

# PREA Facility Audit Report: Final

**Name of Facility:** Donald E. Long Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 05/11/2018

**Date Final Report Submitted:** 06/20/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Bill Sawyer	<b>Date of Signature:</b> 06/20/2018

AUDITOR INFORMATION	
<b>Auditor name:</b>	Sawyer, William
<b>Address:</b>	
<b>Email:</b>	WSawyer61@gmail.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	04/12/2018
<b>End Date of On-Site Audit:</b>	04/13/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Donald E. Long Juvenile Detention Center
<b>Facility physical address:</b>	1401 NE 68th Avenue, Portland, Oregon - 97213
<b>Facility Phone</b>	5039883475
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input checked="" type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Craig Bachman	<b>Title:</b>	Sr. Manager
<b>Email Address:</b>	craig.a.bachman@multco.us	<b>Telephone Number:</b>	5039884824

Warden/Superintendent			
<b>Name:</b>	Rosa Garcia	<b>Title:</b>	Detention Services Manager
<b>Email Address:</b>	rosa.garcia@multco.us	<b>Telephone Number:</b>	5039886710

Facility PREA Compliance Manager			
<b>Name:</b>	Craig Bachman	<b>Email Address:</b>	craig.a.bachman@multco.us

Facility Health Service Administrator			
<b>Name:</b>	Dr. Michael Seale	<b>Title:</b>	Medical Director
<b>Email Address:</b>	michael.seale@multco.us	<b>Telephone Number:</b>	5039884847

Facility Characteristics	
<b>Designed facility capacity:</b>	191
<b>Current population of facility:</b>	88
<b>Age range of population:</b>	12-17
<b>Facility security level:</b>	high
<b>Resident custody level:</b>	pre and post adjudicated
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	140

AGENCY INFORMATION	
<b>Name of agency:</b>	Multnomah County Department of Community Justice
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	503 SE Hawthorne, Portland, Oregon - 97214
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Heather Updike	<b>Email Address:</b>	heather.k.updike@multco.us



## AUDIT FINDINGS

### **Narrative:**

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

The National PREA Resource Center (PRC) is funded by the Department of Justice (DOJ), and Bureau of Justice Assistance (BJA) through a cooperative agreement with the National Council on Crime and Delinquency (NCCD). The Certified PREA Auditor, Bill Sawyer, received formal training through the Department of Justice and the PREA Resource Center (PRC) on all facets of the PREA standards and received additional follow-up training including participating in the field auditing training program offered through PRC. Mr. Sawyer is certified to conduct PREA audits for all facility types (adult, juvenile, and community confinement facilities). Bill Sawyer, was the lead auditor for the PREA audit of the Donald E. Long Juvenile Detention Facility, and was assisted by, Garry Russell, a certified PREA auditor (Adult detention facilities). The audit team conducted a complete pre-audit process during the months of February and March of 2018, and the onsite audit at the Donald E. Long Juvenile Detention Facility occurred on April 12th and 13th, 2018.

During the pre-audit phase of the PREA audit, the PREA Compliance Manager for Donald E. Long Facility acquired access to the PREA Audit Online Portal and submitted the pre-audit questionnaire (PAQ) with attached policies, procedures, and documents related to the PREA standards for the auditors to review in advance of the onsite audit. Documents on the online portal consisted of the Multnomah County Department of Community Justice PREA Policy, the agency/facility zero-tolerance policy relating to sexual abuse/harassment, agency and facility organizational charts, PREA staffing plan and policy, population summary, downloads of pictures of PREA related posters from the facility, training policy and training records, background investigation guidelines, PREA training modules, contractor/volunteer acknowledgement forms for PREA, PREA investigator training certificates, documentation verifying medical and mental health staff PREA training, PREA checklist and first responder flow chart for line staff, and various other documentation requested via the PREA audit questionnaire. During the weeks leading up to the site audit, the auditors reviewed the information provided via the PAQ and how it related to the PREA standards in order to properly prepare for the onsite audit.

Additionally, during February of 2017, the facility hired a private consultant to provide technical support services for preparing for the formal PREA audit. The consultant, who is a certified PREA auditor from New York, created an extensive "Technical Assistance PREA Site Visit Audit Report" that was later provided to the lead auditor to review during the current formal audit process. This comprehensive report acted as a "mock audit" for the facility and primarily focused on assisting the facility in creating effective policies and procedures that will comply with PREA standards. The consultant engaged the facility by providing pre-visit consultation, an onsite visit, and follow-up with the facility after drafting the comprehensive report that summarized the action steps needed to achieve 100% compliance with PREA standards. The PREA compliance manager and the facility management team did an excellent job of utilizing the report to create and implement policies and procedures that followed PREA standards and assisted the facility in becoming highly prepared for the formal audit process.

Two months prior to the onsite audit, the PREA compliance manager posted the Notice of Audit, advising

residents and staff that a PREA audit was scheduled to take place on, April 12th and 13th, 2018, and provided confidential contact information for the lead auditor for anyone who wanted to report any PREA related concerns. As a result of the notice, the auditor did not receive any confidential correspondence from residents or staff.

On the first day of the two-day onsite audit, April 12, 2018, the auditors met with the PREA Compliance Manager for Donald E. Long Juvenile Detention Facility to discuss the onsite audit process. A thorough facility tour was provided to the auditors as an opportunity to conduct in-depth observations of each area of the facility, observe staff conduct, observe interactions between staff and residents, and conduct informal interviews with staff and residents to gain an understanding of facility operations and practice, as well as obtain insight into the facility's compliance with the PREA standards. The areas that were observed included administration, living units (A pod, B pod, C pod), including a tour of the private rooms for each resident and the private shower in each unit. Additionally, the tour included a review of intake, medical facility, segregation (time out) rooms, the gym, private visiting rooms for family and residents, private attorney visiting rooms, kitchen, dining room, various hallways, and the entire juvenile detention facility itself. A tour of security posts were also toured and video monitoring systems were observed and noted. The video system has the ability to cover all areas of the facility and has the ability to record and maintain video evidence as needed. The auditors took thorough notes during the entire tour and conducted various informal interviews with line staff, supervisors, teachers, and residents along the way.

A major component of the onsite audit consisted of conducting structured interviews with specialized and randomly selected staff, along with randomly selected male and female residents. The auditors interviewed the "Head of Agency", who is the Director of Multnomah County Community Justice, the Director of Juvenile Services, the Senior Manager of Juvenile Detention Services (facility superintendent), the PREA compliance manager, a Human Resources Analyst, a Community Justice Manager, the agency PREA Coordinator (via phone and email), the food services manager, the lead RN, a mental health professional, a teacher, intake staff, Community Justice Manager (night shift), and 11 random Juvenile Custody Services Specialists who provide safety and security for residents (7 day shift staff, and 4 night shift). Additionally, 17 male and female residents were selected for interviews (12 male and 5 female). During the onsite audit, all required documentation was verified and reviewed including intake packets, assessment tools, training files/records, resident files, computerized staffing plan system, incident reports, the PREA random walk-thru log book, and all other documentation needed to accurately score each of the PREA standards.

Following the onsite audit, the auditor was able to conduct additional telephonic interviews with the agency PREA Coordinator and victim advocates from local victim advocate agencies, along with follow-up interviews with the facility PREA compliance manager. During the report writing process for the interim PREA audit report, all of the information was compiled by both auditors. The lead auditor and assistant auditor communicated on a consistent basis during each phase of audit process and during the report writing process. Through this effective collaborative process, the audit report includes a clear consensus of how the facility is either meeting or not meeting the PREA standards, as outlined in the report.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Donald E. Long Youth Detention Center is located at, 1401 NE 68th Avenue, Portland, Oregon. The facility is operated by the Multnomah County Department of Community Justice, Juvenile Services. Truls Neal, is the Director of Multnomah County Department of Community Justice and oversees adult and juvenile community corrections services for the county. Donald E. Long is the only detention facility under his jurisdiction. The facility has a capacity to hold 191 male and female youth between the ages of 12-17 years old who have an average length of stay of approximately 21 days. During the time of the onsite audit (April, 12, 13, 2018) the facility held 47 male residents and 11 female residents. The facility employs 140 staff and utilizes 92 volunteers and contractors. The facility maintains a ratio of 1 staff per 8 youth for day shift, and 1 staff per 16 residents for night shift, per PREA standards. The facility provides education and a wide range of programming for residents and has outdoor recreation areas that are safe and monitored by a video system that can record and retain video footage. The facility has a full-size gymnasium that is adequately staffed to insure safety and security while providing opportunities for recreation and exercise for the residents. The gymnasium has 2 video monitoring cameras that can record and retain video footage as an added safety measure.

The facility is made up of 6 housing units, two for females and 4 for males. There are normally 11-14 residents housed in each unit/pod. Each unit has 5 video monitoring cameras and two staff on duty. The housing units include individual rooms and for each resident and all include a private shower. Residents are allowed to cover the window slat on their room door while dressing and undressing and all residents must remain fully clothed while entering or leaving the private shower room.

The facility provides private rooms for visitation with family as well as private rooms for visits with their attorney's. There have been no major modifications to the structure of the facility, however, the video monitoring system was upgraded two years ago to provide more coverage and to enable the system to record and maintain video evidence. This decision to upgrade the system was based on executive meetings on how to get the facility 100% PREA compliant. The facility has control centers staff by security staff who monitor video displays and control access in and out of areas within the facility and in and out of the facility itself.

The facility has a medical clinic staff by a registered nurse and other primary medical care for residents are provided at Legacy Emmanuel Medical Center, located nearby in Portland, Oregon. The facility also employs mental health staff who are trained as Qualified Mental Health Professions (QMHP). At the Donald E. Long School, the Multnomah Education Service District provides education to residents within the facility in an effort to provide them with skills necessary to avoid a return to incarceration.

## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	42
<b>Number of standards not met:</b>	0

The PREA audit for the Donald E. Long Juvenile Detention Center has initially determined the facility is meeting all of the PREA standards except two of the standards, 115.315 (d) that requires staff of the opposite gender to consistently announce their presence when entering a resident housing unit, and 115.317 (e) that requires the agency to run background checks on contractors at least every 5 years (initial background checks are being run but there is not currently a process to run the checks again within the 5 years of being hired, specifically for teachers who have access to residents on a daily basis).

The following standards from each category contained within the PREA Auditing Tool were thoroughly reviewed and compliance was indicated for each standard as indicated below:

#### Prevention Planning:

Standards 115.311 to 115.314-Meets standards

Standard 115.315 (d)-Does not meet standard

Standard 115.316-Meets Standard

Standard 115.317(e)-Does not meet standard

Standard 115.318-Meets Standard

#### Responsive Planning:

Standards 115.321-115.322-Meets standards

#### Training and Education:

Standards 115.331-115.335-Meets Standards

#### Screening for risk of Sexual Victimization and Abusiveness:

Standards 115.341-115.343-Meets Standards (115.343-reserved)

#### Reporting:

Standards 115.351-115.354-Meets standards

#### Official Response Following a Resident Report:

Standards 115.361-115.368-Meets Standards

#### Investigations:

Standards 115.371-115.373-Meets Standards

#### Discipline:

Standards 115.376-115.378-Meets Standards

#### Medical and Mental Care:



Standards 115.381-115.383-Meets Standards

Data Collection and review:

Standards 115.386-115.389-Meets Standards

Audits:

Standard 115.393-Meets Standard

Auditing and Corrective Action: In progress

Proposed Corrective Action, standard 115.315(d):

Option 1, Conduct an additional training for staff with directives to consistently announce when an opposite gender staff person enters a unit and create documentation that verifies the training has been conducted and a log that verifies staff are consistently announcing their presence. This would preferably be accomplished within 60 days of the receiving the interim PREA report.

Option 2, Install a bell or similar device with signage that directs opposite gender staff to sound the bell each time they enter a unit. Advise each resident and staff members of the bell or similar device and what the purpose and use of the device is designed to accomplish and it must be used each time an opposite gender staff enters a unit. Have each current resident and staff member sign a document verifying they know the purpose of the device and add that signed acknowledgement to the PREA forms signed and acknowledged by residents at intake (the bell will not be used during sleeping hours).

Attempts should be made to accomplish this within 60 days of receipt of the interim report and verified through copies of the signed documents and photos of the devices sent to auditor.

Per PRC FAQ: a distinct buzzer, bell, or other noisemaking device may be substituted for a verbal announcement, so long as: (1) the buzzer emits a distinctive sound that is noticeably different from other common noisemakers; (2) inmates are adequately educated on the meaning of the buzzer sound and understand its purpose; and (3) the buzzer is not also used for other events at the facility. If used, such buzzers should be used in the identical manner that verbal announcements as required by the above guidance (e.g., when opposite- gender staff enter a housing unit).

Proposed Corrective Action, standard, 115.317(e):

Although initial background checks and follow-up background checks are conducted for all employees and volunteers, a process to perform follow-up background checks for contractors (specifically school personnel) is not currently being utilized. It is recommended the facility superintendent's office, or another designated agency manager, be responsible for tracking hiring dates and initial background check dates for all contracted school personnel, and a process be created for tracking those dates and conducting a follow-up background check at the 5-year mark. Provide auditor with verification this new policy, and process for follow-up background checks for contractors is being implemented within 60-90 days of receiving interim PREA report.

## Standards

### Auditor Overall Determination Definitions

- 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)

### Auditor Discussion Instructions

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.

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Multnomah County Department of Community Justice has a written policy that meets PREA standards by clearly indicating there is a zero tolerance for sexual abuse, sexual harassment, or sexual misconduct and indicates their policies and procedures are in place to follow PREA Standards pertaining to the prevention, intervention, and response to any justice involved individual within secure detention or community confinement facility, including those associated with per-trial release or post release supervision. The policy includes definitions of prohibited behaviors, sanctions for those who participate in prohibited behaviors, and strategies and responses to reduce and prevent sexual abuse.</p> <p>The agency has a designated PREA Coordinator for the county who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards for Donald E. Long. The agency has designated a PREA Compliance Manager for the the Donald E. Long Juvenile Detention Center. The PREA Compliance Manager at Donald E. Long was interviewed by the PREA team during the onsite visit and verified he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA Coordinator for Multnomah County Community Justice and the PREA Compliance Manager at the facility are upper-level managers whose positions are designated within the organizational chart.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	N/A. The agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012, and the facility does not contract for the confinement of residents.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The facility follows a 1:8 (staff to youth) ratio for day shift and 1:16 ratio for night shift. The staffing plan strongly considers PREA standards for determining proper staffing levels and determining the effectiveness of their video monitoring system. The onsite audit process included a review of documentation and the computerized system used to monitor staffing levels verified there have been no deviations from the staffing plan that complies with PREA standards.</p> <p>A review of the PREA Staffing Plan Oversight Annual Meeting report while on onsite verified the facility management team reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.</p> <p>Facility management and supervisors conduct unannounced rounds throughout the facility and document the unannounced rounds via the PREA Random Facility Walk-Thru Log. A review of the log and interviews with random staff (Juvenile Justice Services Specialists, JCSS) verified supervisors are conducting random, unannounced visits to each unit.</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Interviews with 11 random security staff (Juvenile Custody Services Specialists) and interviews with the Community Justice Manger (onsite supervisor for line staff) and 17 random youth within the facility, verified the facility does not conduct cross-gender pat down searches. A review of the Multnomah County Juvenile Services-Detention policy relating to Searches that was adopted 4/11/14, follows PREA standards and requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified, however, the facility has not conducted any cross-gender pat down searches and staff know cross-gender pat downs are prohibited absent exigent circumstances.</p> <p>The Multnomah County Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA) Policy, section VII, B, items 2, 4, and 5 indicates all youth within the Donald E. Long Facility are provided single occupancy room assignments on gender specific units (2), Showers are single occupancy spaces with a locking door. All unit activities cease during the unit's structured showering schedule (4), and any staff entering a housing unit that consists of the opposite gender population than that of the staff requires the staff to announce his/her presence at the door.</p> <p>All of the 17 residents who were interviewed stated they felt they had privacy and felt safe at all times on the unit. Youth are able to cover the door slats at any time when they are dressing or using the bathroom and they know they must remain fully clothed at all times when leaving their private room and entering or leaving the private shower room.</p> <p>A review of PREA policy, the policy for juvenile detention searches, interviews with intake staff, and interviews with 11 random line staff verified the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. *There were no transgender/intersex youth being housed in the facility during the time of the onsite audit. The facility had housed a transgender youth in the past and staff and managers, including the PREA compliance manger who had the final decisions in terms of housing the youth, indicated they followed all policy and procedures and properly discussed all safety issues and concerns with the youth in terms of asking them about how they identify their gender and where they would be most comfortable being housed, and what gender should conduct pat downs.</p> <p>A review of training records and interviews with 11 random staff indicated all staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.</p> <p><b>Corrective Action:</b>  After interviewing 17 residents (both male and female from all housing units) and at least 11 line staff (day and night shift), it was determined that opposite gender staff are not consistently announcing their presence when entering the units. Corrective action will be recommended to address this issue so all residents are clearly aware when an opposite gender staff member enters the unit. Despite the fact that residents do have a substantial amount of privacy in each unit unit, the need for opposite gender staff to announce their presence must occur on a consistent basis. The PREA coordinator and the PREA compliance manger within the facility</p>

were provided recommendations that can improve the consistency of the staff announcements on the unit, including installing a bell or other device that alerts all youth there is an opposite gender staff member on unit.

Proposed Action Plan: Option 1, Conduct an additional training for staff with directives to consistently announce when an opposite gender staff person enters a unit and create documentation that verifies the training has been conducted and a log that verifies staff are consistently announcing their presence.

Option 2, Install a bell or similar device with signage that directs opposite gender staff to sound the bell each time they enter a unit. Advise each resident and staff members of the bell or similar device and what the purpose and use of the device is designed to accomplish and it must be used each time an opposite gender staff enters a unit. Have each current resident and staff member sign a document verifying they know the purpose of the device and add that signed acknowledgement to the PREA forms signed and acknowledged by residents at intake (the bell will not be used during sleeping hours). This should be accomplished within 60 days of receipt of the interim report and verified through copies of the signed documents and photos of the devices sent to auditor.

June 19, 2018-Corrective Action Completed for Standard 115.315(d):

On May 23, 2018, following the submission of the interim PREA audit report that contained the recommendations for Corrective Action, the facility management team met to discuss action planning and implementation of updated systems and policies that will allow opposite gender staff to consistently announce their presence when entering a housing unit when an opposite gender staff is not already on duty. By June 19, 2018, the management team, that included the county PREA Coordinator, the facility PREA Compliance Manager, and the facility superintendent implemented the following actions and policies that adhere to the PREA standard:

1) Install of doorbell system (external door button and internal speaker), which includes an update of the policy for staff awareness and an explanation for youth provided during admissions/intake.

- Policy update - VII B 5: Staff are required to alert youth of their entry to an opposite gender housing unit, if an opposite gender staff is not already on the unit.

- > The doorbell mounted on the external entry point of the unit is available to signal opposite gender entry to the unit. Youth are informed of the purpose of the sound when they are admitted to a unit.

- Admissions / Intake statement provided to youth: The living space is equipped with a doorbell that you may hear a few times per day. The sound signals the entry of a staff of the opposite gender. This is a universal PREA requirement. While this facility's layout and individual room set-up provides complete privacy for bathroom use or when someone needs to change their clothing, this additional system offers you another level of privacy awareness.

\*Photos of the doorbell system installed on each unit were provided to the auditors for review.

The auditors have determined the facility is 100% compliant with standard 115.315(d).

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>An in-depth tour of the facility and interviews with the Multnomah County Community Justice Director, the agency PREA coordinator, the facility PREA compliance manager, the facility superintendent, 11 random staff, and 17 residents, along with a review of policy and procedures related to PREA all indicated the agency is able to provide a full range of interpretive services to provide residents with limited English and residents with a wide range of disabilities 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. Multnomah County is fortunate to have a wide range of services available for those who are not proficient in English, or have various types of disabilities, that will allow residents to obtain any assistance needed within the facility. The facility also employs many Spanish speaking staff who can assist residents as needed and the facility also has the Interpretive hotline available for residents that can interpret any language that may be a barrier to fully understand the training and education relating to PREA policies and their right to remain free from sexual abuse or harassment.</p>

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>An interview with the Human Resources Administrator and a thorough review of personnel files indicated the agency 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:</p> <ul style="list-style-type: none"> <li>• 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);</li> <li>• 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</li> <li>• Has been civilly or administratively adjudicated to have engaged in the activity.</li> </ul> <p>The agency performs criminal records background checks for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are being considered for promotion. There were no employees hired in the last 12 months. The auditor reviewed 10 random staff files of various hire dates and found that CJIS background checks were completed on these employees at the time of hire.</p> <p>*Before hiring employees or contractors who may have contact with residents the agency consults child abuse registries. Information is required to be provided on the Statement of Personal History asking that meets the PREA standards. The agency performs annual background checks for all employees and volunteers. These are conducted every Sept/Oct and records of the background checks are maintained in a electronic file. The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work as long as they have a release of information.</p> <p>Corrective Action: Although initial background checks and follow-up background checks are conducted for all employees and volunteers, a process to perform follow-up background checks for contractors (specifically school personnel) is not currently being utilized. it is recommended the facility superintendents office, or another designated agency manager, be responsible for tracking hiring dates and initial background check dates for all contracted school personnel, and a process be created for tracking those dates and conducting a follow-up background check at the 5-year mark.</p> <p>June 19, 2018-Corrective Action for standard 115.317(e) successfully completed:  On May 23, 2018, following the submission of the interim PREA audit report that contained the recommendations for Corrective Action, the facility management team met to discuss action planning and implementation of updated policies that will mandate criminal background records checks be conducted on contracted staff (teachers and community mentoring staff) at least every five years on current employees and contractors who may have contact with residents. The facility management team, that included the county PREA Coordinator, the facility PREA Compliance Manager, and the facility superintendent, worked with the two organizations, who provide contracted staff to the facility, to implement the new policy and practices relating to performing background checks at least once every 5 years (MESD-teachers, and VOA-community mentoring staff). On June 19, 2018m the facility provided the</p>



following information to the PREA Auditors that will allow the facility to be fully compliant with standard 115.317(e):

\* Added contract language to support the 5-yr-recheck of contractors' background checks for MESD (teachers/education staff) and VOA (Community Monitoring staff):

Effective June 15, 2018 - Addendum A-2-c - CONTRACTOR will comply with the provisions as stated in ORS 181.537 and OAR 407-007-0200 through 407-007-0380 regarding criminal records checks, which apply to all employees having direct contact with youth receiving services through CONTRACTOR'S contract with DCJ. The criminal history check should provide a reasonable screening of employees upon hire and every five years beyond hire date, in order to determine if they have a history of criminal behavior such that they should not be allowed to oversee, live or work closely with, or provide services to youth. CONTRACTOR will make the results of the criminal records check available for review by COUNTY staff upon request.

A copy of the updated policy was provided and the facility is now 100% compliant with standard 115.317(e).

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Interviews with the PREA compliance manager and the facility superintendent verified the facility had installed and updated the video monitoring system during 2013. This was to improve and enhance overall video coverage of the facility, eliminating blind spots and gave them the ability to maintain recordings of the video. When making the decision to enhance the video monitoring system the agency considered how such technology may enhance the agency's ability to protect residents from sexual abuse and provide a more safe and secure environment for all residents.

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Interviews with the PREA compliance manager, facility superintendent, and 11 random staff verified the facility utilizes the Multnomah County Sheriff's office to conduct administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The PREA compliance manager will initially review the incident to verify if it is a PREA related incident or not and will then contact the sheriff's office for any formal administrative or criminal investigations. Investigators from the Multnomah County Sheriff's office are fully trained to conduct a sexual abuse investigation, and the agency investigators follow a uniform evidence protocol.</p> <p>Interviews with the PREA compliance manager and the facility superintendent verified the facility will utilize CARES NW if a PREA related incident should occur and CARES NW offers victim advocates for the facility and throughout Multnomah County upon request. To date, there have not been any PREA related incidents within the facility that required a referral to CARES NW. The facility has PREA policy and procedures that mandates a victim advocate be made available to any resident who may require assistance and the agency must document its efforts to secure services from rape crisis centers. There is documentation that the agency attempted to secure an MOU from CARES NW. Additionally, an organization named "Call to Safety" is also available to provide victim advocate services within Multnomah County.</p> <p>Interviews with the Multnomah County Community Justice Director, the PREA compliance manager, and the facility superintendent, along with facility nursing staff verified that all examinations related to a PREA incident are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) offered by CARES NW and/or the Legacy Emanuel Children's Hospital. Both are located in close proximity to the facility.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of agency PREA policy and procedures and an interview with the Multnomah County Community Justice Director and the PREA compliance manager verifies the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The trained PREA investigator within the facility would do an initial "triage" of any incident and then would contact the Multnomah County Sheriff's office for any PREA related investigation.</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Interviews with 11 Juvenile Custody services Specialists (JCSS) that included 8 day shift and 3 night shift, along with a day shift Community Justice Manager (CJM) and a night shift CJM indicates the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents, how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, and on relevant laws regarding the applicable age of consent.</p> <p>A review of training records indicates each staff member receives the 4 modules of PREA training on a yearly basis. this is a statewide training developed by the Moss Group with a PREA Resource Center technical assistance grant.</p> <p>The PREA Compliance manager conducts training within the facility and the training is tailored for staff who oversee male and female youthful residents housed within the facility.</p> <p>Documentation verifying employees are receiving the PREA training each year was reviewed and verified the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>* It is always recommended this basic PREA training be expanded and enhanced so it is more engaging and useful for staff and residents.</p>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Per PREA policy utilized by the agency, all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response and sign a contractor acknowledgement form indicating their understand PREA policy and procedures within the facility. An interviews was conducted with contracted teaching staff and kitchen staff within the facility who indicated initial training was received and they were open to receiving additional enhanced training if offered by the facility.</p> <p>The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents and includes the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. It was verified the agency maintains documentation confirming volunteers and contractors understand the training they have received.</p> <p>*It is always recommended the PREA training be expanded and enhanced for all volunteers and contracted staff in order to better engage them in the importance of the PREA standards and their role in protecting residents and staff from sexual abuse or harassment.</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the onsite audit and review of the intake packet was conducted and interviews were conducted with two separate intake staff, and 17 male and female residents. All 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. PREA information is provided in multiple languages and PREA poster are placed throughout the facility that remind staff and residents of the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>File reviews and a review of the intake packet verified all residents entering the facility receive the 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. This information is received upon intake. A review of PREA policy and interviews with the PREA compliance manager and two intake staff verified the agency policy and procedures 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. PREA related educational materials are offered in a variety of languages and Multnomah County has a wide-range of resources available to provide interpretative services and assistance for those with learning disabilities so any resident entering the facility will receive the same PREA education as all other residents.</p> <p>Resident files were reviewed and verified all residents have signed the documentation indicating resident participation in PREA education sessions. A tour of the facility and a review of the intake packet verified key information about the agency's PREA policies is continuously and readily available or visible through posters and resident handbooks.</p> <p>*As with staff education and training, the education and training for residents relating to PREA can always be expanded and enhanced in order to better engage residence in the importance of PREA standards, ways to report abuse, and what their role is to help protect themselves and fellow residents. Additionally, it can always be beneficial to obtain new PREA related posters and place in additional areas throughout the facility to keep the No Tolerance policy and ways to report abuse in the forefront of the minds of residents and staff.</p>

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Although the facility refers formal PREA investigations, both administrative and criminal, to the Multnomah County Sheriff's Office, the PREA Compliance Manager has completed the formal training for investigators offered by NIC, "Investigating Sexual Abuse in a Confinement Setting". Three other staff within the facility have also completed the training. This is to help train an in-house investigator to conduct an initial investigation of an incident before referring any PREA related incident to the Sheriff's office for the formal investigation process. Successful completion of the investigator training was documented and verified by the auditor.</p>

<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the agency's PREA Policy, section VII, A (1) verified the agency has a policy related to the mandatory yearly training of medical and mental health practitioners who work regularly in its facilities. Interviews were conducted with a Mental Health Consultant who works in the facility and the Lead Registered Nurse. Both have received the yearly PREA training offered by the PREA Compliance Manager. Additionally, training records were reviewed and verified that all medical and mental health staff have received the training and policy relating to PREA and have signed an acknowledgement of receiving the training. The agency maintains documentaion of all staff who receive training on PREA policy and procedures.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the agency's PREA policy and interviews with the PREA compliance manager, the facility superintendent, and intake staff who conduct initial screening, verified the agency requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents, and requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The agency also requires a resident's risk level be reassessed periodically throughout their confinement.</p> <p>The auditor was provided a copy of the intake packet that is utilized for each resident entering the facility. The packet includes the PREA risk assessment tool, a trauma-informed individualized safety plan, the PREA "No Tolerance Policy" notification form that indicates the various ways to report abuse and how to report abuse anonymously to an outside agency. Each youth signs the PREA notification form after they have read it and acknowledge they have a thorough understanding of the PREA policies and practices within the facility. The facility will re-evaluate risk for each resident as guided by their individual needs in order to maintain safety within the facility. If the entire screening and risk assessment process is not conducted immediately upon entering the facility (resident arrives late at night), it is always conducted at least 72 hours of entering the facility.</p>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the agency's PREA policy and interviews with the PREA compliance manager and intake staff verified the facility uses information from the risk screening required by PREA standards to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. Interviews with 17 residents also verified they all felt safe within their housing units and believe they were properly screened at intake and placed in an appropriate housing unit.</p> <p>A review of the agency's PREA policy and interviews with the facility superintendent, the PREA compliance manager (who is normally consulted for all housing placements related to PREA related risk/needs), 11 random staff, the lead registered nurse, and the mental health consultant, all verified 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. There were no residents being housed in isolation during time of onsite audit and according to staff and all of the residents interviewed, there were not any residents who may have been at risk of sexual victimization who were placed in isolation in the past 12 months. Isolation cells are normally used for behavioral issues and are only used for short "time out" or "cooling off" periods of item that normally would never last for more that 6 hours (as indicated through interviews with before mentioned staff and residents). The use of isolation cells is rare and normally for only a short period of time to help a resident calm down. The facility does not use isolation for those at risk of sexual victimization. Each resident has a private room with adequate security and video monitoring.</p>



115.351	<b>Resident reporting</b>
	<p data-bbox="252 170 895 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1477 528">During the onsite audit signs were observed throughout the facility with information on how to report sexual abuse or harassment. Residents are also trained on how to report at intake and are reminded with signage throughout the facility. This signage can always be expanded. Interviews with 11 random staff, specialized staff, and 17 residents verified everyone knew the various ways to report abuse. These include:</p> <ul data-bbox="252 539 1171 786" style="list-style-type: none"> <li>• Tell A Staff Member</li> <li>• Fill out a grievance form (confidentially or have trusted staff help you)</li> <li>• Call your attorney</li> <li>• Call your Juvenile Court Counselor</li> <li>• Ask to speak with a supervisor</li> <li>• OR Call the DHS Abuse Hotline: (503) 731-3100</li> </ul> <p data-bbox="252 842 1477 1133">Interviews with the PREA compliance manager and 17 male and female residents verified the agency has 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. This includes the DHS hotline and of course each resident is allowed to meet privately with their attorneys and their assigned juvenile court counselor. The agency PREA policy includes policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.</p> <p data-bbox="252 1144 1477 1559">A review of the Multnomah County Community PREA policy, "Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA)" and interviews with random staff and residents, verified 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. 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 and immediately fill out a DCJ PREA Incident Report with as much information as possible, and submit the form to an on duty manager who will contact the PREA compliance manager (investigator) or designated manager for further action, which can include contact the Multnomah County Sheriff's office for formal investigation.</p> <p data-bbox="252 1570 1477 2029">Interviews with the PREA compliance manager and 17 residents verified 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. These include the ability to write a confidential, formal grievance and/or write to the local Department of Human Services (address is provided on signage throughout the facility). Staff are fully aware they may anonymously contact the Department of Human Services (DHS) via the hotline or through written communication to privately report sexual abuse and sexual harassment of residents. Staff are informed of the different ways to report abuse during the yearly PREA training and by observing the various posters throughout the facility relating to PREA.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Multnomah County Community Justice PREA Policy has been based on PREA standards and includes an administrative procedure for dealing with resident grievances regarding sexual abuse. The policy and procedures 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. The PREA Policy includes administrative procedures for dealing with resident grievances regarding sexual abuse.</p> <p>A review of the resident handbook and intake packet provided to each resident verified residents are allowed to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint and requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. During the onsite audit, there were not any residents available who have reported sexual abuse to interview. A review of files and the agency PREA policy verifies 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 and the agency will always notify the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.</p> <p>PREA 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, 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, 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. Interviews with the PREA compliance manager, facility superintendent, random staff, and HR, verified there has been "zero" grievances filed in the last 12 months.</p> <p>PREA policy policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. There has been "zero" emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.</p> <p>The agency does not have 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, but any discipline that may occur would only take place when the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, there has been "zero" resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith.</p>

<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The tour of the facility and interviews with 17 male and female residents verified residents are made aware, through information provided at intake and through posters around the facility, they can confidentially use the Department of Human Services Hotline to report any type of sexual abuse or harassment. Interviews with the PREA compliance manager verified the agency utilizes CARES NW for victim advocates and Call to Safety is also available in the community as an additional resource. Residents are informed that the hotline is fully confidential and will not be monitored, per policy.</p> <p>Interview with the PREA compliance manager and a copy of email communications indicated the agency has attempted to call and email the Sexual Assault Resource Center (SARC) in order to develop a memorandum of understanding (MOU). The MOU has been submitted to the Sexual Assault Resource Center (SARC) but the agency has not yet received a response. It is highly recommended the agency follow-up with this attempt to develop an MOU with SARC.</p>

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency PREA policy and procedures, that follows PREA standards, states the facility will provide a method to receive third-party reports of resident sexual abuse or sexual harassment. This is accomplished through the DHS hotline and the facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents via their website: <a href="https://multco.us.dcj-juvenile/prison-rape-elimination-act-prea">https://multco.us.dcj-juvenile/prison-rape-elimination-act-prea</a></p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the agency PREA policy, the PREA Checklist for Staff, the First Responder flow chart, and the PREA Staff Responsibility procedures, along with interviews with 11 random line staff verified the facility 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. Additionally staff must immediately report any retaliation against residents or staff who reported such an incident, and report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency also requires all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p>A review of the agency PREA policy, the PREA Checklist for Staff, the First Responder flow chart, and the PREA Staff Responsibility procedures, along with interviews with 11 random line staff verified the facility 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. Additionally staff must immediately report any retaliation against residents or staff who reported such an incident, and report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency also requires all staff to comply with any applicable mandatory child abuse reporting laws. 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. Interviews with the lead RN and the mental health professional verified medical and mental health practitioners are 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.</p>

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of PREA policies and procedures and interviews with the Multnomah County Community Justice Director, the facility superintendent, the PREA compliance manager, and 17 random, indicated the facility takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months, there has been "zero" incidents the agency or facility had determined that a resident was subject to a substantial risk of imminent sexual abuse.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	A review of the agency's PREA policy and interviews with the PREA compliance manager and facility superintendent verified 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. Additionally, the head of the facility notify the appropriate investigative agency. For the single incident in the last 12 months when the facility received that a resident was abused while confined at another facility, the superintendent notified the incident to Child Protective Services as the facility in question was not a PREA juvenile facility. A review of documentation verified the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	A review of the DCJ PREA policy, the PREA Checklist for Staff, the First Responder Flow Chart, and interviews with 11 line staff and the PREA compliance manager verified the facility has a first responder policy for allegations of sexual abuse. Line staff who were interviewed stated they have been trained on how to respond to a PREA incident by separating the alleged victim and abuser, act to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, and advise the alleged victim not take any actions that could destroy physical evidence. A review of the incidents that occurred within the last 12 months indicated all involved sexual behavior between youth to youth and staff had an appropriate response that followed policies and procedures. Non-security staff have been trained to respond in the same manner and have been trained to follow the appropriate polices and procedures.

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The interview with the facility superintendent and the PREA compliance manager, along with a review of the PREA Checklist for Staff and the First Responder Flow Chart verified 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.

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>An interview with the Multnomah County Department of Community Justice Director indicated the agency renewed a collective bargaining agreement for the period of 2015-2018. The agreement does not place limits on 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.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The DCJ PREA policy meets the PREA standards by to protecting 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, and designates staff member(s) or charges department(s) with monitoring for possible retaliation. This was verified with a review of the PREA policy and interviews with the Director of DCJ and the PREA compliance manger who will be in charge of monitoring any acts of retaliation and/or assigning appropriate staff/supervisor to monitor any possible retaliation. As part of the PREA policy and procedures, the facility deploys 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. Any resident who may be subject to possible retaliation will be monitored until they are released from the facility. Staff who reported sexual abuse will also be closely monitored until the final resolution of the incident and for at least 90 days following a report of sexual abuse or as long as monitoring may be needed. All monitoring will include periodic status checks.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Interviews with the PREA compliance manager, 11 random staff, the lad RN and mental health professional and a review of PREA policy, verified the policy mandates 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. To date, there have not been any residents who have alleged sexual abuse placed in isolation.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the agency's PREA policy and an interview with the primary in-house investigator (PREA compliance manager) verified the agency/facility has a policy related to criminal and administrative agency investigations. The PREA compliance manager is a trained PREA investigator and will conduct an initial review of any incident to determine if it is PREA related, and will then refer any investigation, administrative or criminal, to the Multnomah County Sheriff's Office. The PREA compliance manager has been trained in all aspects of how to conduct an appropriate initial investigation that meets all PREA standards. The agency does 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. All substantiated allegations of conduct that appear to be criminal are referred for prosecution. When the Multnomah County Sheriff's office investigates sexual abuse, the facility fully cooperate with the investigators and remain informed about the progress of the investigation, per policy and procedures.</p>

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the agency's PREA policy and an interview with the primary investigator (PREA compliance manager) indicated 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 harassment are substantiated.</p>



<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the agency's PREA policy and interviews with the facility superintendent and the PREA compliance manager (acts as initial investigator) verified the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in the 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. When an incident is referred to the Multnomah County Sheriff's office, per PREA policy and procedures, the agency requests all relevant information from the sheriff's office investigators in order to inform the resident of the outcome of the investigation. During the investigation process, the agency maintains open and ongoing communication with the resident relating to if the staff member has been convicted on a charge related to sexual abuse within the facility, whether the the staff member is no longer posted within the resident's unit, whether the staff member is no longer employed at the facility, whether the staff member has been indicted on a charge related to sexual abuse in the facility, and will inform the resident of whether the staff member has been convicted on a charge related to sexual abuse within the facility.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Per PREA policy adopted and put into effect by the agency and the facility, all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. A review of the pre-audit questionnaire and file reviews and interviews with the superintendent and the PREA compliance manager during the onsite audit, it was verified that during the past 12 months there have been "zero" staff from the facility who have violated agency sexual abuse or sexual harassment policies. Per PREA policy, any staff who have been found to have committed sexual abuse may be terminated from employment. The agency PREA policies relating to sexual abuse or sexual harassment follow the PREA standards and disciplinary sanctions 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</p>

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The pre-audit process and the onsite visit, that included file reviews and interviews with the PREA compliance manager, HR manager, and the superintendent, verified that during the past 12 months there have not been any contractors or volunteers who have been involved in any PREA related incidents. The agency's PREA policy follows PREA standards and requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies, and will be prohibited to have any contact with residents, unless the activity was clearly not criminal,</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Interviews with the PREA compliance manager and the superintendent verified the facility is following their PREA standards and 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 limited isolation have daily access to large muscle exercise, legally required educational programming and special education services, receive daily visits from a medical or mental health care clinician, and have access to other programs and work opportunities to the extent possible. A review of incident files and interviews staff and residents verified that during the past 12 months, there have not been any residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. PREA policy dictates the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior. Per PREA policy, the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for any PREA related incident. Additionally, PREA policy indicates the agency will only discipline a resident for sexual contact with staff upon a finding that the staff member did not consent to such contact. Per PREA policy, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency, per PREA policy, does not consider non-coercive sexual activity between residents to be sexual abuse.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the onsite audit process, there were any residents who have disclosed prior sexual victimization during the screening process available to interview. However, a review of the agency's PREA policy and interviews with the PREA compliance manager and the superintendent verified that any residents at the facility who disclose any prior sexual victimization during a screening will be offered a follow-up meeting with a medical or mental health practitioner within hours of the intake screening. Interviews with intake staff and random staff verified they were aware that any information related to sexual victimization or abusiveness that occurred in an institutional setting be 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. Per the agency's PREA policy and procedures, 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>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the onsite audit, interviews were conducted with the PREA compliance manager, the lead RN, and mental health staff who were aware that PREA policy dictates any resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility recognizes the expertise of the nursing staff and professional mental health staff and, per policy, the 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 documenting the timeliness of emergency medical treatment and crisis intervention services. Per policy and verified through interviews with random staff and managers, If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, first responders know to take preliminary steps to protect the victim and will immediately notify a supervisor and appropriate medical and mental health staff. The PREA policy dictates and medical staff were aware, any resident victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, and any treatment services will be provided to every victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the agency's PREA policy, a thorough tour of the facility, and interviews with medical staff, mental health staff, and the PREA compliance manager verified 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. The evaluation and treatment of such victims includes 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. for female residents, policy dictates victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests and will receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Per policy, resident victims of sexual abuse will be offered tests for sexually transmitted infections. Any treatment services will be provided to the victim without financial cost. A mental health evaluation of all known resident-on-resident abusers will be conducted within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interviews with the PREA compliance manager and medical and mental health staff indicated this would normally this would occur in a much shorter time frame.</p>

115.386	<p><b>Sexual abuse incident reviews</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Interviews with the PREA compliance manager and the superintendent, along with a review of their PREA policy, verified they have an incident review team and the facility will conduct 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. Per policy, the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. It will be recommended the PREA compliance manager and superintendent ensure the incident review team always includes designated line staff person(s) who provide a valuable insight into day-to-day operations. In the past 12 months, there has been "zero" criminal and/or administrative investigations of alleged sexual abuse completed at the facility, Per PREA Policy, the facility will conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. PREA policy indicates the incident review team reviews every aspect of the incident and will determine if there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse, if incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility, whether physical barriers in the area may enabled abuse, will assess the adequacy of staffing levels in that area during different shifts, and whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>*Prior modifications and enhancements to the video monitoring system were implemented in order to have better coverage of the entire facility (no blind spots) and is now able to record the video that can be stored for future evidence.</p> <p>The incident review team will prepare a report of its findings, and any recommendations for improvement will be submitted to the facility superintendent and the PREA compliance manager, who are part of the incident review team.</p>
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115.387	<p><b>Data collection</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The agency's PREA policy mandates, and interviews with the PREA compliance manager and superintendent verified, 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. The agency facility creates an incident-based sexual abuse data annual report. The incident-based data includes, 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, per policy. During the onsite audit, it was verified 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>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the PREA policy and Interviews with the Multnomah County Community Justice Director, the Director of Juvenile Services, the agency PREA coordinator, and the facility PREA compliance manager indicated the agency reviews data collected 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>A review of the annual report verified it includes a comparison of the current year's data and corrective actions with those from prior years. The annual report is approved by the agency head and made readily available to the public through its website, <a href="https://mult.us/dcj-juvenile">https://mult.us/dcj-juvenile</a> (A copy of the 2017 annual report was attached to the pre-audit questionnaire). A review of the report verified the annual report includes 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 and indicates the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the onsite audit an interview with the PREA compliance manager verified the agency ensures that incident-based and aggregate data are securely retained and the agency remove all personal identifiers before making aggregated sexual abuse data publicly available. Per the agency's PREA policy, and verified through interviews with the head of agency and the PREA compliance manager, the agency maintains sexual abuse data for at least 10 years after the date of the initial collection.</p>



<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The facility provided access to all areas of the facility during the onsite audit. The facility was very cooperative and provided all documentation that was requested (hard copies and access to electronically held documents). During the onsite audit, the facility provided secure, private areas to conduct private interviews with residents and staff. The facility posted the auditors confidential contact information at least 6 weeks prior to the audit and residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	To date, no final PREA audit reports have been completed, but this current audit report will be posted on the agency website once it is completed.

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

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

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

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)	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	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 functions of the facility? (N/A for non-secure facilities )	yes

115.315 (a)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes

115.315 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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	yes



	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	yes

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

115.317 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

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 abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

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

<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. )	na

115.321 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>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))</p>	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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	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?	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?	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?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	yes

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	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?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does 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 the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes



115.341 (d)	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	<b>Obtaining information from residents</b>	
	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)	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

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	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

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

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private 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

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? 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

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

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)	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	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)	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes



115.353 (a)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in 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

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

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

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	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).)	na

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes



<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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 harassment policies?	yes

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)	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes



<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

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 publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	na