

PREA Facility Audit Report: Final

Name of Facility: Donald E. Long Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 08/21/2022

Date Final Report Submitted: 10/20/2022

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"/>
Auditor Full Name as Signed: Robert Palmquist	Date of Signature: 10/20/2022

AUDITOR INFORMATION	
Auditor name:	Palmquist, Robert
Email:	robobem@gmail.com
Start Date of On-Site Audit:	08/02/2022
End Date of On-Site Audit:	08/04/2022

FACILITY INFORMATION	
Facility name:	Donald E. Long Juvenile Detention Center
Facility physical address:	1401 NE 68th Avenue, Portland, Oregon - 97213
Facility mailing address:	

Primary Contact	
Name:	Craig Bachman
Email Address:	craig.a.bachman@multco.us
Telephone Number:	5039016997

Superintendent/Director/Administrator	
Name:	Ken Jerin
Email Address:	ken.jerin@multco.us
Telephone Number:	5039888424

Facility PREA Compliance Manager	
Name:	Craig Bachman
Email Address:	craig.a.bachman@multco.us
Telephone Number:	M: 503-988-4824
Name:	Ken Jerin
Email Address:	ken.jerin@multco.us
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	191
Current population of facility:	25
Average daily population for the past 12 months:	28
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-17
Facility security levels/resident custody levels:	Med
Number of staff currently employed at the facility who may have contact with residents:	123
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	16

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

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-02
2. End date of the onsite portion of the audit:	2022-08-04

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Oregon Department of Human Services was contacted concerning the Oregon Child Abuse Hotline 1-855-503-SAFE (7233). The purpose of this discussion was to ascertain the manner in which phone calls were processed. How the information was disseminated and the confidentiality of the information. The Department of Human Services was very informative and provided detailed information on the process of disseminating information.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	191
15. Average daily population for the past 12 months:	27
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	28
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The total population on the first day of the audit was 28. The Auditor observed each resident during the audit. There were no residents who identified as LGBTQI. There were no low vision or deaf residents. The Auditor attempted to ascertain if any residents had reported any type of sexual abuse or had been the victim of any type of sexual abuse. All inquiries were negative.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	123
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	16
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	20
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:

20

54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- Age
- Race
- Ethnicity (e.g., Hispanic, Non-Hispanic)
- Length of time in the facility
- Housing assignment
- Gender
- Other
- None

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?

Rosters were provided for each housing unit. Residents were randomly selected from each housing unit. The Female housing unit had four residents, and all four were requested to participate in an interview. In the Male housing units residents were selected based on age, race and length of time in the facility.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?

- Yes
- No

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

There were no significant issues concerning the random resident interviews. For a juvenile population of 1-50, a minimum of five random interviews are to be conducted. The Auditor interviewed 17 residents; three residents did refuse to be interviewed. At the time of the audit, there were four female residents, the auditor interviewed three female residents, and one female resident refused to participate in an interview.

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:

2

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the PREA Coordinator and Compliance Manager to determine if any residents had a physical disability. In addition, the Auditor observed the resident population. No residents in the facility on the first day of the audit had a physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the PREA Coordinator and Compliance Manager to determine if any residents were blind or had low vision. In addition, the Auditor observed the resident population. No residents in the facility on the first day of the audit were blind or had low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the PREA Coordinator and Compliance Manager to determine if any residents were deaf or hard of hearing. In addition, the Auditor observed the resident population. No residents in the facility on the first day of the audit were deaf or hard of hearing.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the PREA Coordinator and Compliance Manager to determine if any residents were Limited English Proficient (LEP). In addition, the Auditor observed the resident population. No residents in the facility on the first day of the audit were Limited English Proficient (LEP).</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the PREA Coordinator and Compliance Manager to determine if any residents identified as lesbian, gay, or bisexual. In addition, the Auditor observed the resident population. No residents in the facility on the first day of the audit identified as lesbian, gay or bisexual.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the PREA Coordinator and Compliance Manager to determine if any residents identified as transgender or intersex. In addition, the Auditor observed the resident population. No residents in the facility on the first day of the audit identified as transgender or intersex.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the PREA Coordinator and Compliance Manager to determine if any residents had reported sexual abuse in the facility. In addition, the Auditor interviewed 17 residents, and no resident stated they had reported an incident of sexual abuse while at the facility. No residents in the facility on the first day of the audit had reported an incident of sexual abuse.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor spoke with the PREA Coordinator and Compliance Manager to determine if any residents had disclosed prior sexual victimization during risk screening. In addition, the Auditor interviewed 17 residents, and no resident stated they had disclosed prior sexual victimization during risk screening. No residents in the facility on the first day of the audit had disclosed prior sexual victimization during risk screening.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with the PREA Compliance Manager reveal that seclusion or segregation cells are unavailable at the Donald E. Long Juvenile Detention Center. No residents in the facility on the first day of the audit had been placed in seclusion or segregation for risk of sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>16</p>

<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor was permitted access to and observed all the Donald E. Long Juvenile Detention Center areas. The Auditor tested the phones and the external reporting mechanisms.</p>
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Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes
 No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The Auditor was permitted to request and receive copies of all relevant documents.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The PREA Compliance Manager, the PREA Coordinator and the Detention Manager all reported there were no sexual abuse investigations in the past 12 months.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0

a. Explain why you were unable to review any sexual harassment investigation files:	The PREA Compliance Manager, the PREA Coordinator and the Detention Manager all reported there were no sexual harassment investigations in the past 12 months.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Policy Statement, Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA)

The organization Chart for the Donald E. Long Juvenile Detention Center was reviewed.

Interviews conducted with:

PREA Coordinator

PREA Compliance Manager

Detention Manager

In order to determine compliance, the following policy was reviewed: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA). This policy provides the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual violence. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both staff and residents), reporting procedures (both staff and residents), intervention procedures, and investigative guidelines. Finally, the policy provides for data collection and data reporting. Also, the Organization Chart for the Donald E. Long Juvenile Detention Center was reviewed.

In order to determine compliance, interviews were conducted with the PREA Coordinator, the PREA Compliance Manager, and the Detention Manager. The PREA Coordinator indicated she had enough time to coordinate the agency’s PREA compliance efforts. The PREA Compliance Manager indicated he had enough time to coordinate the facility’s PREA Compliance efforts. The PREA Coordinator and the PREA Compliance Manager were knowledgeable concerning PREA. They articulated the vision of zero tolerance at the Donald E. Long Juvenile Detention Center.

In order to determine compliance, the following observations were made during the on-site tour of the facility: The housing units had signs informing residents of their right to be free of sexual abuse. There were signs in both English and Spanish informing residents about how to report incidents of sexual abuse.

The following describes how the evidence above was used to determine compliance. The Donald E. Long Juvenile Detention Center has a zero-tolerance policy and training program that meets the requirements for this standard. The policy provides the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse.

The Donald E. Long Juvenile Detention Center has a training program that meets the requirements for this standard.

The overriding approach taken by the Donald E. Long Juvenile Detention Center to eliminate or prevent sexual abuse and sexual harassment of its residents is to ensure uniformity of the agency’s zero-tolerance policy in all facility areas. Including providing definitions of prohibited behaviors regarding sexual abuse and sexual harassment and prescribing sanctions against staff and residents who engage in sexual abuse or sexual harassment. In the event of an allegation of sexual abuse or sexual harassment, the Donald E. Long Juvenile Detention Center has developed a coordinated response plan that ensures the safety and security of the alleged victim while providing for a comprehensive and systematic investigation into the allegation.

The policy applies to all the Donald E. Long Juvenile Detention Center staff, including employees, volunteers, contractors, and residents at The Donald E. Long Juvenile Detention Center.

The Donald E. Long Juvenile Detention Center utilizes the following strategies to reduce and prevent sexual abuse and sexual harassment at the facility:

1. Designating a staff member as the Donald E. Long Juvenile Detention Center PREA Compliance Manager, who will ensure that the Donald E. Long Juvenile Detention Center fully complies with all PREA standards.
2. Training staff (including contractors and volunteers) to detect sexual abuse and sexual harassment.

3. Screening for risk of sexual victimization and abusiveness.
4. Requiring all staff (including contractors and volunteers) to report all reported or suspected sexual abuse, sexual harassment, and retaliation incidents promptly.
5. Respond promptly and effectively to all reports of sexual abuse, sexual harassment, and retaliation by ensuring that staff (including contractors and volunteers) cooperates fully with any investigation.
6. Administering sanctions for those found to have participated in prohibited behavior.
7. Providing medical and mental health care to victims and abusers.
8. Performing an annual evaluation to assess how the Donald E. Long Juvenile Detention Center can improve its zero-tolerance policy and procedures.
9. Ensuring that the Donald E. Long Juvenile Detention Center is audited for PREA compliance.

The PREA Compliance Manager indicated he had enough time to manage and oversee the implementation of PREA standards. The auditor reviewed the PREA Policy and the Donald E. Long Juvenile Detention Center Organizational Chart. The auditor conducted a facility tour to evaluate posted information throughout the facility. Also, interviews were conducted with the PREA Coordinator, the PREA Compliance Manager, and the Detention Manager.

Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA) pages 1-6, address 115.311. (a,b,c)

Given the above, the auditor finds the Donald E. Long Juvenile Detention Center substantially compliant with 115.311

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Department of Community Justice does not contract with other agencies for the confinement of residents. This standard is not applicable.

115.313 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA)

Policy Statement: Staffing

Donald E. Long Juvenile Detention Center Annual Meeting report for 2020, 2021

Facility Inspection Summary Report 2021

Unannounced round logs between May-August 2022

Interviews:

PREA Compliance Manager

PREA Coordinator

Intermediate or higher-level staff

The following policies were reviewed to determine compliance: Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA) and Policy Statement Staffing. The Auditor reviewed the Donald E. Long Juvenile Detention Center Annual Meeting report for 2020 and 2021 and the Facility Inspection Summary Report 2021. Finally, the auditor reviewed the unannounced round logs.

The PREA Compliance Manager participates in and reviews the Annual Meeting report. The PREA Compliance Manager further participates in and reviews the Facility Inspection Report. The PREA Compliance Manager reports that the Donald E. Long Juvenile Detention Center supervisors develop, document, and regularly comply with a staffing plan that provides adequate staffing levels. The auditor notes that each of the 11 factors identified for staffing plan development is identified and addressed; however, the 11 factors are not specifically documented in either the Facility Inspection report or the Annual Meeting Report. The Donald E. Long Juvenile Detention Center participates in a yearly Grand Jury Investigation that reviews all aspects of the facility, including staffing. Under Oregon Revised Statute 132.440, a grand jury convened on October 5, 2021, with the goal of writing a public report about the condition and management of the four correctional facilities in Multnomah County. Under ORS 132.440:

At least once yearly, a grand jury shall inquire into the condition and management of every correctional facility and youth correctional facility as defined in ORS 162.135 in the county.

The grand jury is entitled to free access at all reasonable times to such correctional facilities and juvenile facilities and, without charge, to all public records in the county pertaining thereto.

Seven jurors were selected to serve in the 2021 Corrections Grand Jury. Over several weeks, the Corrections Grand Jury investigated the condition and management of the four correctional facilities within Multnomah County. The jurors viewed a PowerPoint presentation of the Donald E. Long Juvenile Justice Center (JJC) to inform this report.

The Grand Jury concluded that the current average population at the Donald E. Long Juvenile Justice Center is 30.3 youth. The Donald E. Long Juvenile Justice Center is an active supervision facility with one staff member for every five youth.

An interview was conducted with the PREA Compliance Manager concerning staffing levels, staffing reports, and annual reports to determine compliance. The PREA Compliance Manager indicated that he works with the Department Heads to formulate a staffing plan for the fiscal year based on allotted positions and budget, historical turnover data, known and anticipated vacancies, and anticipated workloads. Departmental rosters are reviewed to determine whether positions and salary funds, including overtime, are efficiently utilized. The Auditor notes that the Grand Jury thoroughly reviews the facility, including a facility inspection. However, the facility report does not specifically consider the 11 criteria noted in the standard.

The auditor observed appropriate staffing levels throughout the facility to determine compliance.

The PREA Compliance Manager reports the facility documents and justifies all deviations from the staffing plan each time there is non-compliance. If any deviations from the staffing plan arise, explanations for deviations are documented. The PREA Compliance Manager states that during the last 12 months, there were zero instances wherein staffing ratios deviated from the established staffing plan.

During the facility tour, the auditor observed direct supervision in housing units. The auditor observed staff members moving from room to room in program areas.

Intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts.

In order to affect the deterrence of staff sexual abuse and sexual harassment, unannounced rounds are conducted daily and on all shifts by intermediate and supervisory staff. The Auditor's review of Unannounced Rounds logs covering the time frame between May-August 2022; reveals substantial compliance with 115.313 (d). Rounds cover the three shifts; the logs include the supervisor's initials and corresponding dates. The PREA Policy does not prohibit staff from alerting other staff of the conduct of such rounds.

The intermediate or higher-level staff interviewees indicate they have conducted unannounced PREA rounds. Each supervisor reported that random checks are always random, staggered, and never predictable to prevent staff from alerting other staff.

During the facility tour, the auditor inquired of Unit staff concerning a supervisor's presence in the Unit. The Unit Officer indicated a Supervisor generally makes rounds several times during a shift.

Donald E. Long Juvenile Detention Center Annual Grand Jury report for 2020, 2021, address 115.313 (a) (b) and (c).

However, the Donald E. Long Juvenile Detention Facility needs to ensure that before the Annual Grand Jury inquiry, a staffing report is completed that takes into consideration the following 11 criteria:

1. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
2. Generally accepted juvenile detention and correctional/secure residential practices.
3. Any findings of inadequacy from Federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. Any judicial findings of inadequacy.
6. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated).
7. The composition of the resident population.
8. The number and placement of supervisory staff
9. Institution programs occurring on a particular shift.
10. Any applicable State or local laws, regulations, or standards.
11. Any other relevant factors.

Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA) page 4 and Unannounced Rounds logs covering the time frames between May-August 2022, address 115.313 (d). The Policy Statement indicates that only the Detention Manager will conduct unannounced walk-throughs of all units. This specific procedure has been delegated to the mid-level managers, and the policy should reflect this change in procedure.

Corrective Action: the Donald E. Long Juvenile Detention Facility needs to ensure that before the Annual Grand Jury inquiry, a staffing report is completed that considers the 11 criteria specified in 115.313. Additionally, the PREA Policy page 4, paragraph 9 should be changed to include the statement, "In addition to the Detention Manager, the Community Justice Managers will conduct and document random and unannounced walk-throughs of all units during day and night shifts".

Action Plan: The PREA Compliance Manager and the PREA Coordinator shall complete a staffing report that considers the following 11 criteria prior to the annual Grand Jury inquiry.

1. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
2. Generally accepted juvenile detention and correctional/secure residential practices.
3. Any findings of inadequacy from Federal investigative agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. Any judicial findings of inadequacy.
6. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated).

7. The composition of the resident population.
8. The number and placement of supervisory staff
9. Institution programs occurring on a particular shift.
10. Any applicable State or local laws, regulations, or standards.
11. Any other relevant factors.

This report will be generated annually and submitted if requested to the Grand Jury.

Provide the Auditor with verification of the policy revision and a copy of the staffing report completed prior to the 2022 Grand Jury inquiry. This action plan is to be completed on or before October 31, 2022.

Corrective Action Plan: The Donald E. Long Juvenile Detention Facility completed an Annual Staffing Plan that included the 11 criteria specified in 115.313 on October 5, 2022. The Staffing Plan considered current staffing ratios, video monitoring and documentation of unannounced rounds. Additionally, the PREA Policy page 4, paragraph 9 was updated to include the statement, "A Detention senior manager, a CJM or Night Lead will conduct and document random and unannounced walk-throughs of all units during each shift". The requirements of this Action Plan are completed and documented.

The Donald E. Long Juvenile Detention Facility complies with Standard 115.313: Supervision and monitoring.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA), Policy Statement: Searches</p> <p>Interviews:</p> <p>Random Staff</p> <p>Random Resident</p> <p>The Auditor reviewed Policy Statements, Sexual Victimization Prevention and Response and Searches to determine compliance. In addition, the Auditor interviewed Random staff and random residents.</p> <p>The PRE-Audit Questionnaire indicates that residents' cross-gender strip or visual body cavity searches are not conducted at Donald E. Long Juvenile Detention Center. Accordingly, no cross-gender strip or cross-gender body cavity searches of residents were conducted at Donald E. Long Juvenile Detention Center during the audit period.</p> <p>Policy Statement Searches pages 1-4 address 115.315(a).</p> <p>Strip searches, if warranted, are conducted by staff of the same gender as the residents and are based on reasonable suspicion.</p> <p>Strip searches are conducted by same-sex staff. There is no instance at the Donald E. Long Juvenile Detention Center where a cross-gender strip search has been undertaken. Additionally, there have been no body cavity searches during the audit period.</p> <p>Policy Statement Searches, pages 1-4, addresses 115.315(b).</p> <p>The PRE-Audit Questionnaire indicates that all cross-gender strip searches are documented. The PRE-Audit Questionnaire indicates no cross-gender strip searches have occurred at the facility.</p> <p>Policy Statement Searches pages 1-4, addresses 115.315(c).</p> <p>The PRE-Audit Questionnaire indicates policies and procedures have been implemented at Donald E. Long Juvenile Detention Center that enables residents to shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their buttocks or genitalia. Except in exigent circumstances or when such viewing is incidental to routine cell checks.</p> <p>According to Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA), page 4, 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.</p> <p>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.</p> <p>As noted by the PREA Resource Center, 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).</p> <p>All random staff interviewees indicate they announce their presence when entering a housing unit. All random staff interviewees indicated that residents could dress, shower, and use the toilet without being viewed by a staff of the opposite gender. Resident interviewees indicated opposite gender staff announced their presence when entering a housing area, and all resident interviewees clearly understood the purpose of the doorbell. All resident interviewees stated they and their peers are never naked or in full view of opposite-gender staff when they shower, use the toilet, or change clothes.</p> <p>Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA), page 4, addresses 115.315(d).</p> <p>The PRE-Audit Questionnaire indicates that the Donald E. Long Juvenile Detention Center staff are prohibited from searching</p>

or physically examining a transgender/intersex resident to determine the resident's genital status. According to the PREA Compliance Manager, no such searches have been conducted during the audit period.

All random staff interviewees indicated the facility prohibits staff from searching or physically examining a transgender/intersex resident to determine the resident's genital status. All interviewees indicated they were well aware of the expectation.

Policy Statement: Searches, page 3, addresses 115.315(e).

The PRE-Audit Questionnaire indicates that the security staff has received training on conducting pat-down searches. The auditor reviewed the Training Curriculum and the staff training rosters indicating the participation of the staff. The auditor asserts that the Donald E. Long Juvenile Detention Center staff complies with 115.315 (f).

Given the above, the auditor finds Donald E. Long Juvenile Detention Center substantially compliant with 115.315.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)

Multnomah County Interpreter Resources document

PREA Information in Russian, Spanish, Vietnamese and English

Interviews:

Intake Staff

Random Resident

Random Staff

The following policy and documentation were reviewed to determine compliance. Policy Statement Sexual Victimization Prevention and Response, Multnomah County Interpreter Resources document and the PREA information in Russian, Spanish, Vietnamese and English.

To determine compliance, interviews were conducted with two staff members who conducted initial intake interviews. The auditor observed the intake paperwork, and the information provided concerning PREA and had staff explain what procedures would be followed if a resident was experiencing difficulty understanding the material. Intake information is available in English, Spanish, Russian and Vietnamese.

The following describes how the evidence above was used to conclude compliance. The Donald E. Long Juvenile Detention Center has procedures to provide disabled residents with the opportunity to participate in the facility's efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, Donald E. Long Juvenile Detention Center has agreements with interpreters to provide effective communication with residents who do not understand English. The Donald E. Long Juvenile Detention Center does not rely on resident interpreters.

The intake staff members are prepared to provide information in a format that will allow residents with limited reading skills, hearing disabilities, intellectual disabilities, or low vision to know and understand all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff members will read information to the residents with limited reading skills.

The auditor conducted intake staff interviews; in each interview, staff indicated they provided PREA information to residents and took the time to ensure the residents understood the material provided. The staff indicated they were prepared to provide information concerning the entire intake process to residents who were either blind or Deaf.

The auditor reviewed samples of PREA Posters in both English and Spanish. The PREA information provided to residents is also available in Spanish. These PREA Posters were located in every housing unit and contained information concerning at least four methods to report sexual abuse and sexual harassment incidents. Interviews with facility staff indicate a variety of methods are available to ensure residents understand the material presented to them.

The Auditor reviewed the intake procedures and the printed materials for residents. Upon initial screening, the Donald E. Long Juvenile Detention Center staff members document whether a resident displays a language barrier or other disability, preventing understanding of basic PREA provisions or sexual abuse/prevention/intervention information. As applicable, a follow-up plan is developed to foster communication.

According to the PREA Compliance Manager, resident education for residents who are deaf or present with hearing disabilities would be accommodated by the written PREA information during orientation. These methods present opportunities for the resident to read procedures. Regarding residents who are blind or present with visual disabilities, the PREA Compliance Manager advised the staff would read relevant information to the affected residents. Using translated printed materials and contracted interpretation services, the facility ensures that residents with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act - PREA) pages 3-4 and Multnomah County Interpreter Resources document, addresses 115.316 (a) (b) and (c).

Given the above, the auditor finds Donald E. Long Juvenile Detention Center substantially compliant with 115.316.

115.317 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Background Investigation Checklist Volunteers, Interns and Contractors

Annual Records Checks for Current Employees, Volunteers and Interns

Contractors Records Check Request

Statement of Personal History

Review of employee Human Resource (HR) files

Interviews:

Human Resources staff

The PRE-Audit Questionnaire indicates agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- b. 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
- c. Has been civilly or administratively adjudicated to have engaged in the activity described above.

The auditor's review of the Department of Community Justice application form reveals the three questions articulated in 115.317(a) are addressed.

The PRE-Audit Questionnaire indicates that agency policy requires considering any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents.

The auditor's random review of employee Human Resource files reveals reference checks of previous employers were completed.

The Human Resources interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with residents.

The Human Resource Manager asserts the facility performs criminal background record checks, consults appropriate child registries in the state or locality in which the employee will work, or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees who may have contact with residents, who are considered for promotions. The same procedure applies to contractors who may have contact with residents.

After the initial application, there is an initial interview, and criminal background record checks are completed.

Twelve full-time employees were hired within the past 12 months; all criminal background checks were completed appropriately.

Background checks are completed every year for current employees. The Auditor reviewed ten employees and two contractor files; criminal background checks had been completed on all 12 individuals. Employees who fail to disclose information concerning misconduct can be terminated from employment. The Human Resource Manager confirmed that background checks are completed yearly, and that appropriate sanctions are available for staff members who fail to report misconduct.

As indicated by the Human Resource Manager, any deception, misinformation, or misinformation by the omission of information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment.

The Background investigation includes a review of the following criteria: Criminal History/Activity: Any applicant with the following criminal/traffic conviction history or criminal/illegal activity shall typically be disqualified from employment. Any Conviction of any crime consisting of engaging or attempting to engage in sexual activity in the community by using force,

overt, or implied threats of force or coercion is disqualified from employment. A National Crime Information Center (NCIC) criminal history check is completed on every applicant.

The Donald E. Long Juvenile Detention Center considers any incidents of sexual harassment during the application process.

All employees with contact with residents have had a full field background investigation, fingerprinting, and inquiry into the FBI's NCIC. Employee backgrounds are re-checked yearly. Contractors and volunteers who have regular contact with residents also have criminal background checks completed before having contact with residents. Volunteer and contractor background checks are repeated yearly.

The facility does not hire or promote anyone who may have contact with residents and does not enlist the services of any contractor who may have contact with residents who has engaged in any type of sexual abuse/harassment. Employees must disclose such misconduct, and material omissions regarding such misconduct would be grounds for termination. Any applicant submitting false information is grounds for not hiring the applicant. The Human Resources Manager was interviewed and confirmed that the agency attempts to contact prior employers for information on allegations of sexual abuse or resignations that occurred during a pending investigation of sexual abuse. The Human Resource Manager also confirmed that the Human Resources Department 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. The Donald E. Long Juvenile Detention Center, Human Resources Department notifies appropriate licensing/certifying agencies when professional staff is terminated for substantiated sexual abuse or harassment allegations.

A review of the Employee and contractor files, in addition to the interview with Human Resource staff, addresses 115.317(a) (b) (c) (d) (e) (f) (g) and (h).

In view of the above, the auditor finds the Donald E. Long Juvenile Detention Center substantially compliant with 115.317.

115.318	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Interviews conducted with:</p> <p>Agency Head</p> <p>Detention Manager</p> <p>During the on-site tour of the facility, the Auditor observed security cameras in housing areas and throughout the programming areas.</p> <p>The Detention Manager indicated that video and surveillance technology focuses on areas where residents are housed and programs to enhance their protection from sexual abuse. Consideration is also given to camera placement to ensure the residents' right to privacy when showering and changing clothes.</p> <p>Interviews with the Agency Head and the Detention Manager indicate the Donald E. Long Juvenile Detention Center demonstrated facility-wide practices consistent with the requirements of the PREA standard. The facility has had no substantial expansions or modifications since August 20, 2012. The facility has not updated the video monitoring system in the previous 12 months.</p> <p>A total of 146 cameras are utilized to provide video coverage of the facility in all critical areas. The Donald E. Long Juvenile Detention Center's video coverage is substantial.</p> <p>The PREA Compliance Manager indicated the importance of utilizing technology to enhance the protection of residents from incidents of sexual abuse.</p> <p>The Donald E. Long Juvenile Detention facility is planning a significant upgrade to video technology. The PREA Compliance Manager is involved in the plans to upgrade the video technology. The Donald E. Long Juvenile Detention Facility also plans renovations to the housing units. The PREA Compliance Manager is involved in the plans to renovate the housing units.</p> <p>The Donald E. Long Juvenile Detention Center is compliant with 115.318.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>PREA Checklist for staff</p> <p>First Responder Flow Chart</p> <p>Sexual Assault Kits and Sexual Assault Investigations Field Operations Oregon</p> <p>Child Abuse Investigations Oregon</p> <p>About us Cares NW</p> <p>Memorandum concerning MOU Attempts</p> <p>Multnomah Sheriff's Office Contacts</p> <p>Interviews conducted with:</p> <p>Agency Head</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>Health Services staff</p> <p>Deputy Detention Manager (Facility trained Investigator)</p> <p>Interviews with the PREA Coordinator, PREA Compliance Manager (Detention Manager) and the Deputy Detention Manager 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 Coordinator or 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, the PREA Coordinator and the Senior Clinical Director verified that the facility would utilize CARES NW if a PREA-related incident should occur. 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 mandate a victim advocate be made available to any resident who may require assistance. The facility 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.</p> <p>Interviews with the Agency Head, the PREA Coordinator, the PREA Compliance Manager, and the Senior Clinical Director 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 the Legacy Emanuel Children's Hospital. Both are located near the facility.</p> <p>The Donald E. Long Detention Center is substantially compliant with 115.321.</p>

115.322	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>First Responder Flow Chart</p> <p>PREA Checklist for staff</p> <p>Multnomah Sheriff’s office contacts</p> <p>Interviews conducted with:</p> <p>Agency Head</p> <p>PREA Compliance Manager</p> <p>Deputy Detention Manager (Facility Training Investigator)</p> <p>A review of Facility PREA policy indicates the on-duty manager, PREA Compliance Manager, or the PREA Coordinator will ensure allegations are investigated in accordance with PREA Standards (page 4, paragraph C.1.a.) Interviews with the Agency Head and the PREA Compliance Manager indicate that an administrative or criminal investigation is completed for all sexual abuse and sexual harassment allegations. The trained PREA investigator within the facility would do an initial "triage" of any incident and then contact the Multnomah County Sheriff’s office for any PREA-related investigation.</p> <p>Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), pages 4-6, address 115.322(a).</p> <p>Policy Statement: Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), pages 4-6 and Multnomah Sheriff’s office contacts address 115.322(b).</p> <p>Based on a review of the policy and interviews with the PREA Compliance Manager, Agency Head and the Deputy Detention Manager, the Auditor concludes there is substantial compliance with standard 115.322.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)

Unit 1 Oregon T4T FINAL DRAFT

PREA Full Refresher Course 081514

Unit 4 Oregon T4T FINAL DRAFT

Unit 2 Oregon T4T FINAL DRAFT

PREA Instructor Guide and Training Curriculum

Unit 3 Oregon T4T

Initial JCSS Training outline

PREA JSD Detention Online outline Acknowledgment explanation

PREA Training Completion Record 2022 All staff

Interviews conducted with:

Random staff

In order to make a determination of compliance, the following policy and other documentation were reviewed: Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), Unit 1 Oregon T4T, PREA Full Refresher Course 081514, Unit 4 Oregon T4T, Unit 2 Oregon T4T, PREA Instructor Guide and Training Curriculum, Unit 3 Oregon T4T, Initial JCSS Training outline, PREA JSD Detention Online outline Acknowledgment explanation and the PREA Training Completion Record 2022. Finally, the auditor reviewed ten (10) Employee Training records and two Contractor training records.

In order to determine compliance, interviews were conducted with nine random staff.

To make a determination of compliance, the auditor observed several informational signs throughout the facility detailing how to make a report of sexual assault or sexual harassment. In addition, the auditor saw staff announcing their presence before entering a housing unit. Finally, the auditor interviewed staff to determine their knowledge and understanding of their training.

The following describes how the evidence above was used to conclude compliance. The Donald E. Long Juvenile Detention Center trains employees on zero tolerance and an employee's responsibilities to prevent, detect, report, and respond to sexual abuse and harassment incidents. Employees are informed of the resident's right to be free from sexual abuse and retaliation for reporting sexual abuse and harassment incidents. Employees are trained on the dynamics of sexual abuse in confinement, the reactions of victims, and how to detect sexual abuse. Employees receive training on standards of conduct, inappropriate relationships with residents, and communication with all residents effectively. In addition, mandatory reporting laws are reviewed. The training is tailored to the Donald E. Long Juvenile Detention Center residents, both male and female. All employees have been trained, they are trained annually, and the auditor confirmed the employees' training records. All staff interviewed confirmed their participation in PREA training and knowledge of the training curriculum.

Employees are aware of the Donald E. Long Juvenile Detention Center's current sexual abuse and sexual harassment policies and standard operating procedures. The Donald E. Long Juvenile Detention Center documents that employees understand their training. The Auditor reviewed employee training records, and the PREA Compliance Manager provided copies of training records for the employees.

The auditor reviewed ten (10) Employee Training records, and each file contained documentation on the date of hire, PREA Training Dates, and Acknowledgement documents. The training records indicate that PREA training occurred in 2020 and 2021.

Staff members who the auditor interviewed indicated a clear understanding of the Prison Rape Elimination Act. The random staff interviewed were able to recall information from the training, such as the zero tolerance for sexual assault and sexual harassment, professional and gender-specific pat search procedures, how to respond to sexual assaults and duties of the

first responder. Staff members recalled how to avoid inappropriate relationships with residents, the dynamics of sexual abuse in prison, and how to detect signs of sexual abuse. All employees have been trained, and the auditor confirmed the employees' training records. All staff interviewed confirmed their participation in PREA training and knowledge of the training curriculum.

Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA) page 3, addresses 115.31(a).

The PREA PowerPoint presentations and the PREA Instructor Guide and Training Curriculum addresses 115.331(b).

Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA) page 3, addresses 115.331(c)

Training Records with electronic signatures, including the "I understand caveat," address 115.331(d).

The Donald E. Long Juvenile Detention Center complies with this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Volunteer/Contractor training forms</p> <p>Contractor Training Records</p> <p>Interviews conducted with:</p> <p>Contractor</p> <p>The following documentation was reviewed to determine compliance: Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), and Volunteer/Contractor training forms. The auditor reviewed the Volunteer/Contractor training forms; participation in training is documented through signature and indicates that the volunteer/contractor understood their training. Finally, the auditor reviewed two Contractor training records.</p> <p>The following describes how the evidence above was used to conclude compliance. The auditor reviewed the training material and the documentation each contractor or volunteer must complete. The Donald E. Long Juvenile Detention Center trains the volunteers and contractors on zero tolerance and responsibilities to prevent, detect, report, and respond to sexual abuse and harassment incidents. Volunteers and Contractors are informed of the resident's right to be free from sexual abuse and retaliation for reporting sexual abuse and harassment incidents. Volunteers and Contractors are trained on the dynamics of sexual abuse in confinement, the reactions of victims, and how to detect sexual abuse. Standards of Conduct are reviewed as well as inappropriate relationships with residents and how to communicate with all residents effectively. The auditor interviewed one contractor. The Contractor had received training within the past 12 months. The Contractor recalled information from the training, such as responsibilities for recognizing potential sexual harassment issues or sexual assault issues, their responsibility to report any concerns, inappropriate relationships, and zero tolerance.</p> <p>Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA) addresses 115.332(a).</p> <p>The Volunteer/Contractor Annual Training addresses 115.332(b).</p> <p>Training Records with signatures, including the "I understand caveat," addresses 115.332(c).</p> <p>The Donald E. Long Juvenile Detention Center complies with this standard based.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Policy Statement: Orientation</p> <p>Interpreter resources</p> <p>PREA Notice_Russian</p> <p>PREA Notice_Spanish</p> <p>PREA Notice-English</p> <p>PREA Notice_Vietnamese</p> <p>Completed Juvenile Orientation Tests</p> <p>Youth Tracking sheet (indicating orientation complete)</p> <p>Resident handbook</p> <p>23 resident files documenting admission dates, orientation dates, and comprehensive education dates</p> <p>Interviews conducted with:</p> <p>Intake staff</p> <p>Staff who conduct Risk Assessments and residents.</p> <p>In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: Each of the housing units had signs providing information to residents concerning how to report an incident of sexual harassment and sexual abuse. The signs (in English, Russian, Vietnamese and Spanish) indicated Zero Tolerance for sexual abuse and sexual harassment. The signs also provided the phone number for the Department of Human Services. The information is visible and readily available.</p> <p>The following evidence was used to conclude compliance. The Donald E. Long Juvenile Detention Center provides newly admitted youth with information, instructions and a video about detention. This orientation process helps youth become familiar with expectations and promotes a safe and secure environment. The Auditor viewed the video (https://www.youtube.com/watch?v=i6CgEduwoFk). The resident PREA education video is designed to help residents understand how to safeguard their sexual safety in a confinement setting via comprehensive and age-appropriate information about the residents' right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. It also addresses agency policies and procedures for responding to such incidents. The video is also available in Spanish (https://www.youtube.com/watch?v=otRw-GmX8xI). If a youth is fluent in either English or Spanish, the youth is required to take and pass a short quiz. The Auditor reviewed several quiz completion forms that the residents signed. Random resident interviews confirmed that residents received PREA information and were aware of multiple reporting methods, including anonymous and third-party reporting.</p> <p>Residents receive information on zero tolerance, how to report sexual abuse and harassment incidents, their right to be free from sexual abuse and harassment, and to be free from retaliation for reporting incidents. In addition, residents are informed about how the Donald E. Long Juvenile Detention Center will respond to such events. (Resident Handbook)</p> <p>Intake Staff interviews verify that residents receive PREA information. Residents are provided a handbook that includes information concerning Zero Tolerance and how to report sexual abuse and harassment. The auditor confirmed that all residents received this information. Interviews with residents also confirm that the Donald E. Long Juvenile Detention Center Staff provides information on reporting incidents of sexual abuse. The facility documents the receipt of this information. Interpretation services are offered to residents who may not understand the presented material. Resident education is provided in formats accessible to all residents, including limited English proficiency, deaf, visually impaired, or otherwise disabled, and residents who have limited reading skills.</p> <p>The Auditor also reviewed a random sample of resident files. Each file contained documentation to support a resident's initial intake, the information concerning PREA that was provided during intake, and the resident's participation in the</p>

comprehensive PREA education. During the random resident interviews, residents indicated they had received a handbook and information concerning PREA.

The auditor's review of Youth Tracking sheets reveals that residents received comprehensive PREA Education.

The PREA Compliance Manager reports all residents received within the last 12 months have been educated within 30 days of Intake.

Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA) and Policy Statement: Orientation, addresses 115.333(a) (b) (c) and (d).

Youth Tracking Sheet (indicating Orientation Completion) addresses 115.333(e).

The auditor's observation of posters in housing units, receiving and discharge, and program/operational areas address 115.333(f)

In view of the above, the auditor finds that The Donald E. Long Juvenile Detention Center complies with 115.333.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <p>Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Course Completion document for Prison Rape Elimination Act (PREA), Investigating Sexual Abuse in a Confinement Setting</p> <p>Interviews conducted with:</p> <p>Deputy Detention Manager</p> <p>The facility refers formal PREA investigations, both administrative and criminal, to the Multnomah County Sheriff's Office. The PREA Compliance Manager (Detention Manager) and the Deputy Detention Manager have completed the formal training for investigators offered by NIC, "Investigating Sexual Abuse in a Confinement Setting". That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The auditor reviewed the training certificates and interviewed one of the Investigators. The Investigator is aware of her responsibilities during an investigation; she indicated that the investigation would begin immediately upon notification of an allegation. Any allegation involving criminal behavior would be immediately referred to the Multnomah County Sheriff. The training she took covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection, victim advocacy, securing and processing the scene for evidence, securing all evidence maintaining the integrity of the evidence and seeing to the needs of the victim, providing advocacy support from the Mental Health Staff. The training reviewed good interpersonal communication skills with resident victims, assailants, and witnesses, understanding the dynamics of resident sexual violence, and establishing good working relationships with outside agencies, hospitals, prosecutors, and other investigators. The investigator stated she would review memorandums, collect as much data as possible and provide that evidence to the Multnomah County Sheriff's Office.</p> <p>The investigator noted that Anonymous or third-party reports would be thoroughly investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report.</p> <p>Based on the review of the training records, the investigator interview, Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA) and the training curriculum, the auditor determines there is substantial compliance with this standard.</p> <p>The Donald E. Long Juvenile Detention Center does not conduct formal administrative or criminal investigations for sexual abuse or sexual assault. The Multnomah County Sheriff's office has designated two investigators to conduct any investigations at the facility.</p> <p>In view of the above, the auditor finds that the Donald E. Long Juvenile Detention Center complies with 115.334.</p>

115.335	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <p data-bbox="242 327 1294 356">Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p data-bbox="242 383 975 412">Curriculum for specialized training for the medical and mental health staff</p> <p data-bbox="242 439 1070 468">PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting</p> <p data-bbox="242 495 1042 524">PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting</p> <p data-bbox="242 551 759 580">Training records for medical and mental health staff</p> <p data-bbox="242 607 504 636">Interviews conducted with</p> <p data-bbox="242 663 475 692">Senior Clinical Director</p> <p data-bbox="242 719 488 748">Mental Health Specialist</p> <p data-bbox="242 775 1493 947">The following policy was reviewed to determine compliance: Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA). Additionally, the auditor reviewed the specialized training for the medical and mental health staff (this curriculum included victim identification, interviewing, reporting, and required clinical interventions. Further review of training records confirmed that all mental health and medical staff received specialized training.</p> <p data-bbox="242 974 1331 1003">Interviews were conducted with Mental Health Staff and the Senior Clinical Director to determine compliance.</p> <p data-bbox="242 1030 1493 1429">The following describes how the evidence above was used to conclude compliance. The Donald E. Long Juvenile Detention Center provides PREA training to the facility's medical and mental health practitioners. The training includes detecting signs of sexual abuse/harassment, preventing the destruction of evidence, responding to victims, and reporting allegations or suspicions of sexual abuse and sexual harassment. Facility medical staff do not conduct forensic examinations. Additionally, medical and mental health staff receive training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment. The auditor confirmed that training was provided to the Medical and Mental Health staff. Interviews with the Mental Health staff and Medical staff confirmed the practice. The Senior Clinical Director indicated the agency provides training on PREA and, more specifically, responding to incidents of sexual assault. During the interview, the Senior Clinical Director clearly understood the Donald E. Long Juvenile Detention Center Zero Tolerance policy and appropriate protocols for dealing with sexual assault and sexual harassment incidents.</p> <p data-bbox="242 1456 1433 1520">Mental Health Staff members have received specialized training in detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse.</p> <p data-bbox="242 1547 1477 1612">All Mental Health and Medical Staff participate in annual training provided by the Donald E. Long Juvenile Detention Center, covering the PREA in detail.</p> <p data-bbox="242 1639 1406 1704">Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA) addresses 115.335(a).</p> <p data-bbox="242 1731 1441 1796">The Donald E. Long Juvenile Detention Center medical staff does not conduct Forensic Evaluations, as noted in the Pre Audit Questionnaire and by the Senior Clinical Director. (addresses 115.335(b)</p> <p data-bbox="242 1823 1417 1888">A review of training records confirmed that all mental health and medical staff received specialized training addresses 115.335(c).</p> <p data-bbox="242 1915 1481 1980">Based on the interviews conducted with medical and mental health staff and the documentation concerning the training they had received from the Donald E. Long Juvenile Detention Center, there is compliance with this standard.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Modified Individual Behavior Programs Policy</p> <p>Intake Screening Policy</p> <p>Security Status Programming Policy</p> <p>Weekly Risk assessment meeting Mental Health</p> <p>Active Supervision Policy</p> <p>Blank Intake Paperwork.</p> <p>Interviews conducted with:</p> <p>Intake staff</p> <p>Staff who conduct screening for risk of victimization and abusiveness</p> <p>Random resident interviews</p> <p>In order to determine compliance, the following policies were reviewed: Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), Modified Individual Behavior Programs Policy, Intake Screening Policy, Security Status Programming Policy and Active Supervision Policy.</p> <p>The following documents were reviewed: Custody Services Intake Face Sheet, Intake Screening, Intake PbS Information Sheet, PREA (resident information document), PREA Risk Assessment, Gender Safety Planning Questionnaire, Transgender Non-binary Housing / Searches Designation Protocol, Risk Assessment Instrument Version 4.2.</p> <p>In order to determine compliance, interviews were conducted with staff who conduct screening for risk of victimization and abusiveness. In addition, interviews were conducted with residents.</p> <p>In order to determine compliance, the Auditor observed the intake area and was provided a thorough explanation of the intake process. Initial, medical, and mental health screening is conducted behind closed doors in separate offices. Staff asks questions concerning the risk for sexual abuse or predatory behavior behind closed doors. Residents at risk for sexual abuse or predatory behavior are referred to Mental Health Services.</p> <p>The following describes how the evidence above was used to conclude compliance. All residents are provided; Risk Assessments upon intake; these assessments are done almost immediately. The intake interview is conducted in a private area by a staff member trained in intake screening. During the intake screening process, the interviewer reviews the available information for any documentation indicating the resident has a history of sexually aggressive behavior or has recently been the victim of a sexual assault. The assessment includes a determination of the resident's mental health and physical health, the age of the resident, the physical build of the resident, previous incarcerations, criminal history, prior sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the resident's perception of their vulnerability. Residents are reassessed within 30 days or if additional information is received. All information gathered during intake is shared with only those staff that need to know. Sensitive information is not shared unnecessarily. Interviews with Intake officers confirmed the assessment tools' use and the information's confidentiality.</p> <p>Interviews with Intake Officers and Staff who conduct screening for risk of victimization and abusiveness confirmed the use of the assessment tool. The Intake Officers noted the need to provide safe housing and program resources that ensured a safe environment for all residents. The Auditor reviewed the files of several residents. The files contained the appropriate Intake forms and Assessment forms; they were signed and dated by both staff and residents. Resident interviews indicated the use of the assessment tools.</p> <p>The auditor interviewed two staff members who conduct risk assessments. The auditor notes that residents identified as vulnerable to sexual abuse or harassment or at high risk of being sexually abusive are referred to mental health for appropriate follow-up and/or assessment. The Intake Form is forwarded to the Psychology Services Department to ensure</p>

further mental health screening and evaluation are completed. The Mental Health staff interviewee indicated she conducts face-to-face interviews and considers all aspects, including suicide, mental health, drug issues, sexual assault victimization, gang activity, physical build, verbal and social skills, special needs, and safety.

Random resident interviewees assert when they first came to the Donald E. Long Juvenile Detention Center, they were asked questions like whether they have ever been sexually abused, whether they identify as being lesbian/gay/bisexual/transgender (LGBTI), whether they have any disabilities, and whether they think they might be in danger of sexual abuse at the Donald E. Long Juvenile Detention Center. Interviewees were asked these questions during intake and follow-up interviews with Mental Health.

There is substantial compliance with this standard based on a review of the intake process, a review of the risk assessment forms, and interviews with Intake staff, Mental Health specialists, and residents.

115.342	Placement of residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <p data-bbox="242 327 1294 356">Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p data-bbox="242 383 480 412">Intake Screening Policy</p> <p data-bbox="242 439 584 468">Transgender Housing Safety Plan</p> <p data-bbox="242 495 474 524">Intake screening forms</p> <p data-bbox="242 551 727 580">Weekly Risk assessment meeting Mental Health</p> <p data-bbox="242 607 632 636">Gender Safety Planning Questionnaire</p> <p data-bbox="242 663 512 692">Interviews conducted with:</p> <p data-bbox="242 719 432 748">PREA Coordinator</p> <p data-bbox="242 775 528 804">PREA Compliance Manager</p> <p data-bbox="242 831 603 860">Staff who conduct risk assessments</p> <p data-bbox="242 887 533 916">Random Resident interviews</p> <p data-bbox="242 943 1469 1084">A review of the agency's PREA policy and Intake Screen Policy and interviews with the PREA Compliance Manager and intake staff verified that the facility uses information from the risk screening to inform housing, bed, education, and program assignments. Interviews with residents also verified they all felt safe within their housing units and participated in a screening process during intake and with mental health staff.</p> <p data-bbox="242 1111 1477 1308">Interviews with the Detention Manager and the PREA Coordinator indicate isolation is not utilized at this facility. There is no segregation unit. The Auditor did look at the designated "seclusion rooms" in each housing unit. These rooms were utilized for storage and could not house a resident. Disruptive residents are continually monitored in "time-out" and returned to the general population as soon as practicable. Using "time-out" is rare and normally for only a short period 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.</p> <p data-bbox="242 1335 1485 1599">The Donald E. Long Juvenile Detention Center utilizes the intake information to make decisions on housing assignments. The needs of each resident are taken into consideration. The PREA Compliance Manager stated the facility would consider a transgender or intersex resident's views concerning safety. Transgender or intersex residents would be involved in decisions concerning housing placement. Through a review of screening forms and resident and staff interviews, it was determined the Donald E. Long Juvenile Detention Center uses the screening information to determine housing, bed, education, and program assignment to keep residents at high risk of being sexually victimized separate from those at high risk of being sexually abusive. The decisions are made on a case-by-case basis; various instruments and sound professional judgment are utilized to accomplish this task.</p> <p data-bbox="242 1626 1493 1727">Once a resident has been identified as a victim or perpetrator or as "at-risk" for victimization or perpetration, the Management teams review classification options. These options may include transfer to a special treatment program (e.g., Sex Offender Management Program) or changes in housing units, cell assignments, and education assignments.</p> <p data-bbox="242 1753 1477 1854">Residents who identify as transgender or gay are not housed in a dedicated housing area. Transgender or intersex residents' views concerning their safety are considered when making housing and programming assignments. Transgender and intersex residents are allowed to shower separately from other residents.</p> <p data-bbox="242 1881 1418 1944">Interviews with Risk Assessment Staff, intake staff, and the PREA Compliance Manager confirm the facility's efforts to ensure a safe living environment for all residents; there is compliance with this standard.</p> <p data-bbox="242 1971 1315 2000">Based on the above information, the Donald E. Long Juvenile Detention Center complies with this standard.</p>

115.351	Resident reporting
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 363 300">Documents:</p> <p data-bbox="244 331 1294 358">Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p data-bbox="244 389 443 416">Resident Handbook</p> <p data-bbox="244 448 507 474">Interviews conducted with:</p> <p data-bbox="244 506 528 533">PREA Compliance Manager</p> <p data-bbox="244 564 384 591">Random Staff</p> <p data-bbox="244 622 437 649">Random Residents</p> <p data-bbox="244 680 1369 707">In order to make a determination of compliance, interviews were conducted with both random staff and residents.</p> <p data-bbox="244 739 1490 860">In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: The housing units, program areas, and the intake area had signs informing residents of their right to be free of sexual abuse. There were signs informing residents about how to report incidents of sexual abuse. The signs were posted in both English and Spanish.</p> <p data-bbox="244 891 1461 1052">Interviews with nine random staff verified several reporting methods, including third-party reporting and the ability to report anonymously. Sixteen residents were interviewed concerning reporting mechanisms. Each resident was able to specify various methods of reporting. Several residents indicated they would utilize a third party to make a report, such as an attorney or probation officer. The reporting methods included informing a staff member, notifying a third party, notifying a staff member, filing a grievance form or calling the external reporting phone number.</p> <p data-bbox="244 1084 1469 1245">Interviews with random staff, residents and the PREA compliance manager 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. In addition to the crisis line provided by the Oregon Department of Human Services, each resident is allowed to meet privately with their attorneys and their assigned juvenile court counselor. The facility does not detain residents solely for civil immigration purposes.</p> <p data-bbox="244 1276 1461 1397">A review of the PREA policy mandates that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and shall immediately fill out a 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 or designated manager for further action, which can include contacting the Multnomah County Sheriff's office for a formal investigation.</p> <p data-bbox="244 1429 1485 1662">The facility provides residents with pencils and paper 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 or write to the local Department of Human Services. Staff members are fully aware they may anonymously contact the Department of Human Services (DHS) via the hotline or written communication to report sexual abuse and sexual harassment of residents privately. Staff members 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> <p data-bbox="244 1693 1469 1783">The auditor reviewed the Resident Handbook, which includes the following statement "If you need to report a PREA-related incident, please let staff or a manager know you have something private to share. You can also fill out a grievance form, tell your attorney or Juvenile Court Counselor/ Probation Officer, or call the OHS Hotline at 1-855-503-7233."</p> <p data-bbox="244 1814 1477 1935">Residents have multiple ways to report allegations of sexual abuse and sexual harassment at the Donald E. Long Juvenile Detention Center; specifically, Residents are encouraged to report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="244 1966 1493 2029">These multiple reporting methods are posted throughout the facility, they are available in the resident handbook, and they are reviewed with the resident during intake. Resident interviews confirm knowledge of the reporting procedures.</p> <p data-bbox="244 2060 1414 2123">Residents and staff at the Donald E. Long Juvenile Detention Center have several methods available to make reports concerning sexual abuse or sexual harassment. There is compliance with this standard.</p>

115.352	Exhaustion of administrative remedies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <p data-bbox="242 327 1294 356">Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p data-bbox="242 383 1224 412">Policy Statement Grievance and Compliant Process for Justice-Involved Individuals and the Public</p> <p data-bbox="242 439 443 468">Resident Handbook</p> <p data-bbox="242 495 504 524">Interviews conducted with</p> <p data-bbox="242 551 528 580">PREA Compliance Manager</p> <p data-bbox="242 607 1485 808">The PREA Policy indicates residents or any other reporting entity are not required to file a written report. Verbal reports or written grievances by a victim, a witness, an anonymous individual or a third party require staff to immediately generate a PREA Incident Report and pass the report to the on-duty manager. The on-duty manager, PREA Compliance Manager (Detention Manager) or PREA Coordinator will ensure allegations are investigated. Any incoming Grievance will be processed as a priority, and outcomes will be documented and returned to the grievant within 90 days, but not greater than a 70-day extension beyond the 90 days.</p> <p data-bbox="242 835 1453 902">A review of the resident handbook indicates if a resident feels they are being treated unfairly or that their rights have been violated, they may file a complaint form called a "Grievance."</p> <p data-bbox="242 929 1497 1131">The PREA Compliance Manager indicated the on-duty manager would review the grievance. The manager would discuss the matter with the resident and the options for resolving it. If the resident is unsatisfied with this discussion, they can refile the grievance with the Detention Manager. If the resident is still unsatisfied with the results, they may refile the grievance with the Director of Juvenile Services. 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 it requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.</p> <p data-bbox="242 1158 1485 1247">The PREA policy indicates the agency's 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 data-bbox="242 1274 1481 1509">Procedures permit 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 have the grievance filed on their behalf. Interviews with the PREA Compliance Manager verified that "zero" grievances were filed in the last 12 months.</p> <p data-bbox="242 1536 1485 1626">Procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. There have been "zero" emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.</p> <p data-bbox="242 1653 1485 1821">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 have 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> <p data-bbox="242 1848 1465 1915">The Grievance Policy clearly states that if the complaint has to do with PREA, the report must be immediately forwarded to the PREA Coordinator.</p> <p data-bbox="242 1942 1342 1971">The Donald E. Long Detention Center complies with standard 115.352: Exhaustion of administrative remedies.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Interviews conducted with</p> <p>Mental Health Staff</p> <p>Random Residents</p> <p>The tour of the facility and interviews with 16 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 that the agency utilizes CARES NW for victim advocates. The Sexual Assault Resource Center (SARC) is also available in the community as an additional resource. Residents are informed that the hotline is confidential and will not be monitored.</p> <p>An interview with the PREA compliance manager and a copy of email communications indicated that the agency has attempted to call and email the Sexual Assault Resource Center (SARC) to develop a memorandum of understanding (MOU). The MOU has been submitted to the Sexual Assault Resource Center (SARC), but the agency has not received a response. It is recommended that the Facility’s Mental Health Staff once again contact SARC and reestablish a relationship that will assist the facility in meeting its obligation to keep residents safe from sexual harassment and abuse.</p> <p>The Donald E. Long Juvenile Detention Center is compliant with Standard 115.353: Resident Access to outside confidential support services.</p>

115.354	<p>Third-party reporting</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Interviews conducted with</p> <p>Random Residents</p> <p>The agency has developed procedures allowing a third party to report sexual assault and sexual harassment directly to the facility or through the DHS Crisis line. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents via their website: https://www.multco.us/dcj-juvenile/prison-rape-elimination-act-prea.p</p> <p>The external reporting for members of the public is found on the website. Reports are made directly to the facility via the phone. This phone number was tested (503-988-3460) on August 8, 2022. The Auditor was initially connected to the Control Center; the Control Center officer listened to the initial information concerning a sexual assault at the facility in February 2022. The Control Center officer forwarded the call to a Community Justice Manager (CJM). The CJM is a supervisor at the detention center. The CJM took the information and indicated he would follow up. In approximately one hour, the CJM called the Auditor and informed the Auditor that an investigation had been initiated and that he had contacted the PREA Coordinator. The CJM was then informed that this was a test of the external reporting function.</p> <p>To make a determination of compliance, interviews were conducted with random residents who confirmed their knowledge of third-party reporting capabilities.</p> <p>The following describes how the evidence above was used to draw a conclusion regarding compliance. The Department of Community Justice has established a method to receive third-party reports of sexual abuse. This information is available on the Department of Community Justice website. Information is available to the public on how to report resident sexual abuse or sexual harassment on behalf of the residents.</p> <p>The Auditor tested the phone number listed on the website. The test was successful. The third-party reporting system was effective, and the facility responded within one hour of the initial phone call.</p> <p>The Donald E. Long Juvenile Detention Center complies with Standard 115.354 Third-party reporting.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)

Policy Statement Mandatory Abuse Reporting

First Responder Flow Chart

Staff Responsibility

PREA Checklist for staff

Interviews conducted with

PREA Compliance Manager

Senior Clinical Director

Mental Health Specialist

Random Residents

In order to determine compliance, the following policies were reviewed: Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA) and Policy Statement Mandatory Abuse Reporting.

In order to make a determination of compliance, the auditor interviewed random staff, the PREA Compliance Manager, Senior Clinical Director and a Mental Health Specialist.

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 nine random line staff, verified the facility requires all staff to report immediately 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. Specifically, the PREA Policy states: “Any Department of Community Justice (DCJ) staff who has knowledge, suspicion, or information regarding sexual victimization that occurred in a secure facility or community confinement center (within DCJ or outside of DCJ) is required to fill out a DCJ PREA Incident Report with as much information as possible, and submit the form to an on-duty manager.”

The Donald E. Long Juvenile Detention Center requires all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment in a facility. All staff members are also required to report any retaliation against residents or staff who have reported an incident of sexual assault or sexual harassment. Regardless of its source, the Donald E. Long Juvenile Detention Center employees who receive information concerning resident-on-resident sexual misconduct at the Donald E. Long Juvenile Detention Center, or who observe an incident of resident-on-resident sexual misconduct or have reasonable cause to suspect a resident is a victim of sexual misconduct must immediately report the information or incident directly to their immediate Supervisor.

Any Donald E. Long Juvenile Detention Center employee who fails to report an allegation or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report may face disciplinary action up to and including termination of employment. Staff members are required to report any violation of responsibilities that may have contributed to an incident or retaliation. All Donald E. Long Juvenile Detention Center staff have a duty to report any allegation of sexual abuse as required by mandatory reporting laws. Residents are informed of the limitations of confidentiality between residents and staff.

Aside from reporting to the designated supervisors or officials and designated State or local service agencies, The Donald E. Long Juvenile Detention Center 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 additional security and management decisions.

Although no complaints have been received from a member of the public, a procedure has been established for third-party reporting (see 115.354).

The Department of Community Justice requires immediate action to protect residents from sexual abuse. The staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the resident's safety. All nine random staff interviewees assert they received training regarding reporting sexual abuse/harassment and compliance with applicable mandatory reporting laws.

Given the above, the auditor finds The Donald E. Long Juvenile Detention Center compliant with 115.361.

115.362	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 363 300">Documents:</p> <p data-bbox="242 327 1426 356">PREA Policy Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p data-bbox="242 383 520 412">First Responder Flow Chart</p> <p data-bbox="242 439 435 468">Staff Responsibility</p> <p data-bbox="242 495 485 524">PREA Checklist for staff</p> <p data-bbox="242 551 509 580">Interviews conducted with:</p> <p data-bbox="242 607 526 636">PREA Compliance Manager</p> <p data-bbox="242 663 379 692">Random staff</p> <p data-bbox="242 725 1453 822">In order to determine compliance, the following policy was reviewed: PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA). Additionally, the following documents were reviewed: First Responder Flow Chart, Staff Responsibility, and PREA Checklist for staff.</p> <p data-bbox="242 853 1461 882">In order to make a determination of compliance, the auditor interviewed random staff and the PREA Compliance Manager.</p> <p data-bbox="242 909 1485 1037">The following describes how the evidence above was used to draw a conclusion regarding compliance. A review of policy and interviews with the PREA Compliance Manager and Random Staff demonstrated the appropriate protective measures to take if a resident was at imminent risk of sexual abuse. Additionally, all staff interviewed indicated specific knowledge of the protective measures that should be taken if a resident was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="242 1068 1477 1164">In cases where the alleged perpetrator is another resident, the On-duty supervisor is notified immediately and immediately safeguards the resident victim (which will vary depending on the severity of the alleged sexually abusive behavior and could include monitoring the situation or changing housing assignments.</p> <p data-bbox="242 1191 1445 1254">Although there have been no incidents in the past 12 months at the Donald E. Long Juvenile Detention Center, the staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the resident's safety.</p> <p data-bbox="242 1281 1474 1344">The PREA Compliance Manager asserts that when it is learned a resident is subject to a substantial risk of imminent sexual abuse, the potential victim is immediately removed from the area and placed in a safe environment.</p> <p data-bbox="242 1370 1465 1433">Nine random staff interviewees assert if they learn a resident is at risk of imminent sexual abuse, they immediately remove the resident from the area and place the potential victim under direct staff supervision to ensure safety.</p> <p data-bbox="242 1460 1294 1489">Given the above, the auditor finds The Donald E. Long Juvenile Detention Center compliant with 115.362.</p>

115.363	<p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>PREA Policy Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>PREA Incident report 11/22/2021</p> <p>PREA Incident report 4/1/2022</p> <p>Interviews conducted with:</p> <p>PREA Compliance Manager</p> <p>PREA Coordinator</p> <p>The following policy was reviewed to determine compliance: PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA). Additionally, the Auditor reviewed two PREA Incident Reports, one involved a report from another agency and one involved a report to another agency.</p> <p>Interviews were conducted with the PREA Compliance Manager and the PREA Coordinator to determine compliance.</p> <p>According to the PREA Policy statement, when a resident discloses prior sexual victimization while staying in any secure setting, the staff will seek to verify a PREA report already exists (database records/notes or a phone call to the relevant facility). If documentation of the alleged incident does not exist, a DCJ PREA Incident Report is generated and sent to the facility’s PREA Coordinator.</p> <p>During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was one. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was one. In both cases, an investigation was immediately initiated. The PREA Coordinator stated that the notifications to other facilities would occur within 72 hours of staff becoming aware of the incident. The Auditor reviewed the documentation and confirmed that notifications were made within 72 hours.</p> <p>In view of the above, the auditor finds the Donald E. Long Juvenile Detention Center is compliant with 115.363.</p>
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115.364	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <p data-bbox="242 329 1426 358">PREA Policy Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p data-bbox="242 387 485 416">PREA Checklist for staff</p> <p data-bbox="242 445 435 474">Staff Responsibility</p> <p data-bbox="242 504 520 533">First Responder Flow Chart</p> <p data-bbox="242 562 502 591">Interviews conducted with</p> <p data-bbox="242 620 384 649">Random Staff</p> <p data-bbox="242 678 1426 768">The following policy and other documentation were reviewed to determine compliance: PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), PREA Checklist for staff, Staff Responsibility, and First Responder Flow Chart.</p> <p data-bbox="242 797 667 826">The Auditor interviewed nine random staff.</p> <p data-bbox="242 855 1485 1016">In order to determine compliance, the following observations were made during the on-site tour of the facility: During the tour, informal discussions were conducted by the Auditor with the Donald E. Long Juvenile Detention Center custody staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each informal discussion, staff indicated the most crucial step was to keep the victim safe, believe what the victim had stated, and take action as necessary to ensure the victim's safety.</p> <p data-bbox="242 1046 1493 1207">The following describes how the evidence above was used to conclude compliance. Staff members are aware of their duty in this area. The staff members interviewed indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim not to take any action that would compromise the evidence, and, if possible, ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff members were aware that they needed to contact the Operations Lieutenant.</p> <p data-bbox="242 1236 1249 1265">The staff interviewed indicated they had received training that included the duties of a first responder.</p> <p data-bbox="242 1294 1449 1420">Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished: The alleged victim is kept safe, prevent any contact with the alleged perpetrator, preserve the crime scene, and contact the Supervisor. Ensure the alleged victim does not take any actions that could destroy physical evidence.</p> <p data-bbox="242 1449 1477 1514">Interviews with random staff indicate they understand the duties of a first responder. During the past 12 months, the Donald E. Long Juvenile Detention Center has had zero reported incidents of sexual assault.</p> <p data-bbox="242 1543 1453 1608">Based on the interviews and the availability of the information available to staff concerning their duties as first responders, there is substantial compliance with this standard.</p>

115.365	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <p data-bbox="242 327 1426 356">PREA Policy Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p data-bbox="242 383 485 412">PREA Checklist for staff</p> <p data-bbox="242 439 435 468">Staff Responsibility</p> <p data-bbox="242 495 520 524">First Responder Flow Chart</p> <p data-bbox="242 551 502 580">Interviews conducted with</p> <p data-bbox="242 607 526 636">PREA Compliance Manager</p> <p data-bbox="242 663 430 692">PREA Coordinator</p> <p data-bbox="242 719 384 748">Random Staff</p> <p data-bbox="242 775 1430 880">The following policy and other documentation were reviewed to determine compliance: PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), PREA Checklist for staff, Staff Responsibility, and First Responder Flow Chart.</p> <p data-bbox="242 907 1469 969">In order to make a determination of compliance, the auditor interviewed random staff, the PREA Compliance Manager, and the PREA Coordinator.</p> <p data-bbox="242 996 1489 1162">In order to determine compliance, the following observations were made during the on-site tour of the facility: During the tour, informal discussions were conducted by the Auditor with the Donald E. Long Juvenile Detention Center Custody staff concerning how they would respond to different situations involving allegations of sexual assault or sexual harassment. In each informal discussion, staff indicated the most crucial step was to keep the victim safe, believe what the victim had stated, and take action as necessary to ensure the victim's safety.</p> <p data-bbox="242 1189 1270 1218">The following describes how the evidence above was used to draw a conclusion regarding compliance.</p> <p data-bbox="242 1245 1485 1377">The interview with the PREA Coordinator 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.</p> <p data-bbox="242 1404 1493 1503">Based on the interviews with random staff, the PREA Coordinator and the PREA Compliance Manager, a review of the PREA Policy, and a review of the PREA Checklist for staff, Staff Responsibility, and the First Responder Flow Chart, the Auditor asserts there is substantial compliance with this standard.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>2021-2023 Agreement Between Multnomah County, Oregon And Multnomah County Employees Union Local 88-6, AFSCME, AFL-CIO (Juvenile Custody Services Specialists Unit)</p> <p>Policy Internal Investigations on Employees</p> <p>Interviews conducted with:</p> <p>Agency Head</p> <p>In order to determine compliance, the following policies were reviewed: 2021-2023 Agreement Between Multnomah County, Oregon And Multnomah County Employees Union Local 88-6, AFSCME, AFL-CIO (Juvenile Custody Services Specialists Unit) and Policy Internal Investigations on Employees.</p> <p>The Donald E. Long Juvenile Detention Center has no limit on its ability to remove alleged sexual abusers from contact with any residents pending the outcome of an investigation. As indicated in the interview with the Agency Head, the collective bargaining agreement permits the agency to remove an employee from an institution when an allegation adversely affects the agency's confidence in the employee or the institution's security. The employee may be removed from the institution setting pending an investigation and resolution of the matter, in accordance with applicable laws, rules, and regulations.</p> <p>Specifically, the Agency Head stated if the Director, Deputy Director, Assistant Director, or designee, in consultation with DCJ's Human Resources Unit, determines that the allegations are of such a serious nature that, it would be in the Department's best interest to place the employee on paid administrative leave or temporarily reassign to another position, pending the outcome of the investigation, the Director, Deputy Director, Assistant Director, or designee may do so at any time.</p> <p>The auditor finds that the Donald E. Long Juvenile Detention Center complies with 115.366.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

PREA Policy Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)

Interviews conducted with:

PREA Compliance Manager

The facility needs to establish procedures that meet this standard's requirements.

Corrective Action:

As part of the PREA policy and procedures, the facility should indicate 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. Further, any resident who may be subject to possible retaliation should be monitored until they are released from the facility. Finally, 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 should include periodic status checks.

Action Plan: The facility should include in the PREA Policy or establish a new policy that includes the following information.

This facility shall protect all residents and staff who report sexual abuse, sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. These protection measures may include:

- a. Housing changes or transfers for resident victims or abusers
- b. Removal of alleged staff or resident abusers from contact with victims
- c. Emotional support services for residents or staff who fear retaliation

The facility leadership shall monitor the conduct or treatment of residents or staff who have reported sexual abuse or that cooperated with investigations for at least 90 days following their report or cooperation to include:

- a. Resident consequencing, housing, or program changes.
 - b. Changes that may suggest possible retaliation by residents or staff.
 - c. Any act of retaliation will be dealt with immediately where discipline up to and including termination will be considered.
 - d. The facility shall continue such monitoring beyond 90 days, if the initial monitoring indicates a continuing need.
 - e. If an individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures for protection.
4. In the case of residents, such monitoring shall also include periodic status checks.
 5. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
 6. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Provide the Auditor with verification of the policy revision. This action plan is to be completed on or before October 31, 2022.

Corrective Action Plan: The Donald E. Long Juvenile Detention Center added retaliation protection measures to the current PREA Policy and expanded the policy content detailing the facility's obligation to report the findings of an investigation to the alleged victim. Additionally, the PREA Incident Report document now includes sections to document notifications and retaliation monitoring plans. This Policy and form update was completed on October 17, 2022.

The auditor finds that the Donald E. Long Juvenile Detention Center complies with 115.367, Agency protection against retaliation.

115.368	<p>Post-allegation protective custody</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Interviews with the PREA Compliance Manager reveal that seclusion or segregation cells are unavailable at the Donald E. Long Juvenile Detention Center. The Policy Statement entitled Seclusion is still utilized; however, alternative behavior modification methods are used to avoid seclusion. Specifically, it is the policy of the Donald E. Long Juvenile Detention Center to implement a modified Individual Behavior Program (IBP) whenever a youth has displayed a pattern of non-compliance with basic unit rules or has seriously violated the safety and security of others or the operations of the facility. The Donald E. Long Juvenile Detention Center utilizes the following programs:</p> <p>In & Out Program: A written, Community Justice Manager (CJM)-approved Individual Behavior Program that outlines a youth's restrictions for unit access and peer interactions. This program generally requires a youth to spend time out of their room when the other youth are off the unit or in their rooms.</p> <p>Individual Behavior Program (IBP): A written program that attempts to interrupt a youth's negative behavior(s) by focusing on a youth's abilities and strengths while incorporating structured expectations.</p> <p>Phase Program: A written IBP that ordinarily divides a day into three-time frames called "phases" - breakfast through lunch, lunch through dinner, and after dinner through breakfast.</p> <p>Steps for Success Program (SSP): A written program designed to provide a youth with additional individualized structure.</p> <p>Each of the Behavior Modification programs requires Staff Check-ins. Staff Check-ins require the visit of a Juvenile Custody Services Specialist (JCSS), CJM, Juvenile Court Counselor (JCC), medical staff, mental health staff or teacher to a youth's room during their time on an In & Out Program. This visit includes dialogue that gauges the youth's mindset about petitioning for program removal, problem-solving 'capacity, etc.</p> <p>The Auditor observed the seclusion cells, and these cells are currently being used for storage and not for isolation of residents. To date, there have not been any residents who have alleged sexual abuse placed in isolation or seclusion.</p> <p>This standard is not applicable to the Donald E. Long Juvenile Detention Center.</p> <p>I</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <p>0640.20 Sexual Assault Kits and Sexual Assault Investigations Field Operations Oregon</p> <p>0640.30 Child Abuse Investigations Field Operations Oregon</p> <p>PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Policy Internal Investigations on Employees</p> <p>Policy Mandatory Reporting</p> <p>Multnomah Sheriff's Office contacts</p> <p>Interviews conducted with:</p> <p>Investigator</p> <p>In order to determine compliance, the following documents were reviewed: Multnomah Sheriff Office contacts, 0640.20 Sexual Assault Kits and Sexual Assault Investigations Field Operations Oregon, Policy Mandatory Reporting, 0640.30 Child Abuse Investigations Field Operations Oregon, PREA Policy Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA) and the Policy Internal Investigations on Employees.</p> <p>A review of the agency's PREA policy and an interview with an in-house investigator (Deputy Detention Manager) verified that the facility has procedures for conducting criminal and administrative investigations. The Investigator is a trained PREA investigator and would 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.</p> <p>The Investigator has been trained in all aspects of conducting an appropriate initial investigation. The agency retains all written reports referenced for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p>All substantiated criminal allegations of conduct are referred for prosecution. The Multnomah County Sheriff's office follows specific protocols for sexual abuse investigations. Child sex abuse investigations are sensitive. The Multnomah County Sheriff's Office recognizes the importance of providing confidential and compassionate service professionally with due care and concern for the affected individuals. In all instances, the protection of children shall be the highest priority. As part of a multi-disciplinary team approach, all law enforcement agencies in Oregon are required to write a police report and notify the Department of Human Services, the District Attorney's Office, and the Child Abuse Response and Evaluation Services-Northwest (CARES-NW) on cases involving child sex abuse, even if the allegations are determined to be unfounded. Therefore, the Multnomah County Sheriff's Office collaborates with other service providers, including the Department of Human Services, child protective services, school officials, and local health and mental health departments, to develop specific procedures and guidelines for investigating cases of child sex abuse.</p> <p>When the Multnomah County Sheriff's office investigates sexual abuse, the facility fully cooperates with the investigators and remains informed about the investigation's progress.</p> <p>The auditor finds that the Donald E. Long Juvenile Detention Center complies with Standard 115.371</p>

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Policy Internal Investigations on Employees</p> <p>Interviews conducted with:</p> <p>Investigator (Deputy Detention Manager)</p> <p>In order to determine compliance, the following policies were reviewed: PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), Policy Internal Investigations on Employees.</p> <p>In order to determine compliance, the Auditor interviewed one of the facility investigators.</p> <p>The following describes how the evidence above was used to draw a conclusion regarding compliance. The Investigator was interviewed concerning the evidential standard for administrative investigation. Her response to the question of the evidential standard for an administrative investigation was, "The evidence standard for administrative investigation is a "preponderance of the evidence." The Investigator was interviewed and explained to the Auditor the steps to be taken during a PREA-related investigation.</p> <p>In view of the above, the Auditor finds the Donald E. Long Juvenile Detention Center is compliant with 115.372.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>The PREA policy does not meet the requirements for this standard. The facility needs to establish procedures within the policy that meet this standard's requirements.</p> <p>Corrective Action:</p> <p>As part of the PREA policy, the facility should outline a procedure to report the results of an investigation to a resident.</p> <p>Action Plan:</p> <p>Residents are informed of the results of the investigation. That information includes whether the staff member is or is not allowed to work in the resident's unit, whether the staff member is or is not employed, has been indicted, or has been convicted. In addition, if the alleged abuser is a resident, the resident victim would be informed if the alleged abuser was indicted or convicted. All notifications are documented.</p> <p>The Policy statement should include procedures that meet the requirements of Standard 115.373. For example:</p> <p>Following an investigation into a resident's allegation that they suffered sexual abuse at the facility, the resident shall be informed whether the allegation has been substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the resident.</p> <p>Following a resident allegation that an employee has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the facility has determined that the allegation is unfounded) whenever: The employee is no longer posted within the resident unit as a result of the findings of the investigation; The employee is no longer employed at the facility as a result of the allegation; The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility, or The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.</p> <p>Following a resident's allegation that they have been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever: The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All resident notifications or attempted notifications shall be documented. The agency's obligation to notify the resident shall terminate if the resident is released from custody.</p> <p>Provide the Auditor with verification of the policy revision. This action plan is to be completed on or before October 31, 2022.</p> <p>Corrective Action Plan: The Donald E. Long Juvenile Detention Center expanded the policy content detailing the facility's obligation to report the findings of an investigation to the alleged victim. Specifically, the PREA Compliance Manager or PREA coordinator will share investigation outcomes with the alleged victim, including indictment and conviction information and, in the case of staff involvement, employment or termination status. Additionally, the PREA Incident Report document now includes sections to document notifications and retaliation monitoring plans. This Policy update was completed on October 17, 2022.</p> <p>The Donald E. Long Juvenile Detention Center complies with 115.373, Reporting to residents.</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 367 297">Documents:</p> <p data-bbox="242 327 531 353">Policy Standards of Conduct</p> <p data-bbox="242 383 679 409">Policy Internal Investigations on Employees</p> <p data-bbox="242 439 611 465">Rule # 3-60 Discipline and Dismissal</p> <p data-bbox="242 495 1398 560">In order to determine compliance, the following policies were reviewed: Policy Standards of Conduct, Policy Internal Investigations on Employees and Rule # 3-60 Discipline and Dismissal.</p> <p data-bbox="242 589 1485 884">The following describes how the evidence above was used to draw a conclusion regarding compliance. The Donald E. Long Juvenile Detention Center staff are subject to disciplinary sanctions, including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of the Standards of Employee Conduct relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of the Standards of Employee Conduct, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies. The Department of Community Justice tracks all staff terminations and licensing notifications.</p> <p data-bbox="242 913 1477 1010">The PREA Compliance Manager indicated there had been no staff terminations for violations of agency sexual abuse or sexual harassment policies at the Donald E. Long Juvenile Detention Center in the past 12 months. The PREA Compliance Manager stated appropriate notifications would be made to licensing boards or other agencies.</p> <p data-bbox="242 1039 1347 1066">In view of the above, the auditor finds the Donald E. Long Juvenile Detention Center is compliant with 115.376.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>Policy Standards of Conduct</p> <p>Policy Internal Investigations on Employees</p> <p>Rule # 3-60 Discipline and Dismissal</p> <p>In order to determine compliance, the following policies were reviewed: Policy Standards of Conduct, Policy Internal Investigations on Employees and Rule # 3-60 Discipline and Dismissal.</p> <p>The following describes how the evidence above was used to draw a conclusion regarding compliance. Volunteers or interns who have violated county rules or department policies and procedures will be coached. Depending on the violations' severity or frequency, they may be dismissed from their volunteer assignment or internship. Any volunteer or contractor who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and reported to law enforcement agencies and any relevant licensing body. Any other violation of the Standards of Conduct policy by a volunteer or contractor will result in further prohibitions.</p> <p>The PREA Compliance Manager reports no incidents of contractors or volunteers violating the Standards of Conduct at the Donald E. Long Juvenile Detention Center within the past 12 months.</p> <p>In view of the above, the auditor finds The Donald E. Long Juvenile Detention Center is compliant with 115.377</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <p>PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p>Petition to remove from IBP</p> <p>Extended Roomlock In and Out Hearing Form</p> <p>Room Confinement Tracking form</p> <p>Graduated Interventions form</p> <p>Policy Modified Individual Behavior Programs</p> <p>Youth Behavior and Staff Response Continuum</p> <p>Interviews conducted with:</p> <p>PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>The following documents were reviewed to determine compliance: PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA), Petition to remove from IBP, Extended Roomlock In and Out Hearing Form, Room Confinement Tracking form, Graduated Interventions form, Policy Modified Individual Behavior Programs and Youth Behavior and Staff Response Continuum.</p> <p>Interviews with the PREA Compliance Manager and PREA Coordinator reveal that alternative behavior modification methods impose disciplinary action without isolating youth for extended periods. Specifically, it is the policy of the Donald E. Long Juvenile Detention Center to implement a modified Individual Behavior Program (IBP) whenever a youth has displayed a pattern of non-compliance with basic unit rules or has seriously violated the safety and security of others or the operations of the facility. The Donald E. Long Juvenile Detention Center utilizes the following programs:</p> <p>In & Out Program: A written, Community Justice Manager (CJM)-approved Individual Behavior Program that outlines a resident's restrictions for unit access and peer interactions. This program generally requires residents to spend time outside their room when the other residents are off the unit or in their rooms.</p> <p>Individual Behavior Program (IBP): A written program that attempts to interrupt a resident's negative behavior(s) by focusing on a resident's abilities and strengths while incorporating structured expectations.</p> <p>Phase Program: A written IBP that ordinarily divides a day into three-time frames called "phases" - breakfast through lunch, lunch through dinner, and after dinner through breakfast.</p> <p>Steps for Success Program (SSP): A written program designed to provide youth with additional individualized structure.</p> <p>Each of the Behavior Modification programs requires Staff Check-ins. Staff Check-ins require the visit of a Juevinle Custody Services Specialist (JCSS), CJM, Juvenile Court Counselor (JCC), medical staff, mental health staff or teacher to a resident's room during their time on an In & Out Program. This visit includes dialogue that gauges the resident's mindset about petitioning for program removal, problem-solving capacity, etc.</p> <p>In the event a disciplinary action results in a room restriction of a resident, the Donald E. Long Detention Facility does not deny the resident daily large-muscle exercise or access to any educational programming. Youth on room restriction receive daily medical and mental health care staff visits. Youth have access to programs when other youths are off the unit or in their rooms. When determining a type of disciplinary action, the resident's mental disabilities or mental illness is considered.</p> <p>In view of the above, the auditor finds The Donald E. Long Juvenile Detention Center is compliant with 115.378</p>

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <p data-bbox="240 327 1361 353">PREA Policy Statement Sexual Victimization Prevention and Response – (Prison Rape Elimination Act – PREA)</p> <p data-bbox="240 383 502 409">Interviews conducted with</p> <p data-bbox="240 439 360 465">Intake Staff</p> <p data-bbox="240 495 437 521">Mental Health Staff</p> <p data-bbox="240 613 1485 741">The following describes how the evidence above was used to conclude compliance. The Donald E. Long Juvenile Detention Center staff (Intake Officers) make arrangements for a follow-up meeting with a mental health practitioner for residents who disclose any prior sexual victimization during screening. At the time of the Audit, there were no residents present who disclosed any prior sexual victimization during screening.</p> <p data-bbox="240 770 1445 898">During her interview, the Mental Health staff member indicated that sexual harassment or abuse victims are offered treatment. Treatment plans and information related to sexual victimization are limited to mental health practitioners. Applicable rules concerning private medical information are strictly enforced. Residents are made aware of the reporting requirements and what is considered protected information.</p> <p data-bbox="240 927 1485 1055">The Donald E. Long Juvenile Detention Center Intake Officers and Mental Health staff members work together to collect and monitor information that indicates prior sexual victimization. Any information about victimization is limited to a need-to-know basis. Managers are informed of the information for housing placement. Interviews with Intake staff and Mental Health staff confirm compliance with this standard.</p> <p data-bbox="240 1084 1465 1149">Relevant information is used to inform mental health treatment plans and security decisions, such as housing and program assignments. Mental Health clinical notes are maintained separately from the residents' files.</p> <p data-bbox="240 1178 1485 1473">The PREA Compliance Manager indicated that the Donald E. Long Juvenile Detention Center ensures that residents who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. This was confirmed during interviews with the Mental Health staff. Mental health staff members maintain secondary materials (e.g., screening assessment, treatment documentation) that document all residents who have disclosed any prior sexual victimization during a screening pursuant to 115.41. Residents are offered a follow-up meeting with a medical or mental health practitioner. Information related to sexual victimization or abusiveness that occurred in the institutional setting is strictly limited to medical and mental health practitioners. The Donald E. Long Juvenile Detention Center ensures that residents who have previously been victims of sexual abuse outside of an institutional setting are offered supportive services and that the information related to their prior victimization is not disclosed without their consent.</p> <p data-bbox="240 1503 983 1529">The Donald E. Long Detention Facility is compliant with standard 115.381.</p>

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Interviews conducted with:</p> <p>PREA Compliance Manager</p> <p>Health Services Administrator</p> <p>In order to determine compliance, the auditor interviewed the PREA Compliance Manager and a Medical Staff member.</p> <p>The procedures for access to emergency and mental health services are well documented. Medical staff members are responsible for examining, documenting, and treating resident injuries arising from sexually abusive behaviors, including testing when appropriate for pregnancy and sexually transmissible infections (STIs), including HIV. When a resident self-reports or is referred to Health Services, medical staff notify Mental Health staff before conducting an injury assessment. The injury assessment, and the resident's subjective/objective findings, are documented fully in the electronic health record. Health Services staff perform the injury assessment without compromising forensic evidence.</p> <p>Qualified sexual assault examiners perform the forensic examination (e.g., Sexual Assault Nurse Examiner, Forensic Nurse Examiner, or Sexual Assault Forensic Examiner). The resident is examined at a local community hospital equipped to conduct such examinations. The forensic examination occurs as soon as practicable, but within 96 hours of staff becoming aware that a resident reported involvement in a sexually abusive assault. A resident's refusal of a forensic examination is documented in the electronic health record.</p> <p>When community care is completed, institution providers render follow-up care, including screening for infectious disease (HIV, viral hepatitis, or other sexually transmissible infections), pregnancy testing for female victims, and administration of prophylactic medication (if exposure to bloodborne pathogens is suspected) if these services were not already rendered during the community visit.</p> <p>Health Services clinicians also perform a physical injury assessment on any alleged resident perpetrators without compromising forensic evidence. Providers document the assessment in the electronic health record. Forensic examinations of resident perpetrators will be in consultation with relevant law enforcement agencies and consistent with applicable laws and policies.</p> <p>Information and access to care are offered to all resident victims, as clinically indicated. Medical care is without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Based on interviews with the PREA Compliance Manager and a Medical Staff member, there is compliance with 115.382.</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Interviews conducted with:</p> <p>Institution PREA Compliance Manager</p> <p>Mental Health Specialist</p> <p>Medical Staff</p> <p>The Donald E. Long Juvenile Detention Center provides ongoing medical and mental health care for sexual abuse victims through facility and community health providers. Appropriate follow-up services, treatment plans, and continuing care are available. Appropriate STD tests as medically indicated would be provided. There would be no cost to the resident for this care. Information and access to care are offered to all resident victims, as clinically indicated.</p> <p>The auditor interviewed the PREA Compliance Manager, a Medical Staff member, and a Mental Health Staff member. Based on the information provided during the interviews, the auditor finds sufficient services are available for victims of sexual assault.</p> <p>The Donald E. Long Juvenile Detention Center is substantially compliant with standard 115.383</p>

115.386	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 398">Interviews with the PREA Compliance Manager, the PREA Coordinator and the Agency Head verified the Facility has an incident review team. However, there is no formal structure for the Committee established in the PREA Policy. All three interviewees indicated the facility would conduct a sexual abuse incident review after every criminal or administrative sexual abuse investigation unless the allegation has been deemed unfounded.</p> <p data-bbox="242 427 1485 488">The PREA Compliance Manager stated the review team would include upper-level management, line Staff, medical staff and mental health staff.</p> <p data-bbox="242 517 1485 712">In the past 12 months, "zero" criminal or administrative investigations of alleged sexual abuse were completed at the facility. As a result, the Auditor could not determine the effectiveness of an incident review. The PREA Compliance Manager stated the facility would conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. Further, the Compliance Manager indicated the incident review team would review every aspect of the incident and determine if there was a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</p> <p data-bbox="242 741 1477 837">The PREA Compliance Manager stated that the Review committee would consider whether the incident was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, intersex identification, gang affiliation, or other group dynamics. Finally, the Review committee would determine if any physical barriers in the area may have enabled the abuse.</p> <p data-bbox="242 866 1410 927">The incident review team would prepare a report of its findings, and any recommendations for improvement would be submitted to the PREA Coordinator and the Agency Head.</p> <p data-bbox="242 956 1485 1052">The Auditor recommends the PREA Coordinator and the PREA Compliance Manager specify the procedures for the Incident Review committee within the PREA Policy or through a document outlining the Standard Operating Procedures for the Incident Review Committee.</p> <p data-bbox="242 1081 1145 1111">The Policy or the Standard Operating Procedures should include the following information:</p> <p data-bbox="242 1140 1477 1267">The Donald E. Long Juvenile Detention Center conducts a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been deemed unfounded. The review will ordinarily occur within 30 days of the conclusion of the investigation. The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="242 1296 1477 1424">The Review team will consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse and 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.</p> <p data-bbox="242 1453 1477 1550">The Review team will examine the area in the facility where the incident allegedly occurred to assess whether physical barriers enabled the abuse and assess the adequacy of staffing levels in the area during different shifts. The Review team will also assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p data-bbox="242 1579 1422 1706">The Review Team will prepare a report of its findings and any recommendations for improvement. The report will be reviewed by the PREA Compliance Manager and approved by the PREA Coordinator and the Agency Head. Any recommendations for improvement will be implemented. If a recommendation is not implemented, the reasons for not implementing the recommendation will be documented.</p> <p data-bbox="242 1736 1493 1796">Based on the Auditor's interviews with the PREA Compliance Manager, PREA Coordinator and the Agency Head, the Auditor finds that the Donald E. Long Juvenile Detention Center is compliant with 115.386.</p>

115.387	Data collection
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 239">Auditor Discussion</p> <p data-bbox="240 271 367 300">Documents:</p> <p data-bbox="240 329 1069 358">Department of Community Justice Annual PREA Report 2019/2020 and 2020/2021</p> <p data-bbox="240 387 1489 515">The following describes how the evidence above was used to conclude compliance. The Annual PREA report is compiled following the United States Department of Justice (DOJ) Prison Rape Elimination Act (PREA) National Standards. The report reviews the incident-based and aggregated data for the calendar year and compares aggregated data for previous calendar years.</p> <p data-bbox="240 544 1477 804">The Department of Community Justice utilizes an Incident Report Database to record and track all PREA incidents from the initial report made at the facility level through the investigative and review process. Data is gathered consistent with the definitions found in the United States Department of Justice PREA Standards. Annually, the PREA Coordinator reviews the data. The aggregated data includes all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice. Data collected for this purpose is securely stored and retained. The PREA Coordinator makes all aggregated sexual abuse data available to the public annually through the Department of Community Justice website. Before making aggregated sexual abuse data publicly available, the Federal Department of Community Justice removes all personal identifiers.</p> <p data-bbox="240 833 928 862">The annual review is posted online and was reviewed by the Auditor.</p> <p data-bbox="240 891 1281 987">The annual report from 2020 is available on the website (https://multco-web7-psh-files-usw2.s3-us-west-2.amazonaws.com/s3fs-public/YrSum_09242021.pdf).</p> <p data-bbox="240 1016 1474 1046">Based on the Auditor's review of the uniform data collected and reported, there is substantial compliance with this standard.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 453 235">Auditor Discussion</p> <p data-bbox="242 271 1430 331">The PREA Coordinator reviews the data, identifies problem areas and prepares a final report. The report assesses the agency's progress in addressing sexual abuse. The Agency Head reviews the report, and it is available online.</p> <p data-bbox="242 360 1457 421">The Auditor did review the Annual Report for 2019/2020 and 2020/2021. The reports capture strategies for establishing a healthy staff and resident sexual safety culture, including zero tolerance for sexual abuse and sexual harassment.</p> <p data-bbox="242 450 1485 611">The PREA Coordinator indicated that incident-based sexual abuse data statistics are evaluated to identify and assess any patterns. Adjustments to staff training, resident education, policies, and programming/operations routines are considered for implementation based on the assessments. No information that identifies victims or perpetrators is included in the report, nor is any information that could potentially threaten the security of an institution. If information needs to be redacted, the nature of the redacted material would be indicated</p> <p data-bbox="242 640 1477 768">The Department of Community Justice's adherence to a strict zero-tolerance policy for sexually abusive behavior, as well as the continued emphasis of this policy with staff and residents, has resulted in an overall culture that is less accepting of abusive or even questionable behavior. Residents are more likely to report possible sexually abusive behavior when it occurs.</p> <p data-bbox="242 797 1385 893">The PREA Coordinator reports that demographics are maintained regarding allegations and investigations. The documentation is securely maintained in locked file cabinets and electronically via user ID and password-protected databases.</p> <p data-bbox="242 922 1155 949">The auditor finds that the Donald E. Long Juvenile Detention Center complies with 115.388.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 208 453 235">Auditor Discussion</p> <p data-bbox="244 271 1477 427">Required data is collected, maintained, and available online. The data collected includes incident reports, investigation reports, electronic evidence, law enforcement referrals, criminal investigation reports, administrative investigation reports, PREA review committee reports, and retaliation monitoring reports. Personal identifiers are removed before any publication of data. The data collected is securely retained in locked files or computer databases that are user ID and password protected.</p> <p data-bbox="244 461 1437 488">All case records associated with claims of sexual abuse are retained for at least ten years after the initial collection date.</p> <p data-bbox="244 521 1158 548">The auditor did not observe any personal identifiers in the statistics reflected on the website.</p> <p data-bbox="244 582 1158 609">The auditor finds that the Donald E. Long Juvenile Detention Center complies with 115.389.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Donald E. Long Juvenile Detention Center participated in a PREA Audit in April 2018 and this audit in August 2022.</p> <p>The auditor reviewed the relevant agency-wide policies, the Donald E. Long Juvenile Detention Center procedures, reports, and internal and external audits. The auditor was provided a sampling of relevant documents for the most recent one-year period. The auditor was permitted access to and observed all the Donald E. Long Juvenile Detention Center areas. The Auditor was permitted to request and receive copies of all relevant documents. The auditor interviewed staff, supervisors, and administrators. The auditor was permitted to conduct private interviews with residents. Residents were allowed to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Department of Community Justice publishes PREA Audit Reports on the agency website. During the pre-on-site phase of the audit, the Auditor reviewed the agency's prior PREA Audit Report.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	no
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	no

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	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)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	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)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or 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)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual 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
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na

115.334 (b)	Specialized training: Investigations	
	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).)	na
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	na
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	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)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring 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)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does 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)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare 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
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	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

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	no
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.)	no
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?	no
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	no
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	no
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	no
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?	no
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	no
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no

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)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations 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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	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
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes