Authority Policy I-A-10.0 (page 18): The PREA coordinator must coordinate OYA’s PREA data collection and generate any reports needed to comply with national PREA Standards. The data will be retained for 20 years after related investigations are completed.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with the provisions of this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making determination of compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Research • Policy Review • Document Review • Observations Made During Onsite Visit <p>Reasoning and analysis: The auditor reviewed the Oregon Youth Authority (KYDJJ) website at https://www.oregon.gov/oia/psa/pages/prea.aspx containing the thirty-seven (37) audit reports for audits completed between 2015 and 2023. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency, has been audited at least once. One third of each facility type operated by this agency</p>

was completed during the first PREA review cycle, year two in accordance with the standard. The Camp Florence Youth Transitional Facility PREA audits were conducted in 2015, 2017, 2021 and 2023. The current audit of Camp Florence Youth Transitional Facility was conducted in year one of Audit Cycle 5.

The auditor was given access to, and the ability to observe, all areas of Camp Florence Youth Transitional Facility. The auditor was permitted to conduct private interviews with residents at the facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by uploading pictures of the posted audit notices to the supplemental files. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.

The agency/facility provided the auditor with copies of any requested documents and information (including, among other things, electronically stored information). Throughout the evidence review phase up to the forty-fifth day, the agency provided the requested documentation to the auditor. Based on the above information, the agency and facility meet the standard and comply with the standard for the relevant review period.

Finding: Based on this analysis, the facility is substantially compliant with the provision of this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the determination compliance:</p> <ul style="list-style-type: none"> • Oregon Youth Authority, Camp Florence Youth Transitional Facility PREA Pre-Audit Questionnaire (PAQ) (Juvenile Facilities) • Policy Review • Documentation Review <p>Reasoning and analysis (by provision): 115.403 (f):</p> <p>The auditor observed the 2015, 2017, 2021, and 2023 Camp Florence Youth Transitional Facility PREA Audit Reports are published on the agency’s website at https://www.oregon.gov/oia/psa/pages/prea.aspx. The PREA final reports were published within 90 days after the final report was issued by the auditor.</p>

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

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	Limits to cross-gender viewing and searches	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech 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: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	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	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	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.)	
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	Policies to ensure referrals of allegations for investigations	

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334	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
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	Obtaining information from residents	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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 the agency attempt to ascertain information about: Age?	yes
	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	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	Placement of residents	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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

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

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	

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

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

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

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

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

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

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

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

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

	harassment policies?	
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility	yes

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

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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382	Access to emergency medical and mental health services	

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

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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