

PREA Facility Audit Report: Final

Name of Facility: Northwest Regional Re-Entry Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 09/21/2016

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: William Sawyer	Date of Signature: 09/21/2016

AUDITOR INFORMATION	
Auditor name:	Sawyer, William
Address:	
Email:	WSawyer61@gmail.com
Telephone number:	
Date of facility visit:	07/18/2016

FACILITY INFORMATION

Facility name:	Northwest Regional Re-Entry Center
Facility physical address:	6000 NE 80th Avenue, Portland, Oregon - 97218
Facility mailing address:	
The facility is:	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input checked="" type="radio"/> Private not for profit
Facility Type:	<input type="radio"/> Community Treatment Center <input checked="" type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input type="radio"/> Other community correction facility

Primary Contact

Name:	Cheryl Cheney	Title:	Prea Coordinator; Training and Compliance Officer
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Warden/Superintendent

Name:	Brian martinek	Title:	Executive Director
Email Address:	BrianM@nw-rrc.org	Telephone Number:	503-546-0472

Facility PREA Compliance Manager

Name:	Cheryl Cheney	Title:	PREA Coordinator and Training & Compliance Officer
Email Address:	CherylC@nw-rrc.org	Telephone Number:	503-546-0577

Facility Health Service Administrator

Name:	NA	Title:	
Email Address:		Telephone Number:	

Facility Characteristics

Designed facility capacity:	120		
Current population of facility:	97		
Age Range	<i>Adults: 20-75</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
Facility security level/resident custody levels:	NA		
Number of staff assigned to the facility (including current staff and new hires) during the past 12 months:	53		

AGENCY INFORMATION

Name of agency:	Northwest Regional Re-Entry Center
Governing authority or parent agency (if applicable):	BOP Contractor
Physical Address:	6000 NE 80th Avenue, Portland, Oregon - 97218
Mailing Address:	
Telephone number:	503-546-0470

Agency Chief Executive Officer Information:

Name:	Brian Martinek	Title:	Executive Director
Email Address:	BrianM@nw-rrc.org	Telephone Number:	503-546-0472

Agency-Wide PREA Coordinator Information

Name:	Cheryl Cheney	Title:	PREA Coordinator; Training and Compliance Officer
Email Address:	Cherylc@nw-rrc.org	Telephone Number:	503-546--0577

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.

On February 17, 2016, the certified PREA auditor, Bill Sawyer, entered into a contractual agreement with the Northwest Regional Re-Entry Center for the purpose of conducting the agencies first PREA audit at their facility located in Portland, Oregon. The pre-audit process began during late May of 2016 and the onsite audit took place on July 18-19, 2016.

During the pre-audit phase of the audit (June of 2016), the agency initiated the new Online PREA Audit System, and the pre-audit questionnaire (PAQ) with policies, procedures, and documents related to the agency was downloaded through the online portal for the auditor to review and download in advance of the site audit. Documents that were downloaded consisted of the agency's PREA Policy and their zero-tolerance policy relating to sexual abuse/harassment, the Federal Bureau of Prisons (BOP) Program Statement #5324.12, that outlines their PREA polices for agencies who contract for community confinement services, agency and facility organizational charts, PREA screening and assessment tools, and other supporting documentation. During the weeks leading up to the site audit, he auditor reviewed the information and discussed any questions or concerns with the agency's PREA Coordinator via email or telephonic conferences. On June 6, 2016, the Notice of Audit that was in English and Spanish, advising offenders that a PREA audit was scheduled to take place, was provided to the PREA Coordinator. The Notice provided confidential contact information for the PREA auditor and the PREA Coordinator placed the notice throughout the facility 6 weeks in advance of the onsite audit and they remained visible throughout the onsite audit. The auditor was not contacted by any residents or staff prior to the audit.

On the first day of the site audit, the auditor met with agency leadership to discuss the plan and logistics for the site audit. Following this meeting, the Executive Director and the Assistant Director led the auditor on an extensive tour of the facility that lasted approximately 2 hours. The tour provided an opportunity for the auditor to conduct in-depth observations of each area of the facility, observe staff conduct, observe interactions between staff and offenders, and conduct informal interviews with staff and offenders to gain an understanding of facility operations and practice as well as obtain insight into the facility's compliance with the PREA standards. The areas that were observed included administration, living units, work areas, bathroom and shower facilities, program areas, indoor and outdoor recreation areas, and the overall facility grounds. Video monitoring systems were observed and noted, and the auditor took thorough notes during the entire tour that were later referenced for the interim audit report.

A major component of the site audit consisted of conducting structured interviews with specialized and randomly selected staff and with randomly selected male and female residents. The auditor interviewed a wide range of staff that included the Executive Director, Assistant Director, Operations Manager, HR manager, case manager supervisor, security supervisor, and the PREA Coordinator. Specialized staff interviewed included the mental health specialists, PREA investigators, case managers, and intake staff. Additionally, random residents and random staff were interviewed. A total of 12 residents (6 male and 6 female) and 8 random staff, from day, swing, and night shift were interviewed. The majority of staff and offenders were very cooperative during the interview process and the auditor appreciated the effort the entire facility made to accommodate the auditor. The facility made positive efforts to ensure the audit process went as smoothly as possible.

Throughout the site audit, the auditor conducted a thorough review of various documents including personnel records, resident files, training and education records, assessment and screening tools, and a variety of other materials relating to the PREA standards and compliance. Reviewing documentation is a critical component of the audit process and the auditor was responsible for gathering and reviewing required documentation.

At the close of the site audit, the auditor conducted a briefing with the Executive Director, the Assistant Director, and the PREA Coordinator to advise them of a general overview of the observations, to thank them for their participation and to restate the timeline, deliverables, and expectations for the remainder of the audit. Following the site audit, the auditor had 30 days to complete the analysis, request further documentation from the facility, conduct any additional follow-up with the facility, and draft the interim report of the audit findings.

During the 30 day post-audit process, the auditor reviewed onsite observations, conducted reviews of agency/facility policies, procedures, files/records/reports, and results from the interviews. The objective was to review all of the information and evidence to determine the facilities' compliance with the PREA standards. Subsequent follow-up questions were submitted, and the agency made a decision to revise a portion of their PREA policy that referred to the administrative investigation process. The revised policy was provided to the auditor and it was referred to in the interim report.

Facility Characteristics:

The auditor's description of the audited facility should include details about the type of the facility, 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 Northwest Regional Re-entry Center (NWRRRC) is a private not-for-profit community confinement facility located in Portland, Oregon. In 2005, the agency expanded its services from the original 15 bed program by relocating to the current 125 bed capacity location. The organization legally changed its name from "Oregon Halfway House" to Northwest Regional Re-entry Center (NWRRRC) in January 2011. The goal and purpose of the facility is to provide offenders a safe and productive environment to allow them to 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, the facility currently serves up to 125 men and women in a transitional supervised environment. While in the program, residents are working to gain suitable employment, secure housing, and reunite with family. Over the past two years, the facility has undergone a major remodel that includes state of the art video monitoring and an expansion of living quarters and areas for staff and common areas for residents, including an expanded outdoor area.

The facility employs mental health specialists, case managers, social services coordinator, resource specialists, and a health service coordinator who provide individual counseling and provide assistance to each resident. Most residents are allowed to leave the facility during the day to work or to look for work in order to enhance their ability to be successful in the community. The facility employs field monitors who monitor residents in the community and the agency also monitors a small number of offender's who are allowed to be monitored in their home.

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.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0

This is an interim report:

On July 18-19, 2016, a site visit and PREA certified community confinement facility audit was conducted for the Northwest Regional Re-Entry Center, located in Portland, Oregon. As a result of the audit process, of the 41 PREA standards, 38 standards met the criteria for substantial compliance for each standard, 3 standards were not met. The interim report will clearly indicates areas of concern and specific corrective action was outlined with associated timelines. Once the auditor has verified the corrective action process has been completed, the final audit report will be generated and provided to the agency.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 3

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

During the pre-audit process, the auditor conducted a thorough review of the agency's PREA Audit Questionnaire, the PREA Policy and procedures, and the Federal Bureau of Prisons (BOP) Program Statement #5324.12 . On July 18 and July 19, 2016, the onsite audit was conducted at the Northwest Regional Re-Entry Center, located in Portland, Oregon. On the morning of July 18, 2016, after the initial two-hour tour of the facility, the auditor interviewed the upper management team that included the Executive Director, the Assistant Director, HR Manager, the Operations Manager, the Security Supervisor, the Case Manager Supervisor, and the Compliance Officer/PREA Coordinator. The interviews with management verified the PREA Coordinator was a member of the management team, but she was not currently involved in the weekly upper management meetings that normally include the Executive Director, the Assistant Director, the HR Manager, the Case manager Supervisor, the Operations Manager, and the Security Supervisor. The PREA Coordinator does attend the bi-weekly "compliance meetings" and other monthly meetings and team meetings where PREA issues may be discussed. During interviews with random staff and residents, it was determined that not everyone knew who the PREA Coordinator was and they were not fully aware of her role and the authority she had to implement changes within in the agency in order to meet PREA standards. It will be recommended the PREA Coordinator be a part of the weekly executive management meetings and the associated discussions and decision making process and be involved with any meeting that includes discussions and decisions relating to any aspect of the operation and maintenance of the facility, personnel issues, training, staffing plans, budget proposals, and any aspect of the agency that involves the safe operation of the facility. Currently, the PREA Coordinator has not been part of the weekly executive team meetings. The PREA Coordinator will need to play a bigger role within the facility and expand her contact with staff and residents. This will allow her to be more visible throughout the facility and allow residents and staff to feel comfortable making any type of PREA report to her directly or voice any concerns with current PREA policies and practices.

CORRECTIVE ACTION RECOMMENDATIONS (115.211(b)): Within 60 days, provide the auditor with copies of the agenda for the weekly executive management team meetings that includes the attendance and participation of the PREA Coordinator. Provide the auditor with a written memo that describes the enhanced role of the PREA Coordinator within the agency, including being provided ample time to improve and expand the existing training for residents and staff, meeting with management and staff on a regular basis to discuss PREA-related issues, and designing a new process for an Incident Review team who will conduct a formal debriefing of any PREA-related incident. The goal is to expand and enhance the PREA Coordinator's role within the agency.

CORRECTIVE ACTION COMPLETED for PREA Standard 115.211(b): After the interim PREA audit report was submitted to the agency on 8/15/2016, the Executive Director, with the support of his upper management team, took appropriate action and provided a written memo dated, 9/13/2016, that clearly outlines the steps that have been taken to address each item indicated via the Corrective Action Recommendations stated in the interim report. The actions

taken and associated commitments for future practices includes the following.

1. The PREA Coordinator, along with all of the NWRRC management and supervisory personnel, will be attending weekly management team meetings that will allow PREA-related topics to be adequately addressed, including the continual need to improve and enhance training related to PREA standards.
2. A new and enhanced process to conduct formal debriefings of any PREA-related incident has been created by the agency and is outlined in the memo provided to the PREA auditor, dated 9/13/16. Additionally, a new form (NWRRC Sexual Assault/Abuse Incident Review form) has been created by the PREA Coordinator and approved by the Executive Director and will be immediately available for use by the agency's PREA Incident Review Team. This will serve to guide the incident review process in an effective manner and will be utilized for any incident that has been determined by the PREA Coordinator as being PREA related.
3. The Executive Director has made a written commitment to maintain and continue to expand the PREA Coordinators role within the agency to include being involved in PREA training and compliance and meeting with staff and residents on a regular basis to train and discuss PREA related issues. Any operational and procedural discussions and associated planning will include the PREA Coordinator to allow for compliance with PREA standards as the focal point of the agency and the facility.
4. The PREA coordinator's office has been moved to the main level of the facility where staff and residents will have more direct access for open, or confidential, discussions relating to PREA issues and concerns.

9/21/2016: Following the corrective action steps taken by the agency within the recommended timeframe, the PREA auditor is fully satisfied that NWRRC is meeting the PREA standards as outlined in 115.211(b), and the agency is fully compliant with PREA standard 115.211(a)(b).

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This section will be scored as N/A as the agency has not entered into any contracts for the confinement of residents.

115.213 Supervision and monitoring**Auditor Overall Determination: Meets Standard****Auditor Discussion**

A thorough review was conducted of the agency's PREA Audit Questionnaire, the PREA Policy and procedures, and the Federal Bureau of Prisons (BOP) Program Statement #5324.12 . During the two-day onsite audit (July 18-19, 2016) private interviews were conducted with the Executive Director, the Assistant Director, the Operations Manager, and the PREA Coordinator that verified at least once a year the facility reviews the staffing plan to determine whether adjustments are needed to the staffing plan itself, prevailing staffing patters, the video monitoring system, and the allocation of resources to ensure compliance with the staffing plan while considering the PREA standards. Due to the current process of a major remodel that is in the final phase for the facility, this review has been ongoing. The auditor will be making recommendations that the facility consider increasing security staffing, when the funds are available, in order to enhance the security coverage for the upstairs housing areas and the ability to roam the downstairs areas of the facility as well, however, the agency is meeting the PREA standards for this section.

115.215 Limits to cross-gender viewing and searches**Auditor Overall Determination: Meets Standard****Auditor Discussion**

A thorough review was conducted of the agency's PREA Audit Questionnaire, the PREA Policy and procedures, and the Federal Bureau of Prisons (BOP) Program Statement #5324.12 . The review of the agencies PREA Policies and Procedures verified the agency has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status. The policy and procedures follows the verbiage contained in the associated PREA standards.

On July 18-19, 2016, the auditor conducted the onsite portion of the audit process. The first morning of the audit, the auditor had a two-hour tour of the facility that was led by the Executive director and the Assistant Director. During the tour, the auditor viewed the bathroom/shower areas in both the male and female housing areas and the bedroom/sleeping/changing areas in the facility. The auditor also reviewed all policies and procedures that allowed residents to shower, perform bodily functions and change clothing without non-medical staff or opposite gender viewing their breasts, buttocks, or genitalia. Interviews with at least 15 residents (half male and half female) also verified the facility and security staff were following the policies. Interviews with security also verified the privacy for the residents was maintained and every time a security staff entered a unit of the opposite gender, they would announce their presence. This was also verified by both male and female residents that were interviewed during both days of the onsite audit. The auditor will be recommending an enhancement and expansion of the existing training for staff relating to pat downs as it relates to PREA compliance and security practices. File reviews, interviews, and information provided by the PREA Coordinator verified 100% of staff have received training relating to cross-gender pat down searches and PREA polices and procedures.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A thorough review was conducted of the agency's PREA Audit Questionnaire, the PREA Policy and procedures, and the Federal Bureau of Prisons (BOP) Program Statement #5324.12 . The agency's PREA policy follows the same verbiage as the PREA standards, and procedures are in place to provide disabled residents equal opportunity to participate in all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents who are Spanish speaking also verified that all aspects of PREA information and program services are made available to them. The facility also uses the Telelanguage program that allows translation via telephone for any language. The auditor interviewed the agency Executive Director, Assistant director, PREA Coordinator, and various case managers and the Case Manger Supervisor who verified these procedures are in place and will be put in full use as needed. On July 18, 2016, during the two-hour facility tour, the auditor made note of PREA signs/posters that were both in English and Spanish (A recommendation will be made to increase the number of posters throughout the facility). Residents who are Spanish speaking also verified that all aspects of PREA information and program services are made available to them and residents were aware the facility also uses the Telelanguage program that allows translation via telephone for multiple languages.</p>

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A thorough review was conducted of the agency's PREA Audit Questionnaire, the PREA Policy and procedures, and the Federal Bureau of Prisons (BOP) Program Statement #5324.12 . The review verifies the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. During the onsite audit, a thorough interview was conducted with the HR manager and Executive Director who verified the agency's PREA policy and procedures require a criminal background check for each contractor who may have contact with residents. During the onsite audit a thorough interview was conducted with the HR manager and a review of personnel files verified that records checks are conducted and the agency imposes upon employees a continuing duty to disclose any such misconduct.</p>

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A thorough review was conducted of the agency's PREA Audit Questionnaire, the PREA Policy and procedures, and the Federal Bureau of Prisons (BOP) Program Statement #5324.12 . During the onsite audit, an in-depth interview with the Executive Director and a tour of entire facility, including a review of the video monitoring system, verified the agency updated and expanded the video monitoring system during the expansion/remodel of the facility over the past two years. The video system is excellent quality with limited blind spots and utilizes digital video that provides clear video monitoring throughout the facility. Interviews with the management team and the PREA coordinator verified that PREA standards and video monitoring were a major consideration during each phase of the remodel. The PREA coordinator was consulted during the planning/building process and the PREA standards were always a consideration for every aspect of the expansion/remodel that is due to be completed during late August of 2016.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A thorough review was conducted of the agency's PREA Audit Questionnaire, the PREA Policy and procedures, and the Federal Bureau of Prisons (BOP) Program Statement #5324.12 . Interviews with management staff, case managers, and the PREA Coordinator verified victim advocates are provided at no cost to a victim through the DA's office, outside crisis centers, or the designated hospitals. The program has a working relationship with the Women's Crisis Center who provides advocates and the agency has a working relationship with the DA's office and the local hospitals who specialize in sexual assault, (OHSU an Emmanuel). The facility employs two mental health specialists who are also available to provide services if an outside advocate is not available. This was verified through interviews with the Executive Director, the PREA Coordinator, and mental health staff. The PREA coordinator provided documentation relating to the contacts with the Women's Crisis Center and the DA's office in order to verify availability of victim advocates. Residents may make a report to the local agency, Trauma Intervention Program (TIP). The telephone number (503) 940-7997 is located on the brochure given at orientation and is listed on bulletin boards throughout the facility (the location of this information can be expanded throughout the facility in order to enhance the current information that is posted). For criminal investigations pertaining to any PREA incident, the North Precinct of the Portland Police Bureau, along with the BOP, will be responsible for conducting the investigation while following their own strict protocol. An interview with the Executive Director verified the agency has maintained a working relationship with the police and the BOP and verified both agencies follow all of the protocol indicated in the PREA standards relating to sexual abuse allegations</p>

115.222 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

During the pre-audit phase, a thorough review was conducted of the agency's PREA Audit Questionnaire, the PREA Policy and procedures, and the Federal Bureau of Prisons (BOP) Program Statement #5324.12 . During the onsite audit, conducted on July 18-19, 2016, interviews with conducted with the Executive Director, the Assistant Director, and the PREA Coordinator who verified the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). The agency will document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The agency has appropriate PREA policy that will need to be enhanced by indicating the BOP and Portland Police Bureau are identified as the agencies responsible for criminal investigations relating to sexual abuse. The agency does post the PREA policy and annual report on the agency website, <http://nw-rrc.org>, however, the information provided does not include a description of the responsibilities of the outside investigating entity.

CORRECTIVE ACTION: Within 30-days of receiving the interim PREA report, revise the PREA policy that is posted on the website to indicate the Portland Police Bureau and the BOP will be contacted to review any PREA incident determined by the agency to be considered as criminal in nature, and the outside agencies will follow their own investigative protocol.

CORRECTIVE ACTION COMPLETED, 115.222(E): On 9/09/2016, after receiving the interim PREA audit report dated, 8/15/2016, the PREA Coordinator, with support of the upper management team, took appropriate action and updated the agencies PREA Policies and Procedures that now clearly indicates any allegations relating to PREA incidents, that are considered criminal in nature, will be referred to the proper investigative agencies (Portland Police Bureau and the Federal Bureau of Prisons). The updated PREA policies and procedures were provided to the PREA auditor and are posted on the NWRRC website. 9/21/2016-The PREA Auditor is satisfied the agency is fully compliant with PREA standards as outlined within, 115.222.

115.231 Employee training**Auditor Overall Determination: Meets Standard****Auditor Discussion**

During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures, and the pre-audit questionnaire submitted by the agency with associated training policy and records. During the onsite audit, the auditor interviewed the HR manager and the PREA coordinator and reviewed a random selection of personnel files. Additionally, interviews were conducted with random staff from each of the three work shifts and the auditor was able to verify the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Through primarily online curriculum, the agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, and the common reactions of sexual abuse and sexual harassment victims. The agency trains 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 and how to avoid inappropriate relationships with residents. However, this training can always be expanded and enhanced. Staff are trained on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Between trainings the PREA Coordinator provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The agency documents that employees who may have contact with residents understand the training provided.

The PREA training provided by the agency is appropriate and meets the minimum standards. However, the auditor is recommending the current training be expanded and enhanced. Formal trainings should be facilitated by the PREA coordinator at least twice per year and time should be made available for the PREA coordinator to receive additional PREA training and the resources to design training curriculum for the agency. This will serve to benefit the agency and the safety of the facility in numerous ways and will help to insure standards are being met for future audits.

115.232 Volunteer and contractor training**Auditor Overall Determination: Meets Standard****Auditor Discussion**

During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures , and the pre-audit questionnaire submitted by the agency with associated training policy and records for contractors and volunteers. During the onsite audit, the auditor interviewed the HR manager and the PREA coordinator and reviewed a random selection of personnel files. All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. During the time of the audit, 100% of the volunteers and individual contractors who have contact with residents have been trained in agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response (currently there are four contractors/volunteers who meet this criteria). The volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

115.233 Resident education**Auditor Overall Determination: Meets Standard****Auditor Discussion**

During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures, the Federal Bureau of Prisons (BOP) Program Statement #5324.12, and the pre-audit questionnaire submitted by the agency with associated training policy for residents. During the onsite audit, random resident file reviews were conducted, and interviews were conducted with both male and female residents (12 total), along with interviews with random staff who are responsible for the initial intake process. Additionally, the auditor completed a two-hour tour of the facility, and the Executive Director and the PREA Coordinator were interviewed. Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Residents are informed of PREA policy at intake and again within 3 days when they meet with a mental health specialist and again when they meet with their assigned case manager (within a week of intake). During first week of admission to the facility, they also attend a class facilitated by the executive director who also reviews PREA information. Training for residents meets the PREA standards but can be expanded and enhanced. The review of resident files verified the PREA education is signed and documented. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. PREA policy/information is available in Spanish and the agency utilizes the Telanguage system that can translate in any language as needed. PREA posters were available in both Spanish and English. The agency will accommodate any resident, despite any disability and appropriate resources will be made available.

*The agency is meeting this standard, however, efforts should be made to expand the areas where posters are located, especially in the visiting area and in additional areas throughout the facility once the remodel is completed.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures, the Federal Bureau of Prisons (BOP) Program Statement #5324.12, and the pre-audit questionnaire submitted by the agency. During the onsite audit, interviews were conducted with the Executive Director, the Assistant Director, the Operations Manager, the Case Manager Supervisor, the Security Supervisor, and the PREA Coordinator. Additionally, the auditor conducted reviews of PREA related incidents provided by the PREA Coordinator.</p> <p>Initially, the pre-audit questionnaire indicated the agency was not conducting administrative and criminal PREA investigations, and the agency's PREA policy did not outline the procedures for administrative investigations. After the onsite audit, the agency conducted a review of their policy and practices, and it was determined the agency has conducted administrative PREA investigations that will fall under the PREA standards, and these prior administrative investigations were conducted by their trained investigators. This was verified through interviews with the above mentioned management staff (who are also the PREA investigators) and the review of the prior PREA incidents. Since the onsite audit, the agency made subsequent revisions to the PREA policy that has been reviewed by the auditor. Interviews with the Executive Director, the management team, and the PREA coordinator, verified the agency does conduct formal administrative PREA investigations and verified any PREA incident considered as being criminal is referred to BOP and/or the Portland Police Bureau for the investigation.. The agency has four PREA investigators who have completed the online training that meets the PREA standards. The agency maintains documentation showing that investigators have completed the required training.</p>

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures, the Federal Bureau of Prisons (BOP) Program Statement #5324.12, and the pre-audit questionnaire submitted by the agency. During the onsite audit, interviews were conducted with the Executive Director, the Assistant Director, the Operations Manager, the Case Manager Supervisor, the HR manager, case managers, the mental health specialists, and the PREA Coordinator. Additionally, random personnel files were reviewed by the auditor. The two Mental Health Specialists receive the same PREA training as all other staff employed by the agency and this training ,meets the PREA standards.. The agency maintains documentation showing mental health practitioners have completed the required training. The agency does not employ any medical staff. Medical services are provided by designated area hospitals. The agency is in compliance with these PREA standards.</p>

115.241 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures , the BOP Program Statement #5324.12, and the pre-audit questionnaire submitted by the agency. The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

The auditor reviewed all of the screening and assessment tools utilized by the agency to meet PREA standards. During the onsite audit, interviews were conducted with random staff responsible for the initial intake process, mental health specialists, case managers, and 12 residents (both male and female). The auditor also conducted a review of a wide range of resident files chosen in a random manner and reviewed the screening and assessment tools utilized by the agency. File reviews and interviews with intake staff, the mental health specialists, the residents, and the PREA coordinator verified each new resident is not only screened at intake, but are subsequently referred for a more comprehensive screening/assessment process with their assigned mental health specialists within 72 hours of the initial intake. Interviews with both male and female residents verified this takes place for each person who become a resident to the facility. Case managers also see each individual within a week of intake and conduct additional screenings and assessments that will be PREA related.

*The screening tools and risk assessment tools that were provided to the auditor were thoroughly reviewed and meet the PREA standards.

The agency is compliant with these PREA standards.

115.242 Use of screening information**Auditor Overall Determination: Meets Standard****Auditor Discussion**

During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures, the BOP Program Statement #5324.12, and the pre-audit questionnaire submitted by the agency. Interviews were conducted with the PREA coordinator, line staff who conduct initial screening, mental health specialists who conduct additional screening within 72 hours of intake, and case managers who provide ongoing screening relating to PREA issues. Interviews with management were also conducted along with a thorough review of the agency PREA screening/assessment tools. The agency's PREA policy dictates the use of the information obtained from the screening tools to determine housing, bed assignments, and other program assignments while maintaining the goal of keeping those residents who may be at high risk of being victimized from those at high risk of being sexually abusive. An in-depth interview was conducted with the PREA coordinator, along with a review of the PREA policy and associated documentation. There were no transgender or intersex residents currently in the facility, however, interviews with the PREA coordinator, management, line staff, and case managers verified the transgender resident who previously was a resident of the facility was managed in a respectful and appropriate manner that followed all PREA policies and the PREA standards were met. The transgender resident who was previously housed in the facility was provided their own room with a private shower, after the staff properly conferred with the resident and identified their needs.

115.251 Resident reporting**Auditor Overall Determination: Meets Standard****Auditor Discussion**

During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures, the BOP Program Statement #5324.12, and the pre-audit questionnaire submitted by the agency. During the onsite audit, staff from each of the three shifts who work within the facility were interviewed and both male and female residents were also interviewed to verify they were all aware of the various ways to report any PREA related incident or staff neglect. A facility tour was conducted to verify PREA posters that are written in both Spanish and English were placed around the facility that contained information on how to report sexual abuse. The review of the PREA policies and associated procedures, along with interviews with the Executive Director and the PREA Coordinator verified the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are able to report abuse or harassment to the Women's Crisis Center and make a call through the 24 hour hotline (Trauma Intervention Program NW on their 24-hour hotline at 503-940-7997). Although there were posters available for viewing, it will be recommended that additional posters be placed at strategic locations throughout the facility, including areas for visiting, near phones, in the computer lab, in the dining areas, restrooms, in any common group rooms, and along commonly used hallways. Residents and staff are able to use a 24-hour hotline to privately report any PREA incident and can also report directly through the agency website (Trauma Intervention Program NW 24-hour hotline at 503-940-7997). Residents can remain anonymous. The agency is in compliance with these PREA standards.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the pre-audit phase, the auditor conducted a thorough review of the agency's PREA policy and procedures, the BOP Program Statement #5324.12, the BOP Notice of Administrative Remedy, the facility resident handbook, and the pre-audit questionnaire submitted by the agency. The agency has policies and procedures in place to effectively process any type of grievance filed by a resident and they specifically have procedures for dealing with grievances regarding sexual abuse. Any grievance can be submitted in a way that it will not be provided to the staff member who is the subject of the complaint. The grievance form can be put in a locked mailbox that is used for mail so a person will not be able to detect if a grievance is being filed or if a regular letter is being mailed. Interviews with the Executive Director and the PREA Coordinator verified in the past 12 months there have not been any grievances filed that alleged sexual abuse. Grievances are documented and filed pursuant to the standard. The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. The agency is meeting these PREA standards.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA policies and procedures , the BOP Program Statement #5324.12, and the PRE-Audit Questionnaire were thoroughly reviewed prior to the onsite audit. The PREA policy adopted by the agency meets the PREA standards for these items. Interviews with male and female residents, along with the PREA Coordinator, verified residents are aware they are able to access a variety of victim advocates through the Women's Crisis Center, OHSU hospital, Emmanuel Hospital, and the DA's office. The agency also employs two mental health specialists who can assist until the advocate is on scene. Spanish speaking services are made available and the contact information is made available to all residents. Resources are posted on bulletin boards within the facility and it will be recommended that other locations are utilized through the facility, including the visiting area. The policy review and interviews with staff and management verified that residents will in fact be advised that the communication between them and any advocate will be strictly confidential, although mandatory reporting laws may apply. The agency providing the advocate services will explain their own rules/laws pertaining to any mandatory reporting and any limit to confidentially under relevant federal, state, and local law. The agency is following their PREA policies that meet the standard and attempts to secure an MOU were verified through a review of an email between the PREA Coordinator and the Women's Crisis Center who will provide victim advocate services to residents on a 24/7 basis. The agency is in compliance with these PREA standards.</p>

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA policies and procedures , the BOP Program Statement #5324.12, and the Pre-Audit Questionnaire were thoroughly reviewed prior to the onsite audit. The PREA policies utilized by the agency meets the PREA standards for this item. The agency has information on their website that the a third party can access and utilize for reporting any type of PREA related incident. During the onsite audit, the tour of the facility, and interviews with the PREA Coordinator, line staff, and both male and female residents verified a third party can also report via the hotline, calling staff, or speaking to staff directly. This information is posted in the facility, and on the website. Recommendations will be made to place additional posters with this information in the visiting area and other commonly used areas within the facility. The agency is in compliance with these PREA standards.</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Prior to the onsite audit, a thorough review of agency PREA policies, the BOP Program Statement #5324.12, and the pre-audit questionnaire was conducted by the auditor. During the onsite audit, interviews were conducted with the Executive Director, the Operations Manager, the PREA Coordinator, PREA investigators, case managers, mental health specialists, and random staff from each of the three shifts. The PREA policy adopted an utilized by the agency meets the PREA standards and staff are required to immediately report any knowledge, suspicion or information they have regarding an incident of sexual abuse or harassment that occurred in a facility. Additionally, staff are required to report any type of retaliation towards a resident or staff who reported sexual abuse, and staff are required to report any staff neglect of responsibility that may have contributed to a PREA related incident. Per the PREA policy adopted by the agency, staff are prohibited from revealing any information related to a report of sexual abuse to anyone other than those who will be involved in making treatment, investigation, and security and management decisions. Per the PREA policy adopted by the agency, staff are prohibited from revealing any information related to a report of sexual abuse to anyone other than those who will be involved in making treatment, investigation, and security and management decisions. At the initiation of any services, mental health specialists are required to inform residents of their duty to report, and the limitations of confidentiality. The agency is compliant with these PREA standards.</p>

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Prior to the onsite audit, a thorough review of agency PREA policies, the BOP Program Statement #5324.12, and the pre-audit questionnaire was conducted by the auditor. During the onsite audit, interviews were conducted with the Executive Director, the Operations Manager, the PREA Coordinator, PREA investigators, case managers, mental health specialists, and random staff from each of the three shifts. A thorough PREA policy review was conducted, along with a review of the documentation related to the actions taken when a transgender resident entered the facility. Interviews with the Executive Director, the PREA Coordinator, management staff and random staff verified the facility took appropriate action to protect the resident and obtained the residents' input on the safety plan and housing placement. The agency follows PREA policy and associated procedures and will take immediate action to protect a resident who is subject to substantial risk of sexual abuse. Staff will immediately assess the situation and take appropriate action in order to implement appropriate safety measures.</p>

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A review of the PREA policy and procedures and interviews with the Executive director and the PREA Coordinator verified the agency is following the requirements of this standard. The agency's PREA policy meets the standards for these items and interviews with the Executive Director and the PREA Coordinator verified that when a resident made an allegation they were sexually abused at another facility, the director contacted and notified the head of the facility where the alleged abuse occurred. The facility has not received a report of this nature in many years but any type of incident will be documented.</p>

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A thorough review of the pre-audit questionnaire, the agency's PREA policy, and the BOP Program Statement #5324.12, verified the agency's policy and procedures are in compliance with the PREA standards. During the onsite audit, interviews with the Executive Director, Assistant Director, Operations Manager, Security Supervisor, security staff, and the PREA Coordinator verified the agency is following the policy and procedures as they relate to first responder responsibilities for a PREA related incident. Non-security staff, such as the kitchen supervisor, case managers, and maintenance technicians were also interviewed and they were aware of their responsibilities if they enter a scene that is a PREA related incident within the facility. A review of the documentation of PREA investigations verified there has not been allegations that a resident was sexually abused in the facility in the past 12 months. The PREA policy adopted by the agency meets this standard and includes a "first responder" policy for allegations of sexual abuse and the staff have been trained to follow the proper procedures. In order to enhance their current practices, it will be recommended that additional training take place with security and non-security staff at various times throughout the year that can include practice and discussions relating to real-life scenarios that have occurred at other facilities. The agency is currently in compliance with this standard.</p>

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A review of the PREA policy/procedures and interviews with the Executive Director and the PREA coordinator were conducted by the auditor. The facility has developed a written plan to coordinate actions taken in response to an incident of sexual abuse among first responders, mental health specialists, investigators and facility leadership. This plan can always be improved an enhanced and any efforts to enhance this plan should include input from the PREA coordinator and the management team. The agency is in compliance with this standard.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>N/A</p> <p>This standard states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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</p> <p>Pre-audit information obtained from the agency indicates this item is scored N/A- as there is not a collective bargaining agreement.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>the auditor reviewed the agency's PREA policy and BOP Program Statement 5324.12, which follows and mirrors PREA standards. While onsite, the auditor interviewed the Executive Director, Assistant Director, and the PREA Coordinator. A thorough review of all PREA related incidents and documentation provided by the PREA Coordinator were also reviewed while onsite.</p> <p>Although a review of incident reports and documentation provided by the agency supports the fact there have been no reports of sexual abuse meeting the requirements for retaliation monitoring, the proper protocols and procedures are in place, as mandated by PREA policy, to allow for retaliation monitoring as needed and to employ multiple protection measures for residents and emotional support services for residents or staff who may fear retaliation for reporting sexual abuse or harassment if a need occurs. The agency is in full compliance with this standard.</p>

115.271 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

During the pre-audit and the onsite audit process, the agency's PREA policy relating to investigations did not include specific information that indicated the agency conducts administrative investigations and did not provide the proper process for those investigations. However, after the onsite audit and subsequent discussions with the PREA auditor, the agency has adopted an updated PREA policy with associated procedures that now clearly indicates the PREA administrative investigation process. The administrative investigations the agency conducted in the past did primarily follow many of the PREA standards/guidelines, however, the agency did not have that administrative investigation process included in their policy at that time. With the revised PREA policy, the agency is now meeting the PREA standards. As indicated in the prior PREA policy and now indicated in the revised PREA policy, the agency does not conduct any criminal PREA investigations and those investigations will be referred to BOP and the Portland Police, per agency policy and the BOP Program Statement #5324.12. A review of the prior PREA related incidents were reviewed by the auditor and interviews were conducted with the Executive Director, the Assistant Director, the Operations manager, the security supervisor, the case manager supervisor (PREA investigators), and the PREA Coordinator to verify a proper administrative investigation process was utilized. The main issue of concern was the fact the PREA Coordinator was not advised during each step of the investigative process as the investigations took place so proper documentation could occur. That portion of the process has now been corrected through the creation of the revised PREA policy and the enhancement of the PREA coordinators role that will be part of the recommended corrective action for the agency. The four PREA investigators have all completed the online PREA investigator training that meets PREA standards. Per the revised PREA policy and BOP Program Statement #5324.12, the agency retains all written reports pertaining to PREA investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the pre-audit and the onsite audit process, the agency's PREA policy relating to investigations did not include specific information that indicated the agency conducts administrative investigations and provide the proper process for those investigations. However, after the onsite audit and subsequent discussions with the PREA auditor, the facility has adopted an updated PREA policy with associated procedures that now clearly indicates the administrative PREA administrative investigation process. The administrative investigations the agency conducted in the past did primarily follow many of the PREA standards/guidelines, however, the agency did not have that administrative investigation process included in their policy at that time. With the revised PREA policy, the agency is now meeting the PREA standards. As indicated in the prior PREA policy and now indicated in the revised PREA policy, the agency does not conduct any criminal PREA investigations and those investigations will be referred to BOP and the Portland Police, per agency policy and the BOP Program Statement #5324.12. For the purpose of administrative investigations, the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse/harassment are substantiated.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Per a review of the revised PREA policy and the BOP program Statement #5324.12, and interviews with the Executive Director and with each of the four PREA investigators and the PREA Coordinator, the auditor verified the agency will inform the resident of the status of any staff member who has committed sexual abuse against the resident. This information would include information pertaining to the staff members location within the facility (if still employed), if the staff has been fired and removed from the facility, if the staff member has been indicted on charges of sexual abuse, or if the staff member has been convicted on a charge related to sexual abuse. The agency will document all notifications to residents relating to PREA incidents. The agency utilizes a PREA Tracking Form that is used for the purpose and is in full compliance with this standard.</p>

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Per revised PREA policy and the BOP program Statement #5324.12, staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies. Sanctions utilized by the agency towards any staff member who has violated PREA policies are swift and appropriate. All terminations for violations of PREA policies, or resignations as a result of violating sexual abuse/harassment policies, will be immediately reported to law enforcement if the behavior can be considered as criminal. To date, there have been no PREA incidents involving staff that were criminal in nature. However, policies and procedures are in place that will mandate any incident that can be considered as criminal will be immediately reported to the appropriate authorities. Interviews with the Executive Director, Assistant Director, the Operations Manager, and the PREA Coordinator verified the agency has stringent policies in place for staff and are in full compliance with this standard.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA policy adopted by the agency and the BOP Program Statement #5324.12 requires any volunteer or contractor who engages in sexual abuse will be reported to law enforcement if the activity is considered as criminal. Volunteers or contractors who have engaged in any form of sexual abuse/harassment will be prohibited from having any contact with residents and will be reported to any relevant licensing body and /or law enforcement if appropriate. This was verified through a review of the policies and procedures relating to PREA. Interviews with the Executive Director and the PREA Coordinator also verified proper policies and procedures are in place. To date, no PREA incidents involving volunteers or contractors has occurred. Proper policies and code of conduct are in place. The agency is in full compliance with this standard.</p>

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Per revised PREA policy and BOP program Statement #5324.12, residents are subject to sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse and BOP and law enforcement will be notified. A review of past PREA investigations verified there has not been any PREA incidents in the past 12 months. The investigation process will include a determination of the residents mental disabilities or mental illness and if that contributed to his/her behavior. Verified through a review of past administrative PREA investigations. Per policies and procedures for the facility, sexual activity is prohibited between residents. The agency will only consider sexual activity between residents as sexual abuse if the sexual activity is deemed to be coerced. To date, there have been no substantiated allegations of sexual abuse involving resident-on-resident at the facility, however, proper policies and procedures are in place to be in compliance with this standard. the auditor reviewed all PREA incident reports provided by the PREA Coordinator and there were no circumstances where residents were disciplined for sexual contact with staff. The facility is in full compliance with this standard.</p>

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Per agency PREA policy and BOP Program Statement #5324.12, and interviews with the PREA coordinator, mental health specialists, and facility managers, medical and treatment services will be provided to every victim without financial cost regardless of whether the victims names the abuser or cooperates with any investigation. Security staff were interviewed and it was verified they are trained on how to initially respond to an incident and contact the appropriate medical care and crisis intervention services in a timely manner. Medical and mental health services will be provided in the community by highly qualified hospitals, trauma/crisis agencies, and qualified victim advocates. Policies and procedures are in place to mandate that security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.262 and shall immediately notify the appropriate medical and mental health practitioners. Any residents who are victims of sexual abuse will be provided emergency care through OHSU or Emmanuel Hospital who can provide the appropriate resources and services. The agency employs two mental health specialists.</p> <p>The agency reviews the PREA polices with each resident at intake and advises them of the procedures in place to insure their safety. The agency is in full compliance with this standard.</p>

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Per policy review and interviews with the Executive Director, PREA coordinator, and the two mental health specialists. File reviews verified mental health evaluations will be conducted in the community or in-house in a timely manner. Per policy and current practices, the agency will offer medical and mental health evaluation services through local resources and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facilities.

Interviews with staff, reviews of incident reports, along with an email that served as a proposal for an MOU with the Women's Crisis Center, verified this standard is being met.

115.286 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

The revised PREA policy adopted by the agency does not currently state the agency is mandated to conduct a sexual incident review at the conclusion of every PREA related criminal or administrative investigation, unless the allegation has been determined to be unfounded. This review process was not included in the PREA policy initially utilized by the agency and prior administrative investigations did not include a thorough incident review that would meet the PREA standards. The incident review should be conducted within 30 days of the conclusion of the investigation and the review team should include the PREA coordinator, the management team, and any other staff who can benefit from the incident review process. The debriefing form will assist in preparing the incident review report but it will be recommended that the debriefing form be more clearly outlined in order to obtain the information that is recommended by the PREA standards (e.g. Identify a possible need to change policy to better prevent, detect, or respond to sexual abuse, the motivation behind the incident, any physical barriers with the facility that contributed to the PREA incident, inadequacy in staffing levels or monitoring technology, and/or a need for additional training, and include all recommendations for improvements with proper timeframes indicated to implement those changes.

CORRECTIVE ACTION:

1. Within 30 days, revise the current PREA policy to indicated the following: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.
2. Within 30 days create a revised incident review/debriefing form and include the information indicated above.

CORRECTIVE ACTION COMPLETED: After receiving the interim PREA audit report dated, 8/15/2016, the PREA coordinator, with the full support of the upper management team, took appropriate action and revised the existing PREA policy and procedures that now indicates the following: The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

The revised policy was submitted to the PREA auditor on 9/09/2016, and the revised policy is posted on the NWRRC website.

Additionally, on 9/09/2016, the PREA Coordinator provided the PREA auditor with a copy of the revised, NWRRC Sexual Assault/Abuse Incident Review form that will be routinely utilized to debrief any PREA related incident. A thorough review of the form verified that appropriate areas are being reviewed and addressed for each PREA related incident. The agencies PREA Incident Review team has made a commitment to utilize the form and follow the updated policies relating to the incident review process.

9/21/2016: The PREA auditor is satisfied the agency is in full compliance with each of the standards as outlined within, 115.286.

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Per PREA policy and practices adopted by the agency:</p> <p>A. 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.</p> <ol style="list-style-type: none"> 1. Victims/perpetrators names in publicly-reported data will be redacted. 2. All data will be retained in a securely locked file cabinet 3. The data on sexual abuse will be retained for 10 years. <p>B. PREA-related statistics will be reported annually on the NWRRC website.</p> <ol style="list-style-type: none"> 1 The annual report will include statistics/data from January 1 through December 31. 2. This data will be annually updated no later than January 31. <p>C. 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>The data collected meets the criteria to answer the questions included in the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Per policy and current practices, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and will maintain records of any sexual abuse incident reviews. The agency is in compliance with this standard.</p>

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A review of the 2015 Annual PREA report provided details of PREA related incidents and a brief assessment of the agency's progress in addressing sexual abuse. The report was recently created and posted to their website prior to the audit and it did not include a comparison of the current years data and corrective actions with this of prior years. However, after reviewing the current report and interviewing the PREA Coordinator, who collects the data and creates the annual report, the auditor is satisfied that this will be the practice from this point forward and annual reports will include the information that is mandated by the PREA standards. Annual reports are posted to agency's website. www.NW-RRC.org</p>

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policy review and interviews with the PREA Coordinator verifies the agency ensures that incident-based and aggregate data are securely retained and will be maintained for at least 10 years after the date of the initial collection, unless federal, state, or local law requires otherwise. The agency does not contract with any other facilities. The agency is in compliance with this standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	An interview with the Executive Director and the PREA Coordinator verified the agency plans on following the criteria for having their facility audited for PREA standards during the appropriate timeframes. This was the facility's first PREA audit. During the onsite audit the auditor was granted full access to every area inside and outside the facility and after the initial guided tour ,the auditor was free to roam and observe the entire facility during any hour of the day and night. The auditor was granted full access to agency staff for private interviews. The auditor had access to all male and female residents and was provided an area to conduct private interviews. The auditor was provided copies of all of the requested documents and the auditor was able to review all personnel files, resident files and all documentation related to any PREA incidents. The auditor's private contact information was posted throughout the facility 6 weeks prior to the onsite audit. The agency is in compliance with this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	N/A This is the first PREA audit that has been conducted at this facility.

Appendix: Provision Findings

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

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	no

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

115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is NO.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	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)	Supervision and monitoring	
	Does the agency develop 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
	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
	Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?	yes

115.213 (b)	Supervision and monitoring	
	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)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes

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

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

115.217 (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

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

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

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

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

115.221 (b)	Evidence protocol and forensic medical examinations	
	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.)	na

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

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

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

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

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 such publication 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).)	no

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

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

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

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

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

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	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

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

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

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

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

115.234 (a)	Specialized training: Investigations	
	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 have received 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

115.234 (b)	Specialized training: Investigations	
	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

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

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

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

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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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.)	yes

115.241 (a)	Screening for risk of victimization and abusiveness	
	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

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

115.241 (c)	Screening for risk of victimization and abusiveness	
	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

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

115.242 (a)	Use of screening information	
	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

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

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

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension 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	
	<p>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.)</p>	yes
	<p>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.)</p>	yes
	<p>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.)</p>	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)	Resident access to outside confidential support services	
	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)	Resident access to outside confidential support services	
	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)	Resident access to outside confidential support services	
	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)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (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

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

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

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

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

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

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

115.264 (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)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

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

115.267 (b)	Agency protection against retaliation	
	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)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: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)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

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

115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/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

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

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

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

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

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

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

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

115.271 (i)	Criminal and administrative agency investigations	
	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

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

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

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

115.273 (a)	Reporting to residents	
	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

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

115.273 (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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

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

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

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

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

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

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	yes

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

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

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

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	no

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	no
	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?	no
	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	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?	no

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no

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

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

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

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

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

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

115.288 (a)	Data review for corrective action	
	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

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

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

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

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

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

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

115.289 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	na

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

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

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

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

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

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