

# PREA Facility Audit Report: Final

**Name of Facility:** Northwest Regional Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 08/17/2019

**Date Final Report Submitted:** 12/15/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Garry Russell	<b>Date of Signature:</b> 12/15/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Russell, Gary
<b>Address:</b>	
<b>Email:</b>	garry.russell@q.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	07/18/2019
<b>End Date of On-Site Audit:</b>	07/19/2019

FACILITY INFORMATION	
<b>Facility name:</b>	Northwest Regional Reentry Center
<b>Facility physical address:</b>	6000 NE 80th Avenue, Portland, Oregon - 97218
<b>Facility Phone</b>	(503) 546-0577
<b>Facility mailing address:</b>	Oregon

Primary Contact	
<b>Name:</b>	Cheryl Cheney
<b>Email Address:</b>	Cherylc@nw-rrc.org
<b>Telephone Number:</b>	503 546-0577

Facility Director	
<b>Name:</b>	Brian Martinek
<b>Email Address:</b>	BrianM@nw-rrc.org
<b>Telephone Number:</b>	(503) 546-0472

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

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	120
<b>Current population of facility:</b>	95
<b>Average daily population for the past 12 months:</b>	93
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	38
<b>Facility security levels/resident custody levels:</b>	NA
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	53
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	5

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Northwest Regional Reentry Center
<b>Governing authority or parent agency (if applicable):</b>	BOP Contractor
<b>Physical Address:</b>	6000 NE 80th Avenue, Portland, Oregon - 97218
<b>Mailing Address:</b>	
<b>Telephone number:</b>	503-546-0470

Agency Chief Executive Officer Information:	
<b>Name:</b>	Brian Martinek
<b>Email Address:</b>	BrianM@nw-rrc.org
<b>Telephone Number:</b>	503-546-0472

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Cheryl Cheney	<b>Email Address:</b>	CherylC@nw-rrc.org

## AUDIT FINDINGS

### **Narrative:**

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

Garry Russell, doing business as Russell & Associates Consulting, LLC and Department of Justice certified PREA Auditor (#P0474) was the lead auditor to conduct the Prison Rape Elimination Act (PREA) audit for the Northwest Regional Re-Entry Center (NWRRC).

Communication with the PREA Coordinator began January 8, 2019, to discuss scheduling a PREA audit for the Northwest Regional Re-Entry Center. Their previous PREA audit had been conducted by Bill Sawyer and the final report was submitted September 21, 2016. Northwest Regional Re-Entry Center and Russell & Associates Consulting, LLC agreed to have a PREA audit conducted in May 2019. Due to the needs of the facility, this audit had to be rescheduled to July 17-18, 2019.

The PREA Coordinator was emailed the notice of audit on February 12, 2019 and verification of posting was received on June 6, 2019 (6 weeks prior to the on-site visit). The audit notice read as follows:

Northwest Regional Re-Entry Center, will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to prevent, detect, and respond to prison rape under the Prison Rape Elimination Act (PREA) for community confinement facilities July 17-18, 2019

Any person with information relevant to this compliance may confidentially\* correspond with the auditor prior to the on-site audit activities throughout the issuance of the final report. The auditor may be reached at the following address:

Garry Russell  
Russell & Associates Consulting, LLC  
PO Box 4102  
Salem, OR 97302

\*Confidentiality – All written and verbal correspondence and disclosures provided to the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:

- If the person is an immediate danger to her/himself or others (e.g. suicide or homicide);
- Allegations of suspected child abuse, neglect or maltreatment; or

In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

While on-site, the auditor observed the audit notice posted in various locations throughout the facility and in visible locations that staff, clients, and visitors had the opportunity to contact the auditor.

This audit was conducted using the Online Audit System and the PREA Coordinator uploaded information and answered the pre-audit questionnaire prior to the audit. Additional emails were made to the PREA

Coordinator as they related to follow up questions and additional documentation. The PREA Coordinator answered these questions in a timely manner and prepared additional documentation upon arrival for the on-site visit from the auditor. The auditor also reviewed the NWRRC website, previous PREA audit dated 9/21/2016, and the Annual Report from 2018.

NWRRC does not have any on-site medical staff. All services are coordinated with either OHSU or Legacy Emanuel hospitals who both have SANE on staff that are available to provide consistent, compassionate care to patients in need of care following a sexual assault.

NWRRC provided an email from Portland Women's Crisis Line as documentation of trying to set up a Memorandum of Understanding with a community agency. The auditor was aware that Portland Women's Crisis Line had changed their name to Call to Safety. An email was sent to the Executive Director of Call to Safety and was followed up with a phone call to the Executive Director regarding services that they do provide. Due to funding sources, they could not sign the Memorandum of Understanding that NWRRC had presented because it wanted to use Call to Safety as an outside reporting source. NWRRC did have a signed Memorandum of Understanding with Trauma Intervention Program of Portland/Vancouver to provide an option of reporting instances of sexual assault, sexual abuse, and sexual harassment that they have experienced or witnessed while at NWRRC.

On Thursday, July 17, 2019, the auditor arrived at NWRRC at 0800. The PREA Coordinator met the auditor in the lobby and escorted the auditor to the conference room that would serve as the private area to conduct interviews with staff and residents.

The auditor went over the staff that would be needed for specialized interviews and the number of staff that would be needed from each shift for random interviews. Additionally, the auditor went over the target resident interviews that would be needed and the number of random resident interviews from both the male and female housing areas.

To accommodate the schedules of specialized staff, interviews were conducted with the Agency Head and Facility Director prior to conducting a tour of the facility.

The auditor was given a tour of all areas of the facility including intake, resident housing areas, kitchen and dining areas, administrative areas, programming areas, and recreational areas. While touring the auditor paid particular attention to camera placement, lines of sight, privacy for residents in specified areas, PREA reporting/victim advocacy and audit notification posters, staff and client interactions. The auditor conducted informal discussion with staff while touring and observed PREA reporting/victim advocacy and audit notification posters in visible areas where staff and residents had access to. The tour was led by a Security Supervisor, who also pointed out areas where they had mitigated blind spots by installing mirrors to enhance what they already had for camera surveillance.

The auditor began interviews with random and specialized staff, targeted and random residents, and documentation review. All interviews were conducted in the conference room that was set up for the auditor's use during the on-site audit. Random staff were selected to ensure equitable representation from all shifts and program/operational areas of the facility. The auditor ensured that both security monitors and other support staff were represented to include resource specialists, case managers, maintenance, and food services. For random resident interviews, at least one resident was chosen from each housing wing.

The auditor requested to see the investigations that had occurred during the past year. From the investigations, the auditor randomly chose to review three investigations. For staff files, the auditor chose three random staff. The files were reviewed for criminal history checks, PREA training, and PREA refresher training. For resident files, the auditor chose five files that were reviewed for their intake date, PREA education, risk screenings and follow up assessments.

Interviews were conducted as follows:

The total staff interviews conducted: 22 (out of a total of 53)

- Agency Head -1
- Facility Director – 1
- PREA Coordinator/Incident Review Team - 1
- Agency Contract Administrator – 0 (the agency does not contract for the housing of clients)
- Medical and mental health staff – 1
- Human Resources – 2
- SAFE/SANE Staff – Conducted at local hospital
- Volunteers and contractors who have contact with clients – 0
- Investigative staff/ Retaliation Monitor– 1
- Staff who Perform Risk Screening Assessment – 1
- First Responder - 0 (None had actually been a responder to an incident, however, random staff understood their responsibilities)
- Intake Staff – 1
- Random Staff – 13

The number of residents housed on at NWRRC on the first day of the on-site audit was 93. A total of 16 resident interviews were conducted:

- Physically Disabled/Blind/Deaf/Hard of Hearing/LEP – 0
- Cognitive Disability – 0
- LGB – 0
- Transgender/Intersex – 0 (none at the facility at the time of the on-site audit)
- Clients that reported sexual abuse – 0
- Clients that reported sexual abuse during an assessment - 2
- Random Clients – 14

The auditor did not receive any letters from NWRRC residents prior to the on-site audit.

Residents confirmed receiving information about the facility's rules against sexual abuse and sexual harassment; their right not to be sexually abused or harassed; and how to report. Residents were aware of the posters that were posted throughout the facility and that they had reporting and advocacy contact information.

Residents interviewed stated that staff of the opposite gender announce their presence when entering the housing units on a consistent basis. They also stated that they are not seen by staff of the opposite gender while they are using the toilet, changing clothes, or showering.

The facility allows personal cell phones for residents so they can easily make a confidential call to the

hotline if needed.

Throughout the on-site audit, staff were observed moving around the facility as well as engaging in positive interactions with both staff and residents. The auditor was impressed with their informal engagement with staff members, and most notably that staff appear to recognize the importance of the safety of everyone involved in PREA related incidents.

The auditor completed the on-site portion of the audit on July 18, 2019. A short briefing was conducted and attended by the Operations Manager, Security Supervisor, and PREA Coordinator.

After the on-site portion of the audit, the auditor utilized the Auditor Compliance Tool for Community Confinement Facilities and the Checklist of Documentation as guides to determine compliance with each standard. The auditor utilized information from the Pre-Audit Questionnaire, Information and practices observed during the on-site audit, documents provided before and during the on-site audit, and information obtained from both staff and resident interviews to complete the audit and determination of compliance.

## AUDIT FINDINGS

### Facility Characteristics:

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

In 1976, Walter Evans, Chief U.S. Probation Officer for the District of Oregon, located a residence in S.E. Portland that had been incorporated in 1964 by the Greater Portland Council of Churches for offenders but which later had been abandoned. In 1966 the Council obtained the current 501(c)3 private non-profit organizational status. Seeing the need for residential correctional services for federal offenders, he established a new Board of Directors to meet this need and found funding to purchase the residence. The original Bylaws of the Council established in January 1970 and amended in March 1976 allowing Chief Evans and the Board to appoint a Director to develop this new program called the "Oregon Halfway House" which then in June 1976 contracted with the Federal Bureau of Prisons. In 2005, the Board expanded its services from the original 15 bed program by relocating to a 150 bed capacity, 40,000 square foot facility located in Northeast Portland where we are currently located. The organization legally changed its name from "Oregon Halfway House" to Northwest Regional Re-Entry Center (NWRRC) in January 2011.

The Northwest Regional Re-Entry Center (NWRRC) helps offenders make a safe and successful transition from prison to their communities. Working together with the Bureau of Prisons, United States Probation and Pretrial Services, and other community agencies, we serve up to 125 men and women in a transitional supervised environment. While in our program, these individuals are working to gain suitable employment, secure housing, and reunite with family.

NWRRC is a two-story building with resident housing on the second floor. The female resident area has a card lock on the door that is accessible with the female residents ID cards or by a staff member. The main floor contains case manager and mental health staff offices; resource center, kitchen and dining room; intake area; and administrative offices.

The camera system was upgraded within the last three years and provide coverage of most of the facility. Facility staff have continually walked through the facility and found areas that were not covered or presented as blind spots and have installed mirrors to mitigate these areas.

The average length of stay at NWRRC is 120 days. The facility only houses residents 18 years of age and up.

NWRRC has no findings of inadequacy from an internal or external oversight body regarding PREA or any other known issues.

Security Monitor shift hours are 2300-0700 (1st), 0700-1500 (2nd), and 1500-2300 (3rd). Staff are not represented by a collective bargaining unit.

All forensic medical examinations are performed by SANE staff at OHSU or Legacy Emanuel hospitals. Mental Health staff or the PREA Coordinator ensures that residents are referred for advocacy and

support services from community programs.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	41
<b>Number of standards not met:</b>	0

Number of Standards Exceeded: 0

Number of Standards Met: 41

Prevention Planning: 115.211, 115.212, 115.213, 115.215, 115.216, 115.217, and 115.218

Responsive Planning: 115.221 and 115.222

Training and Education: 115.231, 115.232, 115.233, 115.234, and 115.235

Screening: 115.241 and 115.242

Reporting: 115.251, 115.252, 115.253, and 115.254

Official Response: 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, and 115.267

Investigations: 115.271, 115.272, and 115.273

Discipline: 115.276, 115.277, and 115.278

Medical and Mental Care: 115.282 and 115.283

Data Collection and Review: 115.286, 115.287, 115.288 and 115.289

Auditing and Corrective Action: 115.401 and 115.403

Number of Standards Not Met: 0

### Summary of Corrective Action

115.222 (b) - Policies to ensure referrals of allegations for investigations

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation need to be published on the agency website or made publicly available via other means.

The agency website clearly outlines the policy for investigations and ensures that they are forwarded to an agency with the legal authority to conduct criminal investigations. The website states that all PREA reports are taken seriously and investigated thoroughly by specially-trained investigators. When it appears that a PREA-related incident is a crime, the Portland Police Bureau is immediately called to conduct the investigation. In addition this policy language can also be found in the annual reports. The 2018 Annual Report states, "One aspect of this commitment is to ensure that reports of PREA-related incidents are taken seriously and thoroughly investigated. Staff members who have received PREA investigation training conduct a preliminary fact-finding investigation. Based on the information gathered, the information may be turned over to the Bureau of Prisons to conduct an investigation based on their protocol. When the incident appears to be criminal in nature, the Portland Police Bureau is contacted to

conduct an investigation, following their investigative protocol. The NWRRRC PREA coordinator tracks all reports from the date they are received through the conclusion of the investigation, and if warranted, through the prosecution proceedings."

#### 115.241 (b) – Screening for risk of victimization and abusiveness

The facility needs to be able to show that they are able to complete the initial screening for risk of victimization and abusiveness within the 72 hour timeframe. Track this data for the next three months and provide the auditor with the reports.

On the Pre-audit the facility reported 335 of 393 residents receiving an intake screening within the first 72 hours. As a result the auditor asked the facility to create a log to track the intake screenings during the corrective action period. The initial log pointed out that the screening was being done after the mental health orientation was completed. This dynamic caused the facility to only have 16 of 37 residents completed in the first 72 hours in the first month of reporting. Having this log to better see what was going on enabled the facility to place additional focus on this standard. By the end of November the monthly log showed that 25 of 26 residents had received an intake screening within the first 72 hours. The resident that had not been screened had left on the day of arrival prior to being screened. With the focus on this standard and demonstration that the intake screenings are now being completed within the first 72 hours the facility is now in compliance with this standard.

#### 115.286 – Sexual abuse incident reviews

The facility needs to conduct a sexual abuse incident reviews within 30 days of the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The sexual abuse incident review team should include upper-level management with input from line supervisors, investigators, medical or mental health practitioners. Complete the sexual abuse incident reviews for the investigations that have been completed in 2019 and forward those to the auditor.

During the Corrective Action Period the facility went back and conducted formal sexual abuse incident reviews on the four cases that were found during the onsite audit to not have documented sexual abuse incident reviews. Copies of the sexual abuse incident reviews were provided to the auditor to show that they were completed. The facility now understands that the sexual abuse incident reviews need to be documented and are completing them within 30 days of the conclusion of the investigation as noted in the standards. With these changes to practice and provided documentation the facility is now in compliance with this standard.

#### 115.288 (b) – Data review for corrective action

The annual report needs to include a comparison of the current year's data and corrective actions with those from prior years, as well as, including the agency's progress in addressing sexual abuse. Complete the 2018 annual report with the required information and forward it to the auditor.

During the corrective action period the facility re-formatted the 2018 annual report. The new report includes a comparison of the current year's data with those from prior years. It also includes corrective actions and the facility's progress in addressing sexual abuse. The new 2018 annual report was made available to the public on the website. With these changes the facility is now in compliance with this standard.

## Standards

### Auditor Overall Determination Definitions

- Exceeds Standard  
(Substantially exceeds requirement of standard)
- Meets Standard  
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard  
(requires corrective actions)

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.211(a): Northwest Regional Re-Entry Center Policy 2.9, Prison Rape Elimination Act (PREA), states in part that Northwest Regional Re-Entry Center has a zero tolerance relating to the sexual assault/sexual abuse and sexual harassment of residents, and recognizes these residents as crime victims. The agency will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action, and refer for investigation and prosecution those who perpetrate such conduct. The policy includes definitions of sexual abuse/assault, sexual coercion, sexual harassment and sexual solicitation. Prevention strategies include ongoing education for staff, volunteers, contractors, and residents; use of security staffing plans and video monitoring; having procedures in place that enable residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them including via camera; investigate reports received from another facility/agency; have opposite gender staff knock and announce themselves; protect victims and reporters of sexual abuse, sexual solicitation, sexual harassment, and sexual coercion from retaliation; and take into consideration the potential for increased vulnerability of transgender, and gender non-conforming residents in decisions regarding housing and programming.</p> <p>115.211(b): The agency has a designated PREA Coordinator. The agency policy designates the PREA Coordinator as being responsible for all Prison Rape Elimination Act (PREA) related activities. The agency organizational chart shows that the position Training/PREA reports directly to the Executive Director placing it in the upper-level of the agency hierarchy. During the interview with the PREA Coordinator they stated that they do have sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards. When there is an incident it becomes the first priority. During day-to-day operations it is a matter of time management and managing and prioritizing tasks. The PREA Coordinator reviews the agency policies and procedures to ensure that they are in compliance with the PREA Standards. They monitor things on a daily basis, reviewing the logs, reviewing video, and attending manager meetings. During meetings they make sure to bring up PREA topics to keep everyone aware. If they identify an issue with complying with the PREA standards they take it to the Executive Director and Assistant Director to inform them and give them an action plan on how to bring the area into compliance.</p>

115.212	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.212(a): This section is marked N/A. The agency does not contract with private agencies or other entities for the confinement of residents.</p> <p>115.212(b): This section is marked N/A. The agency does not contract with private agencies or other entities for the confinement of residents.</p> <p>115.212(c): This section is marked N/A. The agency does not contract with private agencies or other entities for the confinement of residents.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.213(a): The facility has a developed a staffing plan that provides for adequate levels of staffing. The facility documents their staffing plan and the auditor was able to review the plan. The schedule provides 24-hour staffing, 7-days a week, and includes both male and female staff members. The staffing plan also meets the Bureau of Prisons Statement of Work, Chapter 2, Paragraph B. During the interview with the Facility Director, it was confirmed that the facility had a documented staffing plan and when it is reviewed, they consider adequate staffing levels to protect residents against sexual abuse, the use of cameras both for real-time monitoring and as evidence. The staff plan is then documented in policy and procedure. When assessing adequate staffing levels, they look at the layout of the facility, the composition of the resident population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. To ensure compliance the facility hires overtime to maintain proper staffing levels and the staffing is reviewed during weekly meetings. During the interview with the PREA Coordinator it was found that in addition to the action mentioned by the Facility Director, the facility had also moved the Security Supervisor's office upstairs to provide additional supervision. The facility also reviews blind spots when considering staffing levels. During the facility tour, the staff were able to point out numerous improvements that have been made such as adding mirrors in laundry areas, small file rooms and other locations to mitigate potential blind spots.</p> <p>115.213(b): Staff are called in off shift or are required to stay to meet required staffing levels. This process is also followed if it is anticipated that there will not be both a male and female staff on shift. Any potential deviations from the intended staffing plan are mitigated by this process. During the interview with the Facility Director they confirmed that minimum levels would be maintained by changing staff schedules to meet the staffing plan, this is then reviewed during weekly meetings.</p> <p>115.213(c): Every six months, an assessment of the staffing plan in conducted, taking into consideration: the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. This assessment was most recently completed in March 2019. During the interview with the PREA Coordinator they confirmed that they are consulted during the review of the staffing plan.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.215(a): Policy and Procedure 10.4, Search and Contraband addresses searching residents. Strip searches may only be conducted when approved by the Director. Any strip search shall be conducted by a member of the same sex. The basis for and results of the strip search shall be documented. NWRCC does not conduct manual or instrument inspection of body cavities.</p> <p>115.215(b): Policy and Procedure 10.4, Search and Contraband addresses searching of residents. Staff of same sex shall conduct a pat search of residents. Opposite gender pat searches may occur only under exigent circumstances. The facility does not restrict female residents' access to programs or other outside opportunities to comply with this standard. During interviews with random staff it was confirmed that if the female staff on shift was not available then another would be called in. All agency staff are trained in pat searches so if a security staff is not available, a female from another area can be called upon to do the search.</p> <p>115.215(c): Policy and Procedure 10.4, Search and Contraband addresses searching of residents. The facility does not allow cross-gender strip searches. Strip searches may only be conducted when approved by the Director. Any strip search shall be conducted by a member of the same sex. The basis for and results of the strip search shall be documented. NWRRC does not conduct manual or instrument inspection of body cavities. Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states, that should exigent circumstances require a cross-gender pat search, the search will occur only under the direction of the Executive Director or designee. Such searches will be documented in a log maintained in the first floor control office.</p> <p>115.215(d): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states, that procedures shall be implemented that enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances (this includes viewing via security cameras). Opposite gender staff shall knock and announce themselves prior to entering a resident room or dormitory. Opposite gender staff shall announce themselves prior to entering a bathroom. During interviews with random staff, all staff responded that they announce themselves prior to entering a housing area that houses residents of the opposite gender. They also stated that residents were able to dress, shower, and toilet without being viewed by staff of the opposite gender. During interviews with random residents all residents responded that staff announce themselves and that they are never naked in full view of a staff of the opposite gender. During the facility tour the auditor witnessed staff announcing their presence before entering housing areas and bathrooms.</p> <p>115.215(e): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states, that staff are prohibited from searching or examining a transgender or intersex resident solely to determine the resident's genital status. During interviews with random staff all staff responded that they were aware of the agency policy prohibiting staff from searching or physically examining a transgender or intersex resident for the purpose of determining that resident's genital status.</p>

115.215(f): Training records show that all security staff have received training on how to conduct cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner consistent with security needs. During interviews with random staff all staff interviewed stated that they had received training on cross-gender pat searches and searches of transgender and intersex residents. The facility does not limit this training to just security staff, all facility staff are trained on cross-gender pat searches and searches of transgender and intersex residents.

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.216(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that residents shall receive PREA training at intake within the first 8 hours of arrival and at the Director's meeting during their first week at NWRRC. Accommodations will be made for those with sensory disabilities, language barriers and literacy barriers to ensure orientation information is delivered in a manner that can be understood by the individual. Interpretation services for residents who are not proficient in the English language or for residents who are hearing impaired may be accessed through Telanguage via telephone or in-person translation, depending upon need and circumstances. Staff shall read PREA-related materials to residents who are visually impaired or who have limited reading abilities and/or ensure they have access to auditory materials that provide educational information about PREA. Residents who are intellectually or cognitively low functioning will have PREA information explained in terms they can understand. This includes information on safety, reporting, resources and agency responses to PREA reports. All accommodations made to ensure the resident understands PREA-related procedures and educational materials shall be documented in the residents incident tab in Alert. New employees, volunteers, and contractors are trained that those with language barriers, sensory barriers, intellectual barriers or anything else that impedes understanding of PREA-related issues are accommodated. Those accommodations could include: Telanguage translation services, ASL translators, 1:1 reading by staff, or other accommodations as needed. PREA Posters are throughout the facility and are in both English and Spanish which are the two most common languages used by residents at this facility. The facility has a contract with Telanguage.com which supports over 240 languages. There are posters that help the resident identify the language they need so staff can get the correct interpreter. During the interview with the Agency Head it was confirmed that interpretation was done via the phone service to ensure that residents with disabilities and residents that are limited English proficient have equal opportunity to participate and benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. It was also noted that the facility does not use resident interpreters. At the time of the on-site visit there were no residents that required additional accommodations. Interviews with random residents were able to be conducted without the need for interpretive services and all residents had PREA information presented in a manner that they could understand.</p> <p>115.216(b): New employees, volunteers, and contractors are trained that those with language barriers, sensory barriers, intellectual barriers or anything else that impedes understanding of PREA-related issues are accommodated. Those accommodations could include: telanguage translation services, ASL translators, 1:1 reading by staff, or other accommodations as needed. PREA Posters are throughout the facility and are in both English and Spanish which are the two most common languages used by residents at this facility. The facility has a contract with Telanguage.com which supports over 240 languages. There are posters that help the resident identify the language they need so staff can get the correct interpreter.</p> <p>115.216(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that another resident may not provide translation services, unless a delay in obtaining translations would compromise a resident's safety. All accommodations made including an exigent circumstance</p>

where a resident would be used as an interpreter would be documented in the resident's incident tab in Alert. The facility has not used any resident interpreters and since there is a contract with telelanguage services they only foresee that a resident possible could be used during a medical emergency. During interviews with random staff they all were aware that residents should not be used during an allegation of sexual abuse or harassment. They were all aware of the telelanguage service for interpretation.

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.217(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that personnel and hiring practices will incorporate the following prevention strategies: BOP background checks are required for all employees/volunteers/contractors prior to working with residents, and again no less than every 5 years; the general application will include a question asking applicants to reveal any history of sexual misconduct and/or convictions; during reference checks, previous employers will be asked if the applicant has substantiated sexual misconduct claims in his/her background, and if applicable, whether they resigned from a position during an investigation of sexual misconduct; findings of sexual assault/abuse/misconduct or a resignation during a pending investigation of such behavior will automatically disqualify an applicant who would have contact with residents; and sexual harassment/sexual misconduct findings will be considered prior to promoting a current employee. During the initial application, potential employees and volunteers are asked if they have ever been convicted of a felony or a misdemeanor and to explain. They are also asked on the application if they have ever engaged in sexual abuse in an institutional setting or in the community. After the application there is an employment checklist where staff must sign off that: all prior institutional employers have been contacted for information on substantiated allegations of sexual abuse; no evidence of substantiated allegations of sexual abuse in an institutional setting has been found; found no evidence of sexual activity in the community facilitated by force, the threat of force, or coercion; background check completed and shows no history of criminal activity including domestic violence, stalking, or sex offenses; applicant has been directly questioned regarding any previous misconduct related to sexual abuse; and a copy of the request for contract staff background investigation has been included in the hiring paperwork packet. The reference check form asks the questions: Due to the nature of our facility, federal law requires us to determine whether an employment candidate has any history of sexual abuse. Are you aware of any substantiated allegations of sexual abuse related to this individual? Did the individual resign during a pending investigation of sexual abuse? During the on-site audit two random files were pulled from staff that were recently hired. These files included the application, checklist, and background check that were addressed in policy. In addition, there was one file pulled from a staff member that had been promoted and in addition to the above information it also included a self-evaluation form that asks if the employee had been convicted of sexual violence in the community or has perpetrated incidents of sexual misconduct.</p> <p>115.217(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that personnel and hiring practices will incorporate the following prevention strategies: BOP background checks are required for all employees/volunteers/contractors prior to working with residents, and again no less than every 5 years; the general application will include a question asking applicants to reveal any history of sexual misconduct and/or convictions; during reference checks, previous employers will be asked if the applicant has substantiated sexual misconduct claims in his/her background, and if applicable, whether they resigned from a position during an investigation of sexual misconduct; findings of sexual assault/abuse/misconduct or a resignation during a pending investigation of such behavior will automatically disqualify an applicant who would have contact with residents; and sexual</p>

harassment/sexual misconduct findings will be considered prior to promoting a current employee. During the interview with Human Resource staff it was confirmed that the facility would consider 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 application for hire or promotion includes a question asking applicants to reveal any history of sexual misconduct and/or convictions. In addition, for employees that are applying for promotion, there is a self-evaluation form that ask the employee if they have been convicted of sexual violence in the community or have perpetrated incidents of sexual misconduct.

115.217(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that BOP background checks are required for all employees/volunteers/contractors prior to working with residents, and again no less than every 5 years. The reference check form asks the questions: Due to the nature of our facility, federal law requires us to determine whether an employment candidate has any history of sexual abuse. Are you aware of any substantiated allegations of sexual abuse related to this individual? Did the individual resign during a pending investigation of sexual abuse? During interviews with Human Resource staff they confirmed that the facility performs criminal record background checks for all newly hired employees and contractors who may have contact with residents. Any contractor that has access without being escorted has a criminal background check completed. They gave the example of the facility remodel and every contractor went through a background check. During the on-site audit two random files were pulled from staff that were recently hired. These files included the application, checklist, and background check that were addressed in policy.

115.217(d): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that BOP background checks are required for all employees/volunteers/contractors prior to working with residents, and again no less than every 5 years. During interviews with Human Resource staff they confirmed that the facility performs criminal record background checks for all newly hired employees and contractors who may have contact with residents. Any contractor that has access without being escorted has a criminal background check completed. They gave the example of the facility remodel and every contractor went through a background check. There were no contractors hired in the last 12 months so there were no recent files to review for background checks. A list of all approved volunteers and contractors was provided, the list did not have any contractors that had access to residents.

115.217(e): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that BOP background checks are required for all employees/volunteers/contractors prior to working with residents, and again no less than every 5 years. During the interview with Human Resource staff it was found that the statement of work in the BOP contract requires that background checks be completed. The contract is for 5 years and with each renewal of the contract all employees/volunteers/contractors must have a new background completed. During the review of staff files all background checks were within the 5 year interval.

115.217(f): During the interview with Human Resource staff it was confirmed that the general application for employment and promotion includes a question asking applicants to reveal any history of sexual misconduct and/or convictions. In addition, for current employees seeking promotion, there is a self-evaluation form that asks if the employee has been convicted of sexual violence in the community or has perpetrated incidents of sexual misconduct. The

employees have a continuing affirmative duty to disclose any such previous misconduct.

115.217(g): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states failure to disclose aforementioned conduct shall remove the applicant from consideration for hiring and shall be grounds for termination for current employees/volunteers/contractors.

115.217(h): During the interview with Human Resource staff it was confirmed that when a former employee applies for work at an institution, upon request from that institution the facility would provide information on substantiated allegations of sexual abuse or sexual harassment. According to the Human Resources staff this would apply for another institution or another law enforcement agency.

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.218(a): The facility was finishing up a remodel during the last PREA audit in 2016. The auditor made note of the remodel in the 2016 PREA Audit Report. During the interview with the Agency Head the remodel was discussed. It was a major remodel with the expansion of two wings. They utilized a team approached and involved the PREA Coordinator to conduct walk throughs and look for any gaps that may exist. The project included enhancing cameras, sight lines, and removing obstacles. In addition, to the facility team they are audited quarterly by BOP which also looked at the newly remodeled area. During the interview with the Facility Director the remodel was discussed as well. The Facility Director stated the remodel brought additional cameras, elimination of blind spots, and placing a small glass window in the solid doors. The auditor was able to review the plans for the remodel that were originally drawn up in 2015 and take a tour of the area. The facility uses many different types of technology to ensure the safety of residents. The door leading to the female resident housing area is a card lock door, staff use a fob to enter and the female residents ID give them access. While there were several cameras added the team found several areas that still provided blind spots and in those areas they added mirrors to help mitigate the blind spots. The doors in the housing area of the remodel section have a small window in them.</p> <p>115.218(b): During the interview with the Agency Head monitoring technology was discussed and during the remodel the camera system was updated to enhance the protection of residents from incidents of sexual abuse. During the interview with the Facility Director they stated that the facility utilizes video monitoring both in live streaming and the ability to pull footage to enhance the residents' protection from sexual abuse. The auditor was able to view camera from a couple different locations and found the cameras to be of good quality that utilized digital video monitoring throughout the facility. Cameras are recorded based on motion, giving the facility a long period of time that they can go back and retrieve footage.</p>

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.221(a): The facility is responsible for conducting administrative investigations, criminal investigations are completed by the Portland Police Bureau. Facility investigators that conduct sexual abuse investigations are trained using the NIC specialized training for PREA-related investigations. The investigators follow a uniform evidence protocol which includes providing medical care at no cost, forensic exams are conducted at either OHSU or Legacy Emanuel where SANEs are on staff, and the facility will ensure that a sexual assault survivor has access to advocacy and support both within the facility and in the community from community programs. During interviews with random staff they stated that they were aware of the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were able to identify their initial responsibilities to separating both parties; keeping them from destroying evidence by showering, brushing teeth, or using the restroom; and securing the scene. They were aware of who conducted sexual abuse investigations and were able to name at least one or two of the facility investigators.</p> <p>115.221(b): The facility does not house youth. The investigator training references "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents." All forensic examinations are performed at a local hospital (OHSU or Legacy Emanuel) by Sexual Assault Nurse Examiners (SANEs).</p> <p>115.221(c): The facility offers all victims of sexual abuse access to forensic medical examinations at a local hospital (OHSU or Legacy Emanuel), without cost, where evidentiarily or medically appropriate. These local hospitals have Sexual Assault Nurse Examiners (SANEs) on staff to perform the examinations. The facility has contacted the local hospitals to determine access to SANEs. Both OHSU and Legacy Emanuel have SANEs on staff where some other local hospitals have to call a SANE in. That is why OHSU and Legacy Emanuel are the preferred locations to transport victims of sexual abuse to ensure timely access to a SANE. In the last 12 months there were no cases where a forensic examination was evidentiarily or medically necessary.</p> <p>115.221(d): There is a layered approach to advocacy. The District Attorney's Office has victim advocates. The 911 operator or the hospital may call in advocates to meet the victim at the hospital. Ongoing services are provided throughout the hospital and legal process. The victim is provided information on community agencies. If a resident want to meet with an advocate or other support services an itinerary is approved for the individual to go out into the community for services. If the resident prefers to meet the advocate or support services in the facility arrangements are made for a private meeting space. The facility provided an old email from Portland Women's Crisis Line (now Call to Safety) regarding providing residents ongoing follow-up or case management services which can be accessed by calling the crisis line. The facility also employs two mental health counselors who are available to provide services if an outside advocate is not readily available. During the interview with the PREA Coordinator they stated that the facility makes sure to notify victims about services available and then would arrange for services either in a private location in the facility or in the community. The facility has worked to identify community agencies that will provide services for both male and female</p>

residents.

115.221(e): There is a layered approach to advocacy. The District Attorney's Office has victim advocates. The 911 operator or the hospital may call in advocates to meet the victim at the hospital. Ongoing services are provided throughout the hospital and legal process. The victim is provided information on community agencies. If a resident want to meet with an advocate or other support services an itinerary is approved for the individual to go out into the community for services. If the resident prefers to meet the advocate or support services in the facility arrangements are made for a private meeting space. The facility provided an old email from Portland Women's Crisis Line (now Call to Safety) regarding providing residents ongoing follow-up or case management services which can be accessed by calling the crisis line. The facility also employs two mental health counselors who are available to provide services if an outside advocate is not readily available. During the interview with the PREA Coordinator they stated that the facility makes sure to notify victims about services available and then would arrange for services either in a private location in the facility or in the community. The facility has worked to identify community agencies that will provide services for both male and female residents.

115.221(f): During the interview with the PREA Coordinator it was found that the police do call for a victim advocate during the forensic medical examination process and investigatory interviews. The PREA Coordinator had conversations with the Portland Police Bureau to ensure that they follow the protocols in the standards. Additionally, the facility makes sure to notify victims about services available and then would arrange for services either in a private location in the facility or in the community.

115.221(h): The facility uses Call to Safety as the community-based advocate. Call to Safety provides a comprehensive 24/7 crisis line, follow-up advocacy for survivors, support groups, community outreach and education, and sexual assault medical advocacy. They support crisis line callers in any language through an international language bank, and connect survivors to local culturally-specific resources or co-advocacy. Call to Safety advocates provide every caller with a needs assessment, peer support, safety planning, crisis intervention, and information and referrals to community resources. Our advocates work with specific populations to provide culturally relevant and specialized services for survivors with developmental and intellectual disabilities, survivors that identify as LGBTQ+, and survivors that experience mental illness. All of their advocates are trained to support sex workers. Sexual assault advocacy provides specialized services to survivors of sexual assault.

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.222(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that all reports of sexual assault, sexual abuse, sexual harassment and voyeurism will be taken seriously and will be investigated. The Executive Director, Assistant Director or designee with the PREA Investigator will gather preliminary information to determine whether the Bureau of Prisons or the Portland Police Bureau has jurisdiction to proceed with the investigation and will notify the appropriate agency. The PREA Coordinator will document the steps of the investigation and ensure it has been completed. During the interview with the Agency Head it was confirmed that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Portland Police Bureau handles criminal investigations and for administrative investigations the Agency Head and PREA Coordinator would communicate with the Bureau of Prisons throughout the process. During the past twelve months the facility received four allegations for sexual abuse or sexual harassment. All four of these cases had a completed administrative investigation.</p> <p>115.222(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that all reports of sexual assault, sexual abuse, sexual harassment and voyeurism will be taken seriously and will be investigated. The Executive Director, Assistant Director or designee with the PREA Investigator will gather preliminary information to determine whether the Bureau of Prisons or the Portland Police Bureau has jurisdiction to proceed with the investigation and will notify the appropriate agency. The PREA Coordinator will document the steps of the investigation and ensure it has been completed. While conducting a review of the agency website the auditor was unable to find the agency's policy regarding the referral of allegation of sexual abuse or sexual harassment for criminal investigation. The agency tracks all investigations, there were no investigations referred for a criminal investigation in the last twelve months. During the interview with the investigator it was confirmed that the agency policy required that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>115.222(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) outlines the responsibility for the agency and outside entities that may be involved in the investigation. This policy states who gathers the preliminary information, notifies the appropriate agency, disciplinary or investigative process, documentation of the investigation to ensure completion, and notification of the victim or alleged victim.</p> <p>Corrective Action: The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation need to be published on the agency website or made publicly available via other means.</p> <p>The agency website clearly outlines the policy for investigations and ensures that they are forwarded to an agency with the legal authority to conduct criminal investigations. The website states that all PREA reports are taken seriously and investigated thoroughly by specially-trained investigators. When it appears that a PREA-related incident is a crime, the Portland</p>

Police Bureau is immediately called to conduct the investigation. In addition this policy language can also be found in the annual reports. The 2018 Annual Report states, "One aspect of this commitment is to ensure that reports of PREA-related incidents are taken seriously and thoroughly investigated. Staff members who have received PREA investigation training conduct a preliminary fact-finding investigation. Based on the information gathered, the information may be turned over to the Bureau of Prisons to conduct an investigation based on their protocol. When the incident appears to be criminal in nature, the Portland Police Bureau is contacted to conduct an investigation, following their investigative protocol. The NWRRC PREA coordinator tracks all reports from the date they are received through the conclusion of the investigation, and if warranted, through the prosecution proceedings."

<b>115.231</b>	<b>Employee training</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1481 1256">115.231(a): Policy and Procedure 2.9. Prison Rape Elimination Act (PREA) outlines that ongoing education of staff, volunteers, contractors, and residents play a key role in protecting residents from sexual assault/coercion/harassment. Staff are trained at orientation, and annually thereafter, on the zero-tolerance policy and to recognize the signs of sexual abuse and sexual harassment. Training reinforces that staff are mandated to report incidents of such behavior, and that all staff members, regardless of position, are responsible for the detection, prevention, response and reporting of an alleged sexual abuse or sexual harassment incident. Orientation and education includes the following topics: NWRRRC has a zero-tolerance policy for sexual abuse and sexual harassment; all employees are mandated to report incidents of sexual harassment and sexual misconduct that involve resident-on-resident or staff/contractor/volunteer-on-resident incidents, and will be instructed on the available channels to report such incidents; residents have the right to be free from sexual abuse and sexual harassment; residents and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. During interviews with random staff, the staff were able to express and demonstrate that they have been trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response.</p> <p data-bbox="252 1312 1481 1429">115.231(b): The facility houses both male and female residents and the training is tailored to a facility that houses both male and female residents. All new employees receive PREA training during the first week of employment and annually thereafter.</p> <p data-bbox="252 1485 1481 1731">115.231(c): Formal refresher training is conducted annually. In addition to the formal training the facility uses the staff newsletter to run articles regarding PREA where they address topics such as: What is Sexual Harassment? A review of training records found that the online refresher course this year was PREA Reporting Obligations and Retaliation Protection. The trainings were completed in the last couple of months and that is consistent with the interviews with random staff who all stated that they had recently had refresher training on PREA.</p> <p data-bbox="252 1787 1481 1944">115.231(d): The online Relias courses have a test at the end that the user must pass with an 80% to receive credit. This provides an electronic verification signifying comprehension of the training. In addition, the auditor reviewed a sampling of employee files and training records and found that they also had a signed acknowledgement form in their training record.</p>

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.232(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that NWRRC shall ensure that all volunteers and contractors who have contact with residents have been trained on PREA, based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, that violation of the policy will result in termination and if applicable, reported for criminal prosecution, and informed how to report such incidents.</p> <p>115.232(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that NWRRC shall ensure that all volunteers and contractors who have contact with residents have been trained on PREA, based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, that violation of the policy will result in termination and if applicable, reported for criminal prosecution, and informed how to report such incidents.</p> <p>115.232(c): The agency maintains a volunteer orientation agreement confirming that volunteers and contractors understand the training on PREA that they have received. All training is now documented by the Volunteer Coordinator, having one staff monitoring training has helped improve and maintain consistent training. A review of the training documents found that the volunteers and contractors signed that they understand the training on PREA that they have received.</p>

115.233	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.233(a): All residents are given information on PREA when they go through intake. Residents sign a Sexually Abusive Behavior Prevention and Intervention Program form that outlines the zero-tolerance policy, avenues for reporting, investigations, and terminations from the program. Residents also receive a flyer that gives them additional information on the facility's zero-tolerance policy on sexual abuse and sexual harassment; how to report if an incident happens; how to get services if they have been a previous victim of sexual abuse. This flyer also includes the phone number to contact the community sexual assault crisis line. During the interview with staff that conduct intakes they stated that they provide residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Intake staff talk with the residents during intake to educate them regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the policies and procedures for responding to such incidents. The residents are also given a handbook with this information. During interviews with random residents they all stated that they received information on PREA during their intake process.</p> <p>115.233(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) state that residents shall receive PREA training at intake within the first 8 hours of arrival and at the Director's meeting during their first week at NWRRC. Residents receive information about sexual misconduct. The information is provided both verbally and in writing, in a manner that is clearly understood by residents. The training includes: NWRRC's zero-tolerance policy; self-protection methods; prevention and intervention; treatment and counseling; reporting incidents; protection against retaliation; and consequences for false allegations. During the interview with staff that conduct intakes they stated that they talk with the residents at intake to educate them regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the policies and procedures for responding to such incidents. The residents are also given a handbook with this information. Residents at NWRRC transfer from prison, jail, or come off the street. Regardless of whether they are a transfer from another agency or a new resident they all go through the same intake process and PREA education.</p> <p>115.233(c): Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Information is commonly in both English and Spanish which are the primary languages that are seen at this facility. In addition, the facility has a contract with telelanguage for interpretation services. Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that accommodations will be made for those with sensory disabilities, language barriers and literacy barriers to ensure orientation information is delivered in a manner that can be understood by the individual. Interpretation services for residents who are not proficient in the English language or for residents who are hearing impaired may be accessed through telelanguage via telephone or in-person, depending upon need and circumstances. Staff read PREA-related materials to residents who are visually impaired or who have limited reading abilities or ensure they have access to auditory materials that provide educational information about PREA. Residents who are intellectually or</p>

cognitively low functioning will have PREA information explained in terms they can understand including; information on safety, reporting, resources, and the agency response to PREA reports.

115.233(d): The agency maintains documentation of resident participation in PREA education sessions. This includes: the orientation checklist; acknowledgement of intake information; intake checklist; receipt of handbook; and the Sexually Abusive Behavior Prevention and Intervention Program acknowledgement. A review of random resident files found this information to be maintained in the resident files.

115.233(e): The agency ensures that key information about the agency's PREA policies is readily available or visible throughout the facility. During intake the residents receive a resident handbook and a flyer with PREA information. There are posters in English and Spanish located in the lobby, dining area, resource room, and dayrooms. The auditor also notice during the facility tour that the PREA Coordinators contact information was on the monitor in the dayroom on a running loop with other facility information.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.234(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that the Executive Director, Assistant Director or designee with PREA investigator training will gather preliminary information to determine whether the Bureau of Prisons or the Portland Police Bureau has jurisdiction to proceed with the investigation and will notify the appropriate agency. A review of the seven agency investigators found that six had received specialized training through the National Institute of Corrections by taking the PREA: Investigating Sexual Abuse in a Confinement Setting. The remaining investigator had completed the Relias PREA Investigation Protocol training. During the interview with investigative staff it was confirmed that they had received specialized training through the agency Relias system, they also had previous investigator training through a former employer.</p> <p>115.234(b): A review of the specialized investigator curriculum found that it included: interviewing victims, interviewing suspects, Miranda v. Arizona, Garrity v. New Jersey, preserving evidence, collecting evidence, outcomes defined, and getting to the conclusion. During the interview with investigative staff they stated that the training included: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p>115.234(c): There are seven staff that have received specialized training in investigations. One of these is the PREA Coordinator who has yet to be assigned a case but took the training to better understand what it takes to complete a case. The facility maintains copies of the certificates of completion for the specialized investigator training.</p>

115.235	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.235(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that staff will receive PREA training during the first week of employment and annually thereafter. Training includes the following topics: NWRRC has a zero-tolerance policy for sexual abuse and sexual harassment; all employees are mandated to report incidents of sexual harassment and sexual misconduct that involve resident-on-resident or staff/contractor/volunteer-on-resident incidents, and will be instructed on the available channels to report such incidents; residents have the right to be free from sexual abuse and sexual harassment; residents and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The facility employs two mental health care practitioners and they have both been trained per the agency policy. During the interview with mental health staff they explained that they had received online training through Relias on: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve 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 or suspicions of sexual abuse and sexual harassment. Mental Health staff receive training as every employee on the Dynamics of Sexual Assault and Sexual Harassment in Confinement. Additionally, they are trained on the Policies and Procedures annually. During the Policies and Procedures training they cover intervention which goes over securing the crime scene and separating the alleged victim and alleged perpetrator. Between these two trainings Mental Health staff receive training on the specialized areas identified in 115.235(a).</p> <p>115.235(b): N/A the agency does not have medical staff at the facility and does not conduct forensic exams. Forensic exams are conducted at the local hospital.</p> <p>115.235(c): Training records for the two mental health care practitioners were reviewed and they had documented training in PREA on their training records.</p> <p>115.235(d): Training records for the two mental health care practitioners were reviewed and they had documented training in PREA that meets the standard 115.231 listed on their training records.</p>

115.241	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1471 528">115.241(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) state that mental health staff will assess all incoming residents within 72 hours for potential vulnerability to sexual exploitation and potential to perpetrate sexual misconduct. During an interview with a mental health staff they confirmed that they screen residents upon admission to the facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p data-bbox="252 584 1485 999">115.241(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) state that mental health staff will assess all incoming residents within 72 hours for potential vulnerability to sexual exploitation and potential to perpetrate sexual misconduct. During an interview with a mental health staff they stated that the majority of the time they are able to meet the 72 hour timeframe. However, there are only two mental health staff and depending on the number of residents that come in they stated that sometimes it does take an extra day to get the screening for risk of victimization and abusiveness completed. The PREA Coordinator provided numbers that 335 of 393 (85.2%) screenings were completed within 72 hours. During interviews with random residents they stated that they had been asked questions associated with the risk screening during their intake process.</p> <p data-bbox="252 1055 1433 1133">115.241(c): PREA risk screening assessments are conducted using an objective screening instrument.</p> <p data-bbox="252 1189 1453 1424">115.241(d): During an interview with a mental health staff and in reviewing the PREA Assessment for Sexual Victimization or Perpetration form the auditor found that the following items were considered: age; physical build; mental, physical, or developmental disability; previous incarceration; exclusively non-violent criminal history; prior convictions for sex offenses against an adult or child; residents perceived sexual orientation; previous sexual victimization; and the resident's perception of vulnerability.</p> <p data-bbox="252 1480 1453 1648">115.241(e): During an interview with a mental health staff and in reviewing the PREA Assessment for Sexual Victimization or Perpetration form the auditor found that the following items were considered: prior acts of sexual abuse; prior convictions of violent offenses; and history of prior institutional violence or sexual abuse.</p> <p data-bbox="252 1704 1485 2119">115.241(f): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that within 30 days of arrival, each resident will be reviewed at the PRT meeting to determine if there is additional information or concerns about the resident's potential for perpetration or victimization. During interviews with random residents they stated that they get asked questions associated with the risk assessment on a weekly basis by their case manager. The auditor interviewed the supervisor to determine if that was happening. The Individualized Re-entry Plan has a section for PREA concerns. The case managers ask the PREA questions at each formal case management meeting, which is once a week for six weeks and then every other week after that. The 30-day review is being met multiple times during that initial 30-day period.</p>

115.241(g): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that an incident of victimization or perpetration, will also be followed by a review to determine a plan to mitigate further risks, which will be documented in the "Action Plan" section of the PREA assessment form. During an interview with a mental health care staff it was confirmed that the resident's risk level would be reassessed as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. This is normally done through the weekly meetings with the case managers.

115.241(h): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that residents will not be disciplined for refusing to provide answers or for providing incomplete answers during the risk screening. During an interview with a mental health staff it was confirmed that residents are not disciplined in any way for refusing to respond to any of the questions on the risk screening form.

115.241(i): During an interview with a mental health staff they stated that the agency has outlined who can have access to the resident's risk assessment in order to protect sensitive information from exploitation. The file is stored electronically and only those at the administrative level have access to the file. During the interview with the PREA Coordinator they stated that the information from risk screenings goes to Operations and PREA and it is stored electronically to protect sensitive information from exploitation.

Corrective Action: The facility needs to be able to show that they are able to complete the initial screening for risk of victimization and abusiveness within the 72 hour timeframe. Track this data for the next three months and provide the auditor with the reports.

On the Pre-audit the facility reported 335 of 393 residents receiving an intake screening within the first 72 hours. As a result the auditor asked the facility to create a log to track the intake screenings during the corrective action period. The initial log pointed out that the screening was being done after the mental health orientation was completed. This dynamic caused the facility to only have 16 of 37 residents completed in the first 72 hours in the first month of reporting. Having this log to better see what was going on enabled the facility to place additional focus on this standard. By the end of November the monthly log showed that 25 of 26 residents had received an intake screening within the first 72 hours. The resident that had not been screened had left on the day of arrival prior to being screened. With the focus on this standard and demonstration that the intake screenings are now being completed within the first 72 hours the facility is now in compliance with this standard.

115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.242(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that when mental health staff identifies a concern about vulnerability or potential perpetration, they will notify the PREA Coordinator. The PREA Coordinator will disseminate information to appropriate staff who will determine a plan of action to mitigate risks. During the interview with the PREA Coordinator they stated that the information from risk screening would be used to put together an individualized mitigation plan to ensure resident safety. The Executive Director, Assistant Director, Operations Manager, Security Supervisor, and PREA Coordinator would have access to the plan. During an interview with a mental health staff they stated that the information from the risk screening would be used to determine housing, programs, and work assignments.</p> <p>115.242(b): The facility uses the information from the risk screening to makes individualized mitigation plans to ensure resident safety. This could include placing the resident in a single room or housing them near security staff.</p> <p>115.242(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that a management team will meet prior to housing a transgender resident to develop a plan to ensure the safety and dignity of the resident. During the interview with the PREA Coordinator they stated that generally they would utilize a private room that has its own bathroom and shower that is near the security desk to house transgender residents so staff can more easily monitor safety issues. Transgender residents are informed that they have the options to choose the gender of staff to conduct pat downs and UAs.</p> <p>115.242(d): During the interview with the PREA Coordinator it was confirmed that the facility would give serious consideration to a transgender or intersex resident's own views with respect to their own safety when considering placement and programming assignments. During an interview with a mental health staff they also stated that a transgender or intersex resident's own views of their safety would be given serious considerations in placement and programming assignment. This would include appropriate housing and the ability to shower separately from other residents.</p> <p>115.242(e): During interviews with both the PREA Coordinator and mental health staff it was confirmed that transgender and intersex residents are given the opportunity to shower separately from other residents. This is generally accomplished by placing them in a private room that has its own bathroom and shower.</p> <p>115.242(f): Northwest Region Re-Entry Center is not subject to a consent decree, legal settlement, or legal judgement requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex residents. During the interview with the PREA Coordinator they stated that this was a very small population at this facility so they would not be housed in a dedicated wing solely based on their sexual orientation, genital status, or gender identity. Residents will be considered on a case-by-case basis and preventative steps will be taken to ensure the safety and dignity of residents who identify as transgender and for</p>

residents whose physical appearance or mannerisms may be perceived by others as incongruent with their gender, making them potentially vulnerable to unwanted statements and behaviors of a sexual nature from other residents.

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.251(a): The facility affords residents who are victims or have knowledge of sexual misconduct multiple methods to report. Residents can make a verbal report to a staff member of their choosing; make a report on a grievance form and place it in the locked residents' mailbox; make a report to the outside agency Trauma Intervention Program (TIP); or access the NWRRC website and file a report online. During interviews with random staff they provided the following options for residents to privately report sexual abuse, sexual harassment, or retaliation: go to a staff member; go to a board member; report to Bureau of Prisons; use the phone number on the poster; use the website; tell a family member; or contact local law enforcement. During interviews with random residents they stated that if they had to report sexual abuse or sexual harassment that happened to them or someone else they would: call the phone number posted; tell a staff member; tell the PREA Coordinator that is on the monitor in the dayroom; or go online and make a report.</p> <p>115.251(b): Residents may make a report to a local outside agency, Trauma Intervention Program (TIP). The telephone number is on the brochure given at orientation and listed on the bulletin boards throughout the facility. The facility has a memorandum of understanding with TIP to accept calls from NWRRC residents and complete the provided report form. The report form is forwarded to the PREA Coordinator and the Executive Director. Phone numbers for the PREA Coordinator and Executive Director are provided if the reported incident occurred at NWRRC so appropriate steps can be taken to provide for the alleged victim's safety, medical care, and psychological care. During the interview with the PREA Coordinator they confirmed that the facility provided a way for residents to report abuse or harassment to an office that is not part of the agency through TIP. When TIP receives reports they are forwarded to the Executive Director and PREA Coordinator. During interviews with random residents they understood that they can remain anonymous when they make the report.</p> <p>115.251(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that residents are not required to file written reports; however, staff members who receive verbal reports are required to file written reports. During interviews with random staff they all stated that they would document a verbal report where a resident alleged sexual abuse. This would be done as soon as possible and before the end of the shift. During interviews with random residents they understood that they could make a report of sexual abuse or sexual harassment either in person or in writing.</p> <p>115.251(d): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that staff can report information to their supervisor, Human Resources, Operations Manager, Assistant Director, or Executive Director and privacy will be ensured when reports are given. Employees can also contact a member of the Board of Directors and current contact information is posted in the Employee Breakroom. During interviews with random staff they stated that they had the following ways that they could privately report sexual abuse and sexual harassment of residents: using the phone number; go to a Board Member; contact Human Resources, PREA Coordinator, Executive Director, or Assistant Director; speak to a supervisor; or use the website.</p>



115.252	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.252(a): The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse. Policy and Prison Rape Elimination Act (PREA) state that residents may make a report on a grievance form and place it in the locked residents' mail box which is checked daily, and the grievance will be forwarded to the Executive Director (or designee). The resident may also deliver it to a staff member as an emergency grievance. Designated staff will process such grievances immediately, as a high priority, in accordance with established facility emergency grievance procedures. NWRRC follows the Federal Bureau of Prisons administrative remedy system.</p> <p>115.252(b): The facility procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. According to the Federal Bureau of Prisons administrative remedy system, administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt informal resolutions regarding allegations of sexual abuse.</p> <p>115.252(c): According to the Federal Bureau of Prisons administrative remedy system, a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Matters in which specific staff involvement is alleged may not be investigated by either the staff alleged to be involved or by staff under their supervision.</p> <p>115.252(d): According to the Federal Bureau of Prisons administrative remedy system, the facility shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The facility may claim an extension of time to respond, of up to 70 days, if the normal time period for the response is insufficient to make an appropriate decision. The facility shall notify the resident in writing of any such extension and provide a date by which a decision will be made. 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, the resident may consider the absence of a response to be a denial at that level. In the past 12 months, there were no grievances filed that alleged sexual abuse at this facility.</p> <p>115.252(e): According to the Federal Bureau of Prisons administrative remedy system, third parties, including fellow residents, staff members, family members, attorneys, and outside advocates shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall be permitted to file such requests on behalf of residents. If the resident declines to have the request processed on their behalf, the facility shall document the resident's decision.</p> <p>115.252(f): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that the resident may also deliver the grievance from to a staff member as an emergency grievance. Designated staff will process such grievances immediately, as a high priority, in accordance</p>

with established facility emergency grievance procedures. Reports of residents in imminent danger will be addressed immediately, and a resolution to ensure safety will be developed within no more than 24 hours. According to the Federal Bureau of Prisons administrative remedy system, if a resident files an emergency administrative remedy the facility shall make a determination as to whether the remedy alleges a substantial risk of imminent sexual abuse. If the administrative remedy meets the criteria for an emergency administrative remedy, the request shall be accepted, and receive expedited processing. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the facility shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final decision within five calendar days. The initial response and the final decision shall document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.252(g): According to the Federal Bureau of Prisons administrative remedy system, the facility may discipline a resident for filing a grievance related to alleged sexual abuse only when the facility demonstrates that the resident filed the grievance in bad faith.

115.253	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.253(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that NWRRC will ensure that a sexual assault survivor has access to advocacy and support, both within the facility and in the community, from community programs. If Law Enforcement is conducting an investigation NWRRC staff will not assume that the resident has been referred for advocacy and support services. Mental Health staff or the PREA Coordinator will ensure that the resident is referred for services. Staff will offer to contact Call to Safety to request that an advocate meet the resident at the hospital. The PREA flyer given to residents give the number to a community sexual assault crisis line. PREA Resource Cards on bulletin boards give numbers to hospitals, community advocates, mental health staff, and the PREA Coordinator. Posters throughout the facility have the phone number for Trauma Intervention Program (TIP) which is an outside organization that provides emotional first aid to survivors of tragedy in order to ease their immediate suffering and facilitates their healing and long-term recovery. The resident handbook also has the phone number for TIP. The Federal Bureau of Prisons Program Statement states that the facility PREA Coordinator, with the assistance of Mental Health staff, seek to establish an agreement with community service providers who are able to provide confidential emotional support services as it relates to sexual abuse. Staff also provide contact information and confidential communication services, as reasonably as possible. During interviews with random residents there were only a couple residents that were not sure if there were services available outside the facility for dealing with sexual abuse if needed. The majority of the residents were able to list resources such as: advocates, hotlines, mental health, counseling. Residents also understood that what they were to say to those outside services would remain private.</p> <p>115.253(b): The Federal Bureau of Prisons Program Statement states that the facility shall 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. Mental Health staff explain mandatory reporting rules during intake. Outside agencies also explain any requirements they have with mandatory reporting.</p> <p>115.253(c): The facility maintains a memorandum of understanding with Trauma Intervention Program of Portland/Vancouver (TIPNW, Inc). Trauma Intervention Program (TIP) is an outside organization that provides emotional first aid to survivors of tragedy in order to ease their immediate suffering and facilitates their healing and long-term recovery. The facility has also attempted to enter into an agreement with Call to Safety. Call to Safety due to their funding source could not enter into an agreement to provide reporting information back to NWRRC. However, Call to Safety will respond in an advocate role in instances of sexual abuse. The facility has maintained the emails with Call to Safety to document their efforts to enter into a memorandum of understanding.</p>

115.254	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.254(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that residents may make a report to the local, outside agency, Trauma Intervention Program (TIP). The phone number is on the brochure given at orientation and listed on bulletin boards throughout the facility. The facility has a memorandum of understanding for TIP to take these calls and for them to report back to the facility Executive Director and PREA Coordinator. The facility has a PREA Reporting Form on the website that allows residents or the public to make a report on behalf of another resident. The website also has the phone number for the PREA Coordinator should a member of the public want to follow up or make a report by phone.</p>

115.261	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.261(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that in addition to being required to take reports from residents, all staff members are mandated to immediately report information, knowledge, suspected or known incidents of sexual assault/abuse/harassment. The process for reporting is: staff will report information to their supervisor, Human Resources, Operations Manager, Assistant Director, or Executive Director; privacy will be ensure when reports are given; the staff reporter will be informed that any retaliatory behaviors can be reported to a board member; other staff members who are aware of retaliatory behavior towards the reporter are required to immediately report that behavior; and staff are mandated to report if staff neglect or a violation of staff responsibilities contributed to retaliation or to a PREA-related incident. During the interviews with random staff they all understood that they must report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such incidents; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.261(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) stats that staff are prohibited from sharing information on a PREA incident except with those conducting an investigation or providing care for the alleged victim. Information can be shared on an as-needed basis to maintain safety and security of those living and working in the facility. During the interviews with random staff they were able to explain the reporting process and demonstrated that they understood the information was shared with their supervisor and those conducting the investigation.</p> <p>115.261(c): During an interview with a Mental Health staff they stated that at the initiation of services to residents they disclose the limitations of confidentiality and their duty to report. There is a form that the resident reads and signs that goes over the mandatory disclosures. Mental Health staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately upon learning of it. The Mental Health staff stated that this has occurred previously and they did make a report.</p> <p>115.261(d): This facility does not house any residents under the age of 18. The Federal Bureau of Prisons Program Statement requires that if the alleged victim is considered a vulnerable adult by statue, the facility shall report to the designated agency under mandatory reporting laws.</p> <p>115.261(e): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) state that residents' family members and community member can access the same avenues to report a sexual assault or sexual misconduct involving residents that residents can utilize. Should a third party report in person or via telephone, the staff member receiving the report will document the information on the PREA Report Form and follow the procedure utilized for reports made by residents. During the interview with the Facility Director it was confirmed that allegations of sexual abuse and sexual harassment, including those from third-party and anonymous sources, are reported to designated facility investigators.</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.262(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that all reports of sexual assault, sexual abuse, sexual harassment and voyeurism will be taken seriously and will be investigated. Reports that include imminent risk to a resident will be addressed immediately and resolved within no more than 24 hours. There was one instance in the last 12-months that required this type of intervention. Staff were able to take immediate action and get alternative housing arranged so the parties could be separated and keep the victim safe. During the interviews with the Agency Head and Facility Director they both outlined that when they learn that a resident is subject to a substantial risk of imminent sexual abuse they would separate both parties, call 911, assign security staff to both parties, protect evidence, and contact any agency that has a responsibility for the resident. During interviews with random staff they understood that if a resident was at risk of imminent sexual abuse they were to intervene and separate the parties; make sure the resident was in a safe place; and notify a supervisor.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.263(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) state that reports of incidents that occurred at another facility, regardless of the timeframe, will be documented on the PREA Report Form and forwarded to the PREA Coordinator. The PREA Coordinator identifies the Superintendent or Warden at the facility that the incident occurred and forwards the information to the Executive Director. The Executive Director will report the incident to the Superintendent or Warden within 48 business hours and provide the PREA Coordinator with documentation.</p> <p>115.263(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) state that the Executive Director will report the incident to the Superintendent or Warden within 48 business hours and provide the PREA Coordinator with documentation.</p> <p>115.263(c): There was a report made January 31, 2018, of an incident of sexual abuse that happened at another facility. Documentation was in the file that this information was reported to that facility by the NWRRC Executive Director the following day on February 1, 2018.</p> <p>115.263(d): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that NWRRC will also respond to reports received from other facilities or agencies regarding sexual assault/abuse/harassment or voyeurism utilizing the same procedures utilized in reports received in the facility. During interviews with the Agency Head and the Facility Director they related that when they received a report from another facility they would staff the investigation the same way as any other report and then contact the reporting facility with the results.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.264(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that staff who receive an initial report of sexual misconduct is identified as the First Responder and has the following responsibilities: separate the victim from the alleged assailant to protect the victim and prevent further violence; enlist the assistance of co-workers to secure the crime, if applicable, notify the Executive Director, Assistant Director or Operations Manager, for further instructions on responding to a potential crime and responding to the alleged victim's needs; document information on the PREA Report form; encourage the victim to refrain from showering, brushing teeth, using the toilet, smoking, drinking, eating, and changing clothes; and ensure the accused does not engage in showering, brushing teeth, using the toilet, smoking, drinking, eating, and changing clothes.</p> <p>115.264(b): NWRRC trains all staff the same regarding PREA. If the first staff responder is not a security staff member they would still be identified as the First Responder and have the following responsibilities: separate the victim from the alleged assailant to protect the victim and prevent further violence; enlist the assistance of co-workers to secure the crime, if applicable, notify the Executive Director, Assistant Director or Operations Manager, for further instructions on responding to a potential crime and responding to the alleged victim's needs; document information on the PREA Report form; encourage the victim to refrain from showering, brushing teeth, using the toilet, smoking, drinking, eating, and changing clothes; and ensure the accused does not engage in showering, brushing teeth, using the toilet, smoking, drinking, eating, and changing clothes.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.265(a): The facility has a written plan to coordinate actions among staff first responders, mental health, investigators, and facility leadership in response to an incident of sexual abuse. First Responders are responsible for: separating the victim from the alleged assailant to protect the victim and prevent further violence; enlisting the assistance of co-workers to secure the crime, if applicable, notify the Executive Director, Assistant Director or Operations Manager, for further instructions on responding to a potential crime and responding to the alleged victim's needs; documenting information on the PREA Report form; encouraging the victim to refrain from showering, brushing teeth, using the toilet, smoking, drinking, eating, and changing clothes; and ensuring the accused does not engage in showering, brushing teeth, using the toilet, smoking, drinking, eating, and changing clothes. Mental Health staff will ensure that the victim receives medical care, is offered advocacy services, counseling or other support services. All reports of sexual assault, sexual abuse, sexual harassment and voyeurism will be taken seriously and will be investigated. PREA Report Forms are forwarded to the Executive Director, Assistant Director, and the PREA Coordinator for review. The Executive Director, Assistant Director or designee with PREA investigator training will gather preliminary information to determine whether Bureau of Prisons or the Portland Police Bureau has jurisdiction to proceed with the investigation and notify the appropriate agency. The PREA Coordinator will begin documenting the steps of the investigation to ensure it has been completed.</p>

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.266(a): During the interview with the Agency Head it was found that the facility has not entered into any collective bargaining agreements. Employees are "at will" and allows the agency to remove alleged staff sexual abusers from contact with any resident pending an investigation or a determination of whether and to what extent discipline is warranted.</p>

115.267	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.267(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. Those who retaliate may face disciplinary action, up to and including dismissal for employees. Staff or residents who experience retaliation may report such behavior to a board member. Retaliation will be monitored for a minimum of 90 days by a staff member appointed by the Executive Director, Assistant Director, or board member and may exceed 90 days if behaviors indicate a need.</p> <p>115.267(b): During the interview with the Agency Head they stated that retaliation was not acceptable. A staff member would be assigned to monitor retaliation, create a safety plan, could involve housing changes or transfers. During the interview with the Facility Director they stated that to protect residents and staff from retaliation they would continue to check in with that person, separate the parties involved, and residents could be subject to discipline up to termination from the program. During the interview with the staff member charged with monitoring retaliation stated that they are the person that ensures communication occurs and are a point of contact for the residents. They would conduct check-ins with the residents and make sure they understood their right to be free from retaliation. Depending on the case and need the check-ins could be weekly or monthly.</p> <p>115.267(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) state that retaliation will be monitored for a minimum of 90 days by a staff member appointed by the Executive Director, Assistant Director or board member, and may exceed 90 days if behaviors indicate a need. In addition, there is a weekly management meeting where concerns about behavioral changes are shared. Every other week, there is a case management meeting that includes case managers, resource specialists, at least one representative from security, mental health staff and the PREA coordinator. This allows for a multi-disciplinary approach and to get input from other sections on the resident's program adjustment. The group then decides who is going to observe and reach out to the individual and have an informal conversation. If the resident has had a PREA-related incident, typically the PREA Coordinator and/or Mental Health will have that conversation. During the interview with the staff member charged with monitoring retaliation they stated that they would monitor mood and behavior changes. Additionally for staff they would monitor whether they were coming to work and whether they were isolating themselves at work. They would monitor the individual however long it takes, it is a case-by-case determination. The monitoring could last until the resident leaves the facility and there may be a check in if the resident returns at a later date.</p> <p>115.267(d): During the interview with the staff member charged with monitoring retaliation they stated that they would initiate contact with residents who had reported sexual abuse. Timeframes would depend on the case it could be a weekly or monthly check in.</p> <p>115.267(e): During interviews with the Agency Head and Facility Director it was found that the same steps would be taken to protect an individual who cooperates with an investigation that expresses fear of retaliation.</p>



115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.271(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that the Executive Director, Assistant Director, or designee with PREA investigator training will gather preliminary information to determine whether the Bureau of Prisons or the Portland Police Bureau has jurisdiction to proceed with the investigation, and will notify the appropriate agency. A resident who is accuse of sexual assault/abuse is subject to a Bureau of Prisons investigation and disciplinary process and/or an investigation by Portland Police Bureau and prosecution. The PREA Coordinator will begin documenting the steps of the investigation to ensure it has been completed. During the interview with an investigator they stated that investigations are assigned very quickly following an allegation of sexual abuse or sexual harassment. This was confirmed during the review of investigative files showing that investigations were generally assigned the same day that the allegation was made. When asked how the investigator handles anonymous or third-party reports of sexual abuse they stated that they were investigated the same. They review cameras; interview witnesses, victims, and perpetrators; and make a determination if it is criminal or to proceed with the administrative investigation.</p> <p>115.271(b): During the interview with an investigator they stated that they had received specific training in conducting sexual abuse investigations in confinement settings. The investigator had received this training at their previous employment and then again at NWRRC through the Relias training.</p> <p>115.271(c): During the interview with the investigator they described the investigative process. The investigator would review the cameras and any physical evidence; interview witnesses, victim, and perpetrator; and review any prior investigations.</p> <p>115.271(d): The facility only investigates administrative cases. If the evidence leads the investigator to believe that there is a prosecutable crime the administrative investigation is placed on hold while the Portland Police Bureau completes the criminal investigation.</p> <p>115.271(e): During the interview with the investigator they stated that they believe the alleged victim, suspect, or witness until the evidence proves otherwise. Credibility is based on an individual basis and not on the basis of the individual's status as a resident or staff. They would not under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination.</p> <p>115.271(f): During the interview with the investigator they stated that to determine whether staff actions or failures to act contributed to the sexual abuse they would review: policy and procedure; cameras; and training. A review of investigative files found that they included a description of evidence, interview statements, findings, and recommendations.</p> <p>115.271(g): Criminal investigations are completed by the Portland Police Bureau and are documented in a written report. The written report contains a description of the physical, testimonial, and documentary evidence.</p>

115.271(h): Criminal investigations are completed by the Portland Police Bureau and are documented in a written report. When they have sufficient evidence a criminal act occurred then the case is presented to the District Attorney for prosecution.

115.271(i): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that records including incident and investigative reports, case reporting to other facilities, and case disposition will be retained or 5 years after the alleged abuser has completed their sentence or has been terminated from employment.

115.271(j): During the interview with the investigator they stated if a staff member alleged to have committed sexual abuse terminates their employment or if a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation they would still follow up and complete the investigation.

115.271(l): During the interview with the Facility Director they stated that the facility remains informed of the process of a sexual abuse investigation that is being completed by Portland Police Bureau by having the PREA Coordinator follow up with the detective on the case. During the interview with the PREA Coordinator they confirmed that when Portland Police Bureau is investigating a case then they would contact them and ask for updates. During an interview with an investigator they stated that they would work with the Portland Police Bureau and assist them with anything they needed.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.272(a): The training material for investigators addresses the evidentiary standard for administrative investigations. It explains that there are different standards to substantiate an administrative allegation compared to a criminal allegation. For a finding of guilt in a criminal case, the standard is "beyond a reasonable doubt." The standard for administrative allegations is "a preponderance of the evidence." A preponderance of the evidence is defined as the evidence makes it more likely than not that the allegation is true. Some use the standard "more than 50%" likely. This does not mean 50% of the evidence. For example, on witness may be so credible, that even five other witnesses to the contrary are not as believable. During an interview with an investigator it was confirmed that the investigator uses the preponderance of evidence standard to substantiate allegations of sexual abuse or sexual harassment.</p>

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.273(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that the victim or alleged victim in the incident will be notified of the results of the investigation within 48 business hours of its conclusion. During interviews with the Facility Director and an Investigator they both confirmed that the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. During a review of random investigative files it was also confirmed that these notification were being made.</p> <p>115.273(b): If the investigation is done by an outside agency then that information will be requested. The resolution of the investigation by Bureau of Prisons or Portland Police Bureau will be documented in the packet of investigative information in order to inform the resident. There were no outside investigations to review during the last 12 months.</p> <p>115.273(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that if the perpetrator is a staff member, the resident will be notified of the steps taken to avoid the staff member's contact with the resident. This would include whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no substantiated or unsubstantiated cases involving a staff member in the last 12 months to review.</p> <p>115.273(d): Federal Bureau of Prisons Program Statement requires that following a resident's allegation that they have been sexually abuse by another resident, the facility shall 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.</p> <p>115.273(e): Federal Bureau of Prisons Program Statement requires that all notifications or attempted notifications shall be documented. Documentation is maintained in the investigation file. Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) also states that this information will be documented in the packet of the investigative information.</p> <p>.</p>

115.276	<p><b>Disciplinary sanctions for staff</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.276(a): Federal Bureau of Prisons Program Statement requires that staff shall be subject to disciplinary sanctions up to and including termination for violating the facility sexual abuse or sexual harassment policies. Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) also states, that a staff member, volunteer, or contractor that is found guilty of committing a PREA-related act is subject to discipline, and depending on the circumstances, termination and prosecution.</p> <p>115.276(b): There were no cases in the last 12 months were staff have violated the facility sexual abuse or sexual harassment policies.</p> <p>115.276(c): Federal Bureau of Prisons Program Statement requires that disciplinary sanctions for violations of the facility policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There were no records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months to review.</p> <p>115.276(d): Federal Bureau of Prisons Program Statement requires that all terminations for violations of facility sexual abuse or sexual harassment policies, 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 clearly not criminal, and to any relevant licensing bodies. There were no reports to law enforcement for violations of facility sexual abuse or sexual harassment policies in the last 12 months to review.</p>
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115.277	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.277(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that all volunteers and contractors who have contact with residents shall be notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment, that violation of the policy will result in termination and if applicable, reported for criminal prosecution, and informed how to report such incidents. There were no incidents that were referred to law enforcement or relevant licensing bodies during the last 12 months to review.</p> <p>115.277(b): Federal Bureau of Prisons Program Statement requires that the facility take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the cases of violation of the facility sexual abuse or sexual harassment policies by a contractor or volunteer. During the interview with the Facility Director they stated that in cases where a contractor or volunteer violated the facility sexual abuse or sexual harassment policies they were not contract with that individual anymore and depending on the circumstances would refer it to law enforcement for a criminal investigation.</p>

115.278	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.278(a): Federal Bureau of Prisons Program Statement requires that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>115.278(b): During the interview with the Facility Director it was found that 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. Residents would be referred to law enforcement and/or terminated from the program and returned to custody.</p> <p>115.278(c): Federal Bureau of Prisons Program Statement requires that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.</p> <p>115.278(d): Depending upon the circumstances, if a resident had a mental health issue, or cognitive limitations, the mental health counselors have the ability to address underlying issues or appropriate behavior. During the interview with a Mental Health staff they stated that they would meet with both parties, offer counseling, and refer to outside resources. They stated that they would not require a resident's participation as a condition of access to programming or other benefits.</p> <p>115.278(e): Federal Bureau of Prisons Program Statement requires that the facility may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The sexual abuse and sexual harassment of staff members should be addressed through other existing statutes, policies, and procedures, such as using the resident disciplinary system and referral to criminal prosecution as appropriate.</p> <p>115.278(f): Federal Bureau of Prisons Program Statement requires that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute false reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.278(g): Federal Bureau of Prisons Program Statement requires that all sexual activity between residents is prohibited and subject to discipline. The facility may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p>

115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.282(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that after a victim has reported an incident of sexual abuse or sexual assault, NWRRC will ensure that they receive medical care, offered advocacy services, counseling or other appropriate support services. NWRRC will ensure that a sexual assault survivor has access to advocacy and support, both within the facility and in the community, from community programs. There are no medical services at the facility all medical care is completed at a local hospital.</p> <p>115.282(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that first responders take the preliminary steps to separate the victim from the alleged assailant to protect the victim and prevent further violence. They will enlist the assistance of co-workers to secure the crime scene if applicable, notify the Executive Director, Assistant Director or Operations Manager, for further instructions on responding to a potential crime and responding to the alleged victim's needs. All medical services are provided at the local hospital. Mental Health staff or the PREA Coordinator will ensure that the resident is referred for advocacy and support services.</p> <p>115.282(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that if the reported assault occurred within the past 84 hours, the alleged victim is eligible for a sexual assault exam, at no cost, including a rape kit. If the reported assault occurred after 84 hours, the resident is eligible for a medical exam at an emergency room to evaluate and treat injuries, test for and treat sexually transmitted diseases, and test for and respond to potential pregnancy.</p> <p>115.282(d): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) state that the alleged victim is eligible for a sexual assault exam at no cost. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.283(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that it the reported assault occurred at a facility where the resident was previously housed, regardless of when it occurred, the resident will be offered a medical exam, testing, treatment and psychological services/support in the community.</p> <p>115.283(b): Evaluation and treatment may include appointments for: legal, medical, counseling and support groups. During an interview with a Mental Health staff they stated that the evaluation and treatment would include recognizing any red flags, review the PSI, write a report and referrals to outside groups with support inside from the Mental Health staff.</p> <p>115.283(c): The facility shall provide victims with medical and mental health services consistent with the community level of care. The resident is referred to outside services and then supported by the Mental Health staff inside. The resident is receiving care in the community so it is consistent with community level of care.</p> <p>115.283(d): Federal Bureau of Prisons Program Statement requires that resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy test. Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that the resident is eligible for a medical exam at an emergency room to evaluate and treat injuries, test for and treat sexually transmitted diseases and test for and respond to potential pregnancy.</p> <p>115.283(e): Federal Bureau of Prisons Program Statement states that the Bureau of Prisons providers deliver comprehensive prenatal counseling and care for pregnant female residents.</p> <p>115.283(f): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that the resident is eligible for a medical exam at an emergency room to evaluate and treat injuries, test for and treat sexually transmitted diseases and test for and respond to potential pregnancy.</p> <p>115.283(g): Federal Bureau of Prisons Program Statement requires that treatment services be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation arising out of the incident.</p> <p>115.283(h): Federal Bureau of Prisons Program Statement states that the facility shall 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. During an interview with a Mental Health staff they stated that they would conduct an evaluation of all known resident-on-resident abusers and offer treatment in appropriate. The PREA Coordinator stated that this is generally a mitigation plan to address safety and coaching on inappropriate behaviors.</p>

115.286	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.286(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that a de-briefing with the PREA Coordinator and staff involved in response to an incident that required coordination of response and services will be conducted within one week following the incident. During the interview with the PREA Coordinator it was found that the facility formally de-briefs on incidents that require coordination of response and services or incidents that have a newly encountered component to review lesson learned and how it could have been handled differently. Other cases are informally reviewed by the investigator and PREA Coordinator to review the details of the case to determine if the procedures were thorough. A review of the investigation files for cases that occurred in 2019, the auditor did not find that sexual abuse incident reviews had been completed for the investigations that were substantiated or unsubstantiated.</p> <p>115.286(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that a de-briefing with the PREA Coordinator and staff involved in response to an incident that required coordination of response and services will be conducted within one week following the incident. A review of the investigation files for cases that occurred in 2019. the auditor did not find that sexual abuse incident reviews had been completed for the investigations that were substantiated or unsubstantiated.</p> <p>115.286(c): During the interview with the Facility Director they stated that there was a sexual abuse incident review team that included the Executive Director, Assistant Director, Case Manager and PREA Coordinator. The team would allow input from line supervisors, investigators, and medical or mental health practitioners.</p> <p>115.286(d): The facility has an Incident Review document that considers: if policies and procedures were followed; motivated by gender identity, perceived gender non-conforming appearance, race, or group affiliation; physical barriers creating blind spots; staffing levels; camera placement; and lack of recent camera monitoring. During the interview with the Facility Director they stated that the sexual abuse incident review team uses the information from the review to look at the facility policies and procedures and assess the need for additional cameras. In addition, they consider if the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status; or perceived status; gang affiliation; and other group dynamics at the facility. They would also, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse, assess the adequacy of staffing levels in that area during different shifts, and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. During interviews with the PREA Coordinator it was also confirmed that the sexual abuse incident review team would consider if the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status; or perceived status; gang affiliation; and other group dynamics at the facility. They would also, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse, assess the adequacy of staffing levels in that area during different</p>

shifts, and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The PREA Coordinator writes the reports, so far there have not been any trends that could be established. After the report has been submitted the PREA Coordinator would follow up with action items, ensure a responsible party is assigned, and track completion date.

115.286(e): The facility documents recommendations. When reviewing one of the sexual abuse incident reviews the auditor found that it addressed: current practice or situation, recommendation for change, staff responsible for facilitating change, date assigned, date change to be completed, and description of actions taken.

Corrective Action: The facility needs to conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. The sexual abuse incident review team should include upper-level management with input from line supervisors, investigators, and medical or mental health practitioners. Complete the sexual abuse incident reviews for the investigations that have been completed in 2019 and forward those to the auditor.

During the Corrective Action Period the facility went back and conducted formal sexual abuse incident reviews on the four cases that were found during the onsite audit to not have documented sexual abuse incident reviews. Copies of the sexual abuse incident reviews were provided to the auditor to show that they were completed. The facility now understands that the sexual abuse incident reviews need to be documented and are completing them within 30 days of the conclusion of the investigation as noted in the standards. With these changes to practice and provided documentation the facility is now in compliance with this standard.

115.287	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.287(a): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) outlines that the PREA Coordinator will compile records and report statistical data to the Bureau of Prisons for DOJ on an annual basis as required by the Prison Rape Elimination Act of 2003. NWRRC has a tracking document that includes: tracking number, date, victim, alleged perpetrator, type of report, location, referred to, type of investigation, date completed, and outcome.</p> <p>115.287(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) outlines that the PREA Coordinator will compile records and report statistical data to the Bureau of Prisons for DOJ on an annual basis as required by the Prison Rape Elimination Act of 2003. PREA-related statistics will be reported annually on the NWRRC website. The annual report will include statistics/data from January 1 through December 31.</p> <p>115.287(c): The data collected is the minimum amount of data necessary to fill out the Survey of Sexual Victimization conducted by Department of Justice. There would have to be some interpretation of the data as the definitions on the collected data are slightly different from the Survey of Sexual Victimization. The auditor recommends using the same definitions as used in the Survey of Sexual Victimization for consistency.</p> <p>115.287(d): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that records including incident and investigative reports, case reporting to other facilities, and case disposition will be retained for 5 years after the alleged abuser has completed his/her sentence or has been terminated from employment.</p> <p>115.287(e): This standard is marked N/A as the agency does not contract for the confinement of its residents.</p> <p>115.287(f): Data was requested and provided during the BOP interim audit June 28, 2019.</p>

115.288	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.288(a): The PREA Coordinator reviews the data and reports out at management meetings. During the interview with the Agency Head they stated that the agency staffs the incident-based data and conducts a de-brief to determine if corrective action has happened such as: additional cameras, structural design, or additional training. During the interview with the PREA Coordinator, they stated that the agency reviews the aggregated data collected. The reports are combined in a binder and stored in a locked cabinet in the PREA Coordinator office. The PREA Coordinator stated that the agency takes corrective action on an ongoing basis based on this data. The agency prepares an annual report of findings from the data review.</p> <p>115.288(b): The annual report posted on the agency website only includes the current year's data. Report from previous years are also posted however, the annual report does not include a comparison of the current year's data and corrective actions with those from prior years. The annual report also does not include the agency's progress in addressing sexual abuse.</p> <p>115.288(c): The annual report is made readily available to the public on the agency website. During the interview with the Agency Head it was confirmed that they go over the annual report and approve it to be posted to the website.</p> <p>115.288(d): Personal identifiable information is not included in the annual report. In the current report there is no information that presents a clear and specific threat to the safety and security of the facility included in the annual report, there is no need to redact this information. During the interview with the PREA Coordinator, it was confirmed that no names or potential identifiers are used in the annual report.</p> <p>Corrective Action: The annual report needs to include a comparison of the current year's data and corrective actions with those from prior years, as well as, including the agency's progress in addressing sexual abuse. Complete the 2018 annual report with the required information and forward it to the auditor.</p> <p>During the corrective action period the facility re-formatted the 2018 annual report. The new report includes a comparison of the current year's data with those from prior years. It also includes corrective actions and the facility's progress in addressing sexual abuse. The new 2018 annual report was made available to the public on the website. With these changes the facility is now in compliance with this standard.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.289(a): Policy and Procedures 2.9, Prison Rape Elimination Act (PREA) states that the PREA coordinator will compile records and report statistical data to the Bureau of Prisons for DOJ, on an annual basis as required by the Prison Rape Elimination Act of 2003. All data will be retained in a securely locked file cabinet. During the interview with the PREA Coordinator, it was confirmed that the aggregated data collected was stored in a binder in a locked file cabinet in their office.</p> <p>115.289(b): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that PREA-related statistic will be reported annually on the NWRRC website. The auditor was able to review the website and find the information that was posted on the website.</p> <p>115.289(c): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) states that victims/perpetrator names in a publicly-reported data will be redacted. Reviewing the data publicly available on the website the auditor was able to confirm that there were no personal identifiers in the report.</p> <p>115.289(d): Policy and Procedure 2.9, Prison Rape Elimination Act (PREA) in section XII. A. 3. states that the data on sexual abuse will be retained for 10 years.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401(a): This facility received their Final PREA Facility Audit Report on September 21, 2016.</p> <p>115.401(b): August 20, 2019, is the start of the first year of the third audit cycle.</p> <p>115.401(h): The auditor was given access to, and observed, all areas of the audited facility.</p> <p>115.401(l): Documents were uploaded into the Online Audit System. The auditor was permitted to request and receive copies of additional documents as needed.</p> <p>115.401(m): The auditor was permitted to conduct private interviews with residents. A conference room was set up for the auditor to conduct private interviews with staff and residents.</p> <p>115.401(n): Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Notices were posted throughout the facility. The PREA Coordinator documented the posting via photo when they were posted. During the facility tour the auditor also saw these postings. There were no communications received from this facility.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403(f): The September 21, 2016 PREA Facility Audit Report: Final is posted on the NWRRC website.</p>

## Appendix: Provision Findings

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

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

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

115.212 (b)	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

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

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes

115.215 (e)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the 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

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

115.216 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual	yes

	abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with	yes

disabilities including residents who: Who are blind or have low vision?
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115.216 (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

115.216 (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 §115.264, or the investigation of the resident's allegations?	yes

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

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

115.217 (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, 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

115.217 (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

115.217 (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

115.217 (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

<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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

115.221 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of 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

115.221 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes

115.221 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (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

115.222 (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

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (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 confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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

115.231 (b)	<b>Employee training</b>	
	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

115.231 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

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

<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na

<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na

<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	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

115.242 (d)	Use of screening information	
	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

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.251 (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: 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

115.251 (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

115.251 (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

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (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

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

115.252 (c)	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.252 (d)	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(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

115.252 (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 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

115.252 (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

115.252 (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

115.253 (a)	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

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

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

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

115.261 (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 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 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 regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain 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

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (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

115.264 (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

115.265 (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

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

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

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

115.267 (c)	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report 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:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes

<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.271 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes

<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

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

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

115.278 (b)	<b>Disciplinary sanctions for residents</b>	
	Are 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

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

<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

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

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

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

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

<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

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

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

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

<b>115.287 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

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

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

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

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

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