

PREA Facility Audit Report: Final

Name of Facility: Northwest Regional Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 12/12/2025

Date Final Report Submitted: 02/28/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Ericka Sage	Date of Signature: 02/28/2026

AUDITOR INFORMATION	
Auditor name:	Sage, Ericka
Email:	erickasage11@yahoo.com
Start Date of On-Site Audit:	10/27/2025
End Date of On-Site Audit:	10/28/2025

FACILITY INFORMATION	
Facility name:	Northwest Regional Reentry Center
Facility physical address:	6000 Northeast 80th Avenue, Portland, Oregon - 97218
Facility mailing address:	6000 NE 80th Ave , Portland, Oregon - 97218

Primary Contact

Name:	Mary
Email Address:	maryl@nw-rrc.org
Telephone Number:	503 539-7804

Facility Director	
Name:	Garrett Heming
Email Address:	GarrettH@nw-rrc.org
Telephone Number:	503 231-7785

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

Facility Characteristics	
Designed facility capacity:	150
Current population of facility:	117
Average daily population for the past 12 months:	134
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18-75
Facility security levels/resident custody levels:	Community
Number of staff currently employed at the	75

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4
Number of volunteers who have contact with residents, currently authorized to enter the facility:	8

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

Agency Chief Executive Officer Information:	
Name:	Natalie Wight
Email Address:	NatalieW@nw-rrc.org
Telephone Number:	(971) 254-8853

Agency-Wide PREA Coordinator Information			
Name:	Mary Lindstrand	Email Address:	maryl@nw-rrc.org

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

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

Number of standards exceeded:

0

Number of standards met:

41

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-27
2. End date of the onsite portion of the audit:	2025-10-28

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International and Call to Safety

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	150
15. Average daily population for the past 12 months:	134
16. Number of inmate/resident/detainee housing units:	23
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	105
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	3
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	8
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4

<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>75</p>
<p>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>8</p>

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	<p>4</p>
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>No text provided.</p>
<h2>INTERVIEWS</h2>	
<h3>Inmate/Resident/Detainee Interviews</h3>	
<h4>Random Inmate/Resident/Detainee Interviews</h4>	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>10</p>
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The selection was based on ensuring representation from each housing unit. When completing the random selection, it was noted that a representative of varying genders, ages, races, ethnicity, and lengths of time in the facility was represented. The auditor ensured they independently selected residents to be interviewed.</p>

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>Each interview was conducted in a private interview location, without others able to overhear. The auditor introduced herself, explained the audit process, and explained the limits of confidentiality. The auditor utilized protocol questions in an open-ended manner and also asked follow-up questions, such as the residents' perception of personal and sexual safety.</p>
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Targeted Inmate/Resident/Detainee Interviews	
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45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
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<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>5</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported they had no residents identified as being blind or low vision at the time of the onsite audit. The auditor spoke with staff, reviewed documentation, including investigative reports, and spoke with residents, but was unable to locate any client in this category.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

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

<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This facility does not have segregated housing.</p>

<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The minimum amount of targeted residents was met in every category, except residents who identify as LGBTI, because those protocols are no longer applicable. There were a total of 13 targeted protocol interviews completed; however, 3 were counted as random interviews. Each targeted resident interview also included interview questions from the random protocol.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor randomly selected staff to be interviewed by ensuring that staff were selected from each shift. Staff who work in several different roles throughout the facility were interviewed. The auditor utilized the random staff protocol questions, explained the auditor's limits to confidentiality, what the audit process was, and asked open-ended questions. Each interview was conducted in a private location where others could not overhear. No staff declined to be interviewed as part of this audit. The overall impression was that staff took PREA seriously and would immediately respond if something happened. In general, staff liked working at the facility and considered it a safe place to work.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>15</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

66. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The auditor utilized the specialized staff protocol questions, explained the auditor's limits to confidentiality, what the audit process was, and asked open-ended questions. Each interview was conducted in a private location where others could not overhear. Some specialized staff served in multiple specialized roles and were interviewed utilizing more than one protocol question. The total number of specialized staff reflects the actual number of staff interviewed. A summary of interview outcomes is included in the associated audit standard/provision within the narrative section of the audit report.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>71. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>75. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>On the first day of the audit, the auditor conducted a complete site review/tour of the facility, including housing units, intake areas, food services, offices, closets, and other areas. The auditor ensured appropriate PREA signage was available in all locations where residents congregate and tested all critical functions, including advocacy and hotline functions. The auditor observed positive staff and client interactions, paying particular attention to the staffing levels and supervision of residents at the facility. The auditor looked for areas that may be considered "blind spots" and made recommendations as appropriate. The auditor observed opposite gender announcements occurring, as well as reviewing bathrooms, showers, and search areas to ensure clients have the availability to have privacy from opposite gender staff. The auditor had informal conversations with staff and clients, asking specific questions about staffing, supervision, and sexual safety. The auditor reviewed camera locations, ensuring they did not impede privacy in the bathroom and shower areas. The auditor took detailed notes using the Audit Site Review Checklist.</p>

Documentation Sampling

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

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

Yes

No

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

The auditor requested a list of all clients admitted to the facility in the 12 months preceding the audit. The auditor independently selected 26 for file review, including those residents who were interviewed. Additionally, the auditor reviewed additional files during the corrective action period.

The facility reported to the auditor that they have hired 23 staff in the past twelve months who may have contact with clients. The auditor requested 10 full new hire packets by reviewing the list of staff, which included hire dates, and independently and randomly selecting 10 that were hired in the twelve months preceding the audit to review applicable hiring and promotion records.

The auditor was provided with every staff, contractor, and volunteer training roster that shows applicable staff received applicable new employee, annual training, and specialized training when needed.

The auditor reviewed training and criminal history check records for every contractor and volunteer at the facility.

The auditor reviewed full investigative packets that included all processes required by PREA, such as retaliation monitoring, incident reviews, reporting to the client, and investigative reports for every allegation made in the 12 months prior to the audit.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	4	0	4	0
Total	5	0	5	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	0	0
Staff-on-inmate sexual abuse	0	4	0	0
Total	0	5	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

5

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · NWRRRC 2.10 PREA Policy Addendum · NWRRRC 2.9 Sexual Abuse Prevention Operation Manual · BOP Statement of Work · NWRRRC Employee Handbook · Organizational Chart <p>Interviews Conducted:</p>

- PREA Coordinator
- Agency Head Designee

115.211 (a) Northwest Regional Reentry Center (NWRRC) is a community confinement facility that contracts with the Federal Bureau of Prisons (BOP). As such, the facility must maintain a zero-tolerance policy against all forms of sexual abuse and sexual harassment.

The NWRRC 2.10 PREA Policy and NWRRC 2.10 PREA Policy Addendum states, “Northwest Regional Re-Entry Center has a zero tolerance relating to the sexual assault/rape of residents and recognizes these residents as crime victims. The agency will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action, and refer for investigation and prosecution those who perpetrate such conduct.” It also lists the definitions related to PREA, such as sexual abuse and sexual harassment, that are in line with the PREA standards definitions. In another section, it discusses staff reporting and response requirements. It states that retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. It states, “those who retaliate may face disciplinary action, up to and including dismissal for employees.” Any staff member, volunteer, or contractor “that is found guilty of committing a PREA-related act is subject to discipline, and depending on the circumstances, termination and prosecution.”

The NWRRC 2.9 Sexual Abuse Prevention Operation Manual states, “ NWRRC will provide a working environment that is free from sexual harassment and intimidation in accordance with the Title VII of the Civil Rights Act of 1964. Sexual abuse, assault, and misconduct can be either verbal or physical conduct of a sexual nature directed toward a resident, employee, or contractor.”

The NWRRC Employee Handbook states, “NWRRC prohibits its employees from engaging in sexual behavior with any offender. Regardless of whether force is used or threatened, there can be no “consensual sex” between an employee and offenders. Sexual misconduct is illegal and a violation of federal law.” It also provides the definition for Custodial Sexual Misconduct, which is the state law in Oregon that makes it illegal to engage in sexual conduct with a resident at the facility.

NWRRC provided the Statement of Work with BOP. That statement of work states that, “The contractor will prohibit its employees from showing partiality toward, or

becoming emotionally, physically, sexually, or financially involved with residents, former residents.” It also states, “The contractor will prohibit its employees from engaging in sexual behavior with a resident. The contractor will indicate to its employees that regardless of whether force is used or threatened, there can be no “consensual sex” between the contractor’s employees and residents. Sexual misconduct is illegal and a violation of federal law.”

Another section of the Statement of Work with BOP states, “The contractor has the responsibility to provide a working environment that is free from sexual harassment and intimidation in accordance with Title VII of the Civil Rights Act of 1964, as amended. Sexual abuse/assault/misconduct is verbal or physical conduct of a sexual nature directed toward a resident or employee by another resident, employee, or volunteer of the facility. The contractor will ensure that the policy prohibits sexual abuse/assault/misconduct by employees against federal residents or other employees. It also states, “The contractor must maintain a zero-tolerance standard for sexual abuse. A specific policy that addresses PREA compliance must be maintained by the contractor.”

Staff and residents were interviewed by the auditor and were well-versed in the agency’s zero-tolerance policy. Every resident and staff member interviewed told the auditor they believed the facility was a safe place to reside and/or work. Residents told the auditor staff were respectful and professional to them, and several residents said that staff seemed to care about what happens to them, and they believe a PREA allegation would be taken very seriously.

The auditor was able to observe various postings throughout the facility that indicate the facility had a zero-tolerance policy for sexual abuse and sexual harassment.

115.11 (b) The agency employs Mary Lindstrand, who is the designated PREA Coordinator. An organization chart was provided, which showed that the position is also listed as the facility's Security Supervisor.

The auditor communicated with PREA Coordinator Lindstrand throughout the audit process. During an interview with the auditor, she said she had the time and authority to complete her PREA-related tasks.

Interviews with staff and residents verified a good understanding that PREA

	<p>Coordinator Lindstrand is known throughout the facility, and both staff and residents knew they could go to her if they had a PREA concern. She was very respected by both staff and residents and clearly has extensive experience and knowledge that make her well-suited for this role.</p> <p>During the audit process, the auditor was able to observe that PREA Coordinator Lindstrand had the time and authority to appropriately address PREA at the facility. She was responsive and was able to make immediate changes when needed to show compliance. It is important to note that she was able to complete all required corrective action prior to issuing the interim PREA audit report. As such, the auditor will be monitoring for compliance to show institutionalization only.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.212 Contracting with other entities for the confinement of residents	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · N/A <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator <p>115.212 (a) NWRRC is a nonprofit organization that contracts with the BOP for the confinement of its offenders for treatment services. Since NWRRC is a private entity, it does not contract with other private entities for residents' confinement; therefore, this standard is not applicable.</p> <p>NWRRC has adopted and complies with PREA standards. Additionally, NWRRC</p>

	<p>contracted for and received a PREA audit in 2022. The facility was found in full compliance with the PREA standards in a final audit report, which is posted on the agency's website.</p> <p>115.212 (b) (c) NWRRC does not contract with others for confinement; therefore, the requirement to monitor a contract or find an entity that is in compliance with the PREA standards is not applicable. NWRRC plans to continue to comply with applicable PREA standards and receive PREA audits if it continues to contract with BOP for the confinement of its residents. Discussions with the Agency Head and PREA Coordinator confirmed their commitment to complying with PREA standards.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy · Annual PREA Staffing Plan Assessment 2024-2025 · Annual PREA Staffing Plan Assessment 2023-2024 · Annual PREA Staffing Plan Assessment for 2025 · NWRRC Vulnerability Risk Assessment Tool <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Agency Head Designee

115.213 (a) NWRRC reported on the PAQ that they have developed a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse and have taken into consideration the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. An annual PREA staffing assessment was provided for 2024-2025 and 2023-2024.

The annual PREA staffing assessment was provided for 2024-2025, including a summary of all staff positions/posts at the facility, and explains that the complete schedule is located on the company's shared drive. It states "the schedule provides 24-hour staffing, 7-days a week, and includes male and female staff members. The staffing plan allows for continuous compliance of gender specific coverage even with vacation and sick call off's." It also states, "The facilities' video monitoring system is extensive, and the placement of cameras is at a minimum reviewed annually to ensure the views continue to meet or exceed the standard. The system can be viewed live from staff workstations and offer playback and recording capabilities." It states, "A facility walk-through was conducted in accordance with the PREA standards 115.218 Upgrade to the facility and technology and 115.86 Incident reviews and facility vulnerability walk-through occurred on February 27, 2025. This report has been attached. The report outlines the addition of numerous locations of new cameras there were part of the facility remodel and areas mentioned on previous and current report."

The annual PREA staffing assessment was provided for 2023-2024 and was similar to the 2024-2025 staffing assessment, except it noted that a facility remodel was scheduled to start on April 1, 2024.

An NWRRC Vulnerability Risk Assessment Tool was provided to the auditor. It included a thorough review of all areas of the facility to identify possible high-risk areas, vulnerabilities identified, and comments/issues/solutions. This included areas where new cameras were needed, and mirrors were identified.

Interviews with the PREA Coordinator indicated a good understanding of this provision.

115.213 (b) The annual PREA staffing assessment states, "Any unexpected deviations from the intended staffing plan will be mitigated by changing staff scheduling patterns." It further states, "If there is ever a circumstance where the staffing plan is not complied with, the facility shall document and justify all

	<p>deviations.”</p> <p>The facility reported on the PAQ that they had not made any deviations to the staffing plan.</p> <p>Interviews with the PREA Coordinator indicated a good understanding of this provision.</p> <p>The auditor observed staffing in person during the site review. It appears the facility was adequately staffed, and there was no indication of any deviations.</p> <p>115.213 (c) The facility reported on the PAQ that at least once a year they review the staffing plan to see whether adjustments are needed to the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems, and other monitoring technologies, and the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. That assessment was completed on the annual PREA staffing assessments and vulnerability risk assessment tool, which was provided to the auditor.</p> <p>Interviews with the PREA Coordinator indicated a good understanding of this provision.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed: <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy

- NWRRRC 12.4 Search and Contraband Policy
- Statement of Work
- Exigent Circumstances Logbook
- PREA Training: Part 2- Dynamics of Sexual Abuse in Corrections
- Training Records

Interviews Conducted:

- PREA Coordinator
- Agency Head Designee

115.215 (a) The NWRRRC 12.4 Search and Contraband Policy states, "Cross gender searches must be approved by the RRM or designated BOP staff." They further report that "Staff of the same sex shall conduct a pat search of residents when possible." And "strip searches may only be conducted when approved by the RRM."

The NWRRRC 2.10 PREA Policy states that, "Should exigent circumstances require a cross-gender pat search; the search will occur only under the authorization of the Regional Reentry Manager. Such searches will be documented in a log maintained in the first floor control office."

A Statement of Work was provided, which states, "Staff shall conduct random pat searches of residents, as necessary. The facility shall not conduct cross-gender searches except in exigent circumstances or when performed by medical personnel. Any cross-gender searches must be approved in advance by the RRM or designated BOP staff. In the event the RRM is unavailable, then law enforcement should be contacted to conduct the search." Additionally, it states that any search that requires the person to remove clothing other than outer garments (e.g., strip search, cavity search) is only authorized through the RRM and must be conducted by law enforcement or medical personnel.

The PAQ said that the facility does conduct cross gender strip or cross-gender visual body cavity searches of residents, but that was an oversight, and it should have been marked as "no."

Interviews with staff indicated they do not conduct cross gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. They indicated this had not occurred to their knowledge.

Interviews with residents also verified that cross gender searches had never occurred.

115.215 (b) NWRRC reported on the PAQ that they do not permit cross-gender pat-down searches of female residents, except in exigent circumstances, and they would not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

The PAQ indicated there were no instances of this occurring.

Staff were aware of this requirement. Every staff member interviewed said that only same gender searches and UAs are conducted.

Residents who were interviewed all verified that only same gender searches were conducted at the facility. Female residents also verified that female staff were available to conduct these searches, and none indicated they had access to programming or outside opportunities restricted.

115.215 (c) The facility said they document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female residents; however, none had occurred. The exigent circumstances search log was provided to the auditor, which showed that none had occurred.

The NWRRC 2.10 PREA Policy states that, "Should exigent circumstances require a cross-gender pat search, the search will occur only under the authorization of the Regional Reentry Manager. Such searches will be documented in a log maintained in the first floor control office."

The facility provided the auditor with photo evidence of the exigent circumstance's logbook, where a cross-gender search would be documented. The photo showed there had been no cross-gender searches. The auditor was also shown the logbook when on-site and verified that there had been no cross-gender searches documented.

Interviews with staff verified they were not aware of an instance this has occurred, but understood the requirement to document in case of an emergency.

115.215 (d) The NWRC 2.10 PREA Policy states that, "Procedures shall be implemented that enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances (this includes viewing via security cameras)." It also states, "Opposite gender staff shall knock and announce themselves prior to entering a resident room, or dormitory. Opposite gender staff shall announce themselves prior to entering a bathroom."

The auditor conducted a thorough site review, in which she reviewed every area of the facility, including where residents shower, perform bodily functions, and change clothing. Several resident rooms included their own bathroom, and some also included a private shower. Rooms that did not have their own independent bathroom and shower utilized a shared area, which all have private showers with individual curtains. The curtains were an appropriate height to provide sufficient coverage. Additionally, the auditor observed several staff members announcing when entering any areas where a resident could be in a state of undress. Staff were extremely cautious to allow enough time for residents to cover up prior to entering an area.

Staff who were interviewed all verified they understood the requirement and announced themselves when entering a resident housing unit, and again, as they entered individual rooms and bathroom/shower areas. Most staff said they would often announce more than once, with a pause to enter, and that residents were covered up. Some staff also indicated that other staff would announce for them as well. Staff who work graveyard verified that this is even completed in nighttime hours when residents are sleeping.

Interviews with residents indicated that staff of the opposite gender were not able to see them in a state of undress. They also said staff were exceptionally good about making an announcement when entering areas where they could be in a state of undress.

	<p>The auditor reviewed camera placement and noted there were no cameras that were placed in areas where opposite gender staff who are viewing them could see a resident in a state of undress.</p> <p>115.215 (e) Not Applicable.</p> <p>115.215 (f) Not Applicable.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · PREA Training Outline · Contract for Interpreter Services · Resident Handbook in Spanish · PREA Postings in Spanish · Statement of Work · PREA Assessment for Sexual Victimization or Perpetration · Documentation of Interpreter Services Utilized <p>Interviews Conducted:</p>

- PREA Coordinator
- Intake Staff
- Staff who Screen for Risk of Victimization
- Random Staff
- Residents who are LEP
- Residents who have disabilities

115.216 (a) NWRRRC reported on the PAQ that they have established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The NWRRRC 2.10 PREA Policy states that, "Accommodations will be made for those with sensory disabilities, language barriers, and literacy barriers to ensure orientation information is delivered in a manner that can be understood by the individual.

The PREA Training Outline states, "Those with language barriers, sensory barriers, intellectual barriers, or anything else that impedes understanding of PREA-related issues accommodated.

- i. Tele-language translation services
- ii. ASL translators
- iii. 1:1 reading by staff
- iv. Other accommodation as needed"

The contract for interpreter services was provided to the auditor, which outlines the agency's agreement for interpreter services.

The resident manual was provided to the auditor in Spanish, in addition to English. PREA postings in Spanish were seen by the auditor throughout the facility during the site review. Spanish is the most common secondary language in the Portland area.

Staff who were interviewed, including staff who provide intake education and screen for risk of victimization, were all able to explain that they would ensure that residents were provided information in a way that all residents could understand.

Residents with various types of disabilities were interviewed during the site review. Each said they understood PREA and were provided with PREA-related information and services in a way they could understand.

115.216 (b) NWRRC reported on the PAQ that they have established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The NWRRC 2.10 PREA Policy states that, "Accommodations will be made for those with sensory disabilities, language barriers, and literacy barriers to ensure orientation information is delivered in a manner that can be understood by the individual.

The PREA Training Outline states, "Those with language barriers, sensory barriers, intellectual barriers, or anything else that impedes understanding of PREA-related issues accommodated.

- i. Tele-language translation services
- ii. ASL translators
- iii. 1:1 reading by staff
- iv. Other accommodation as needed"

The contract for interpreter services was provided to the auditor, which outlines the agency's agreement for interpreter services.

The resident manual was provided to the auditor in Spanish, in addition to English. PREA postings in Spanish were seen by the auditor throughout the facility during the site review.

A statement of work between the agency and BOP was provided to the auditor,

which said "Translation-the contractor will provide for translation of facility rules, emergency diagrams, and other related documents into a foreign language, as required by the composition of the resident population.

A PREA risk assessment was provided to the auditor as a sample for proof documentation. It noted that "Resident does not speak English. The interview was conducted in Spanish using Tele language services. No issues or concern."

The auditor was informed by staff that the majority of residents who need interpretation are Spanish-speaking. They also reported that there were several staff members who work at the facility who are fluent in Spanish, but they also utilize an outside interpretation service.

Only one resident who was limited English proficient was located at the facility at the time of the site review. There were two others identified, but they were out of the building at work. The auditor utilized an interpreter to interview the resident, and the resident explained that they are offered an interpreter when needed and have been provided the PREA-related information in Spanish. He understood what PREA was, and indicated he was doing well at the facility.

115.216 (c) NWRRC reported on the PAQ that the agency policy prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations.

The NWRRC 2.10 PREA Policy explains that another resident MAY NOT provide translation services, unless a delay in obtaining translation would compromise a resident's safety.

Interviews with staff verified they understood this requirement. Residents with disabilities and who are LEP did not indicate that other residents had been utilized for this purpose.

Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · NWRRRC Background Investigation Checklist · Request for Contract Staff Background Investigation · NWRRRC Reference Check · NWRRRC Employment Application · NWRRRC Employment or Volunteer Application Checklist · Oregon Criminal History and Abuse Records Database System · Employee Performance Review · Statement of Work · Criminal History Check Clearance Sheets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Human Resources Manager <p>115.217 (a) NWRRRC reported on the PAQ that 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:</p> <p>(1) 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);</p> <p>(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</p>

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.

The NWRRC 2.10 PREA Policy explains that all employees, contractors, and volunteers will receive a criminal background records check, reference checks, etc., and that any findings of sexual assault/abuse/misconduct or resignation during a pending investigation of such behavior will automatically disqualify an applicant who would have contact with residents.

A background investigation checklist was provided, which explains that the Federal Bureau of Prisons conducts a background check, including fingerprint cards. A state background, reference checks, drug testing, DMV records review, and institutional PREA disclosure are also completed.

A request for contract staff background investigations was provided to the auditor, which explains that BOP will run a criminal background check.

A blank Orchards Oregon Criminal History and Abuse Records Database request form was provided to the auditor, which each applicant completes.

An interview with HR verified compliance with this provision.

115.217 (b) The PAQ states the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The NWRRC 2.10 PREA Policy states, "sexual harassment/sexual misconduct findings will be considered prior to promoting a current employee."

An interview with HR verified compliance with this provision.

115.217 (c) The PAQ states that before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records

check; and (2) 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.

The NWRRC 2.10 PREA Policy explains that criminal background checks for employees will be run by the BOP prior to working with residents. It also states that previous employers will be asked if the applicant has substantiated sexual misconduct claims in his/her background, and if applicable, if the applicant resigned from a position during an investigation.

The Statement of Work with BOP was provided, which explains that BOP will conduct a background check on all new employees and contractors.

The NWRRC Reference Check form states, "Due to the nature of our facility, federal law requires us to determine whether an employment candidate has any history of sexual abuse. Are you aware of any substantiated allegations of sexual abuse related to this individual? Did the individual resign pending investigation of sexual abuse?"

The auditor independently selected and was provided with ten new hire records for employees hired in the prior twelve months. Three of these new hires had previous correctional experience, and the auditor was able to verify that NWRRC reached out to the previous employees to ask the reference check questions.

An interview with HR verified compliance with this provision.

115.217 (d) The NWRRC 2.10 PREA Policy states that, "NWRRC will complete an Oregon Judicial Case Information Network (OJCIN) background on all volunteers and contractors prior to access to residents and again no less than every 5 years."

The auditor was provided with the criminal history clearance documentation for every contractor and volunteer.

An interview with HR verified compliance with this provision. She said a criminal

history check is completed prior to enlisting the services of any contractor who may have contact with residents.

115.217 (e) The NWRRC 2.10 PREA Policy states, "BOP background checks are required for all employees prior to working with residents, and again no less than every 5 years."

The Statement of Work with BOP explains that "Contractors who have a contract which exceeds five years must ensure all staff receive updated clearances every five years."

The auditor verified proof documentation that showed all employees and contractors had a criminal history check run within the last five years.

A Request for Contract Staff Background Investigation form was provided to the auditor as proof of documentation that contractors receive criminal history checks.

An interview with HR verified compliance with this provision. She explained that BOP requires that a new fingerprint card be provided to them at least every five years, and then she receives a BOP clearance sheet. Samples were provided to the auditor as documentation.

115.217 (f) NWRRC reported on the PAQ that they ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees.

The NWRRC Employment Application was provided to the auditor, which asks applicants:

"Have you EVER engaged in sexual assault and/or sexual harassment in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution?"

Have you EVER 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?

Have you EVER been civilly or administratively adjudicated to have engaged 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?

Do you have a history of substantiated sexual harassment issues?"

The auditor independently selected ten new hire documents for staff who were hired in the previous twelve months. The auditor received completed applications for all ten, which showed that applicants were asked about the previous misconduct described above.

The annual performance review form, as provided to the auditor which asks, "During the past evaluation period have you:

1. ...engaged in sexual misconduct in a correctional facility?
2. ...been convicted of engaging or attempting to engage in sexual activity by force in the community, including by implied threats of force or coercion, or with a victim unable to provide consent?
3. ...been civilly or administratively adjudicated to have engaged in the above behavior?"

The HR Manager explained that this is completed annually by each employee.

NWRRRC also imposes upon employees a continuing affirmative duty to disclose any such misconduct. The HR Manager verified this was the case. She said all employees are expected to disclose any misconduct.

115.217 (g) NWRRRC reported on the PAQ that the agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The NWRRC 2.10 PREA Policy states, "Failure to disclose aforementioned conduct shall remove the applicant from consideration for hiring and shall be grounds for termination for current employees/volunteers/contractors."

The employment application requires applicants to sign and agree that "I hereby certify that I have not knowingly withheld any information that might negatively affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I understand that if I have omitted or misstated any material fact on this application or on any document used to secure employment, this shall be grounds to reject this application or discharge me if I am employed, regardless of the time elapsed before discovery."

The auditor independently selected and reviewed ten applications by staff who were hired in the previous twelve months, which included this information.

An interview with HR verified compliance with this provision. She said that a failure to disclose would result in termination.

115.217 (h) The HR Manager verified that, unless prohibited by law, the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

There were no examples of this to provide for the auditor for review.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- NWRRRC Floor Plan Remodel
- Annual PREA Staffing Plan Assessment
- Vulnerability Risk Assessment
- Memorandum Regarding Enhancement of Facility Camera System
- Camera Install Map
- NWRRRC Sexual Assault/Abuse Incident Review

Interviews Conducted:

- PREA Coordinator
- Agency Head Designee

115.218 (a) NWRRRC reported on the PAQ that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

The PAQ reported that the /facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

The facility provided a Memorandum Regarding Enhancement of Facility Camera System, which explained that between April through September 2024, the facility underwent renovation projects designed to improve programming, office, and staff areas. It explained that as part of this renovation project, there were several new cameras added to improve coverage and line of sight. A floor plan of the remodel was provided as supporting documentation, which included a camera mapping install map.

The Annual PREA Staffing Plan Assessment and Vulnerability Risk Assessment were also provided to the auditor, which explained that on February 29, 2024, a walk-through was conducted in advance of the remodel according to this standard. The Vulnerability Risk Assessment identified areas where new cameras were needed for

	<p>the remodel.</p> <p>The PREA Coordinator verified an understanding of the requirements of this provision. She explained how any upgrade or expansion would include an assessment of the agency's ability to protect residents from sexual abuse.</p> <p>115.218 (b) NWRRRC reported on the PAQ that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p>The PREA Coordinator verified an understanding of this provision and explained that the camera system is updated as needed. There were several examples of recommendations for additional cameras provided to the auditor as supporting documentation.</p> <p>During the site review, the facility showed the auditor where new cameras had been added to protect residents from sexual abuse. The camera system is impressive, with almost full coverage of the facility.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · Portland Police Bureau Sexual Assault Policy · MOU with Call to Safety

- Email with Portland Police Bureau

- Investigative Packets

Interviews Conducted:

- PREA Coordinator

- Random Staff

- Residents who Reported Sexual Abuse

- Call to Safety Representative

115.221 (a) The NWRRRC 2.10 PREA Policy serves as the agency's uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. It explains that in such an allegation, the Portland Police Bureau would be contacted. It also outlines first responder duties, which would ensure separation and evidence collection, including transport for a SANE examination.

The Portland Police Bureau Sexual Assault Policy was also provided to the auditor, which describes their uniform evidence protocols, including evidence collection, forensic examination, and forensic evidence testing protocols. This includes coordination with the Oregon State Police and the District Attorney's office.

The PREA Coordinator explained this process, and the random staff who were interviewed understood their role in this process to obtain usable physical evidence.

115.221 (b) The auditor verified that the protocol is developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

This facility does not house youthful residents.

115.221 (c) NWRRC reported on the PAQ that they offer all victims of sexual abuse access to forensic medical examinations, at an outside hospital, without financial cost, where evidentiary or medically appropriate. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency reports that SAFEs or SANEs would be available, but if not, it would document its efforts to provide SAFEs or SANEs.

The NWRRC 2.10 PREA Policy states, "If the alleged assault occurred within the past 120 hours, a 911 operator or the hospital will contact an advocate to meet the resident at the emergency room of the hospital." It also states, "If the reported assault occurred within the past 120 hours, the alleged victim is eligible for a sexual assault exam, at no cost to him/her, including a rape kit.

ii. Victims will go to either OHSU or Legacy Emanuel, where forensic (SANE) examiners are on staff.

iii. The resident may not utilize his or her personal vehicle to drive alone to the exam. Transportation will be evaluated on a case-by-case basis by the Executive Director or Facility Director with input from mental health staff or the Case Manager, if applicable. If the resident wants to be transported by an approved visitor, this will be approved."

The PREA Coordinator explained that the facility would call the hospital ahead of time to ensure a SANE is available, and if not, it would transport the residents to a hospital that had one available.

The auditor reviewed investigative packets, in which a SANE was provided at an outside hospital. There was no indication that the resident was charged for the examination. There was one SANE examination provided during the twelve months preceding the audit.

There were no residents at the facility during the time of the onsite who had been transported for a SANE.

115.221 (d) NWRRC reported on the PAQ that they make available a victim advocate from a rape crisis center from Call to Safety, which is a community-based organization. They have entered into an MOU, which was provided to the auditor.

The NWRRC 2.10 PREA Policy states, "After a victim has reported an incident of sexual abuse/sexual assault, NWRRC will ensure that s/he receives medical care, is offered advocacy services, counseling, or other appropriate support services. NWRRC has a Memorandum of Understanding (MOU) with Call to Safety for advocacy services. The contact number is (503)-235-5333." It also states, "If the alleged assault occurred within the past 84 hours or if a sexual assault medical exam for an assault that occurred after 84 hours is requested by the resident, staff will offer to contact Call to Safety (for both male and female victims) at (503) 235-5333 to request that an advocate meet the resident at the hospital." This language conflicts with the previous language that discusses a SANE if the sexual assault occurred within 120 hours. Although the facility is providing a SANE and an advocate if within 120 hours, it is recommended that the policy be updated to be consistent so there is no confusion.

The MOU with Call to Safety outlines the responsibilities of both parties. NWRRC agrees to refer and provide resident victims with an advocate from Call to Safety, and Call to Safety agrees to provide trauma-informed, voluntary, confidential advocacy services 24/7 for sexual assault exams, investigatory interviews, and ongoing services.

The auditor contacted Call to Safety to discuss the MOU and the relationship with the facility. The representative from Call to Safety reported that they do have an agreement with NWRRC to provide confidential advocacy services to residents at the facility. She reported they would respond to the hospital to support survivors through the SANE process.

115.221 (e) NWRRC states that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The NWRRC 2.10 PREA Policy states, "After a victim has reported an incident of sexual abuse/sexual assault, NWRRC will ensure that s/he receives medical care, is offered advocacy services, counseling, or other appropriate support services. NWRRC has a Memorandum of Understanding (MOU) with Call to Safety for advocacy services. The contact number is (503)-235-5333."

The MOU between NWRRC and Call to Safety explains that they will accompany and support a victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The Portland Police Bureau Sexual Assault Policy explains that a victim advocate will be called to the hospital for a forensic examination if possible.

The auditor contacted Call to Safety to discuss the MOU and the relationship with the facility. The representative from Call to Safety reported that they do have an agreement with NWRRC, and provides: accompaniment during forensic medical exam, accompaniment during investigatory interviews and court proceedings, emotional support services, crisis intervention, information, and relevant referrals.

115.221 (f) The auditor was informed that NWRRC does not have an MOU with the Portland Police Bureau; however, an email was provided to the auditor that requests they follow applicable PREA standards.

115.221 (g) There are currently no state entities or Department of Justice components that are responsible for investigating allegations of sexual abuse at NWRRC; however, NWRRC is aware that if that became the case, it would also request that they comply with paragraphs (a) through (f) of this section.

115.221 (h) NWRRC understands that for the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. They currently utilize Call to Safety for these services.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- NWRRC 2.10 PREA Policy
- BOP Statement of Work
- Investigation Tracking Form
- Investigative Packets

Interviews Conducted:

- PREA Coordinator
- Random Staff
- Investigators
- Residents who Reported Sexual Abuse

115.222 (a) The NWRRC 2.10 PREA Policy states that, "All reports of sexual assault, sexual abuse, sexual harassment and voyeurism will be taken seriously and will be investigated."

Investigators and random staff who were interviewed both confirmed that a PREA allegation would always be referred to agency investigators and investigated.

The auditor interviewed the only resident at the facility who had reported sexual abuse, and she was able to verify that an investigation was completed.

An Investigation Tracking Form was provided to the auditor, which showed all PREA allegations for the twelve months preceding the audit.

The auditor was provided with and reviewed all six allegations of sexual abuse and sexual harassment and was able to verify that in each case, an investigation was completed.

The BOP Statement of Work explains that BOP be notified of all PREA allegations as soon as possible and referred to the appropriate law enforcement agency and RRM staff.

The PAQ reported there were three allegations during the twelve months prior to the audit; however, there were three additional allegations after the submission of the PAQ.

115.222 (b) The NWRRC 2.10 PREA Policy ensures that all 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.

NWRRC has a website dedicated to PREA at <https://nw-rrc.org/prea/>, which states, “When criminal behavior is suspected, we promptly contact the Portland Police Bureau to conduct an independent investigation. If an incident involves a potential policy violation, NWRRCs' trained investigators handle the matter internally and, if needed, work in coordination with the Bureau of Prisons (BOP) to ensure a thorough review based on BOP protocols.” It also states, “All PREA reports are taken seriously, with incidents investigated by trained professionals. When an incident appears criminal, we work directly with the Portland Police Bureau to ensure a thorough investigation.”

NWRRC documents all referrals in the investigation packets. The auditor reviewed six investigations, all documented included the needed referrals.

The PREA Coordinator explained that referrals to the Portland Police Bureau would be conducted if criminal in nature.

115.222 (c) The NWRRC 2.10 PREA Policy describes the responsibilities of both NWRRC and the Portland Police Bureau

115.222 (d-e) There are currently no state entities or Department of Justice components that are responsible for investigating allegations of sexual abuse at NWRRC; however, NWRRC is aware that if that became the case, it would develop a

	<p>policy governing the conduct of such investigations.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · NWRRRC Organization and Security Orientation Checklist – All Employees · PREA Training Acknowledgement Screenprint · NWRRRC Security Monitor Field-Training Checklist · Employee Handbook · PREA Report Procedures · PREA Training Program · PREA Training Outline · PREA Training- Relias: PREA Part 1: An Overview · PREA Training- Relias: PREA Part 2: Dynamics of Sexual Abuse in Corrections · PREA Training- Relias: PREA Part 3: Understanding Reporting Obligations and Retaliation Protections · PREA Training- Relias: PREA Investigations: Role of First Responders After an Allegation · Certificate of Completion of Training · Proof Probation Notified · Electronic Signature

Interviews Conducted:

- PREA Coordinator
- Random Staff
- Human Resources

115.231 (a) The NWRRC 2.10 PREA Policy states. "Staff will receive PREA training during the first week of employment, and annually thereafter. Training will include the following:

1. NWRRC has a zero-tolerance policy for sexual abuse and sexual harassment.
2. All employees are mandated to report incidents of sexual harassment and sexual misconduct that involve resident-on-resident or staff/contractor/volunteer-on-resident incidents, and will be instructed on the available channels to report such incidents.
3. Residents have the right to be free from sexual abuse and sexual harassment;
4. Residents and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with residents;
9. Not Applicable.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities."

The auditor was told that all staff must take four separate PREA training modules to satisfy PREA training requirements. NWRRC provided the auditor with lesson plans for each of the modules in Relias. The auditor reviewed each course, including: An Overview, Dynamics of Sexual Abuse in Corrections, Understanding Reporting Obligations and Retaliation Protections, and PREA Investigations; Role of First Responders After an Allegation.

A PREA Training Program Schedule was provided to the auditor, which explained all

four training courses, information from the Employee Handbook, an in-person training session with the PREA Coordinator, and 40-hour job-specific training that covers PREA information must be taken.

Each provision was addressed in the training review:

(1) Training on the zero-tolerance policy for sexual abuse and sexual harassment was addressed in PREA: An Overview.

(2) Training on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures was addressed in PREA: Dynamics of Sexual Abuse in Corrections and also addressed in PREA: Understanding Reporting Obligations and Retaliation Protections.

(3) Training on a resident's right to be free from sexual abuse and sexual harassment was addressed in PREA: An Overview.

(4) Training on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment was addressed in PREA: Understanding Reporting Obligations and Retaliation Protections.

(5) Training on the dynamics of sexual abuse and sexual harassment in confinement was addressed in PREA: Dynamics of Sexual Abuse in Corrections.

(6) Training on the common reactions of sexual abuse and sexual harassment victims was addressed in PREA: Dynamics of Sexual Abuse in Corrections.

(7) Training on how to detect and respond to signs of threatened and actual sexual abuse was addressed in PREA: Dynamics of Sexual Abuse in Corrections.

(8) Training on how to avoid inappropriate relationships with residents was addressed in PREA: Dynamics of Sexual Abuse in Corrections.

(9) Not Applicable.

(10) Training on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities was addressed in PREA: Understanding Reporting Obligations and Retaliation Protections.

The Employee Handbook includes information on Custodial Sexual Misconduct. The PREA Report Procedures must be reviewed by staff, and it explains how staff must take the report and all subsequent steps.

Random staff who were interviewed by the auditor were able to explain the training they had taken, and most understood and remembered the different elements.

The auditor independently selected and reviewed training records for several staff, which showed proof that they have received PREA training. The HR Manager verified that she tracks employee PREA training and explained her process to ensure that all staff receive the appropriate training, including reminder emails.

115.231 (b) The facility houses both men and women; therefore, this provision is not applicable. The training adequately covers all genders of residents.

115.231 (c) NWRRRC reported on the PAQ that every employee has been trained as required by this standard, including new employee training and training annually.

The HR Manager explained that this is completed during "PREA month" each year. Additionally, there are several modules that must be completed throughout the year.

The NWRRRC 2.10 PREA Policy states, "Staff will be trained at orientation, and annually thereafter, on the zero-tolerance policy on sexual abuse/assault/harassment, and to recognize the signs of sexual abuse and sexual harassment. Training will reinforce that staff is mandated to report incidents of such behavior, and that all staff members, regardless of position, are responsible for the detection, prevention, response, and reporting of an alleged sexual assault/abuse or sexual harassment."

Most of the random staff who were interviewed said they received training on an annual basis. Several staff members explained ongoing refresher information, including in-person briefings with the PREA Coordinator to discuss PREA.

The independently selected and reviewed PREA training records for several employees, which showed that they have taken their training.

115.231 (d) Each of the four Relias training courses that were reviewed by the auditor had a series of test questions that must be passed at an 80% completion

	<p>rate. If a question was filed by the employee, the test would provide the correct answer, so the student was made aware. Through this electronic verification of understanding, the facility is compliant with this provision of the standard to document an employee’s understanding of the training they have received.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · NWRRRC Sexual Misconduct Policy for Volunteers and Contractors · Volunteer/Contractor Agreement · NWRRRC Volunteer Handbook <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Contractor · Volunteer · Human Resources <p>115.232 (a) NWRRRC reported on the PAQ that they ensure 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.</p>

The NWRRRC 2.10 PREA Policy states, "NWRRRC shall ensure that all volunteers and contractors who have contact with residents have been trained on PREA, based on the services they provide and the level of contact they have with residents. All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, that violation of the policy will result in termination and if applicable, reported for criminal prosecution, and informed how to report such incidents."

A Volunteer/Contractor Agreement was provided to the auditor. This is an acknowledgment of the agency's zero-tolerance policy and an agreement that they will abide by the policies and procedures. It also states they have been provided with a copy of the Volunteer Handbook and a copy of the Resident Handbook. Each was provided to the auditor and has information regarding PREA.

The NWRRRC Sexual Misconduct Policy for Volunteers and Contractors was provided to the auditor and provides definitions relating to PREA, information regarding the zero-tolerance policy, training, responsibilities, and investigations.

The facility reported to the auditor that they currently have four contractors and eight volunteers who have contact with residents and are authorized to enter the facility.

The auditor reviewed documentation that showed every volunteer and contractor had received PREA training.

The auditor interviewed one contractor and one volunteer. Both indicated they had received PREA training, and both said they would report anything immediately if it came to their attention.

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

The NWRRRC Sexual Misconduct Policy for Volunteers and Contractors was provided to the auditor, and states that:

	<p>“Volunteer Training</p> <p>a. All interns and volunteers must review the policy, and each must declare in writing that they have read and understand the policy before having contact with residents and annually thereafter.</p> <p>b. The Human Resource/Training staff member will ensure all volunteers and interns receive this policy at the appointment and collect and file their signed declaration.</p> <p>Contractor Training</p> <p>a. All contractors must receive a copy of this policy at the time of contracting and certify in writing within 30 days that all personnel who have contact with offenders have read and understand the policy. Contractors are encouraged to undergo training aimed at preventing sexual misconduct against offenders.”</p> <p>The list of contractors and volunteers described the level of supervision that is needed, including direct supervision and 30-minute security checks.</p> <p>The Human Resources Manager explained how she tracks volunteer and contractor training.</p> <p>115.232 (c) NWRRRC maintains documentation confirming that volunteers and contractors understand the training they have received by maintaining the Volunteer/Contractor Agreement. Each one was provided to the auditor for every volunteer and contractor who currently has access to the facility.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documentation Reviewed:

- NWRRRC 2.10 PREA Policy
- BOP Statement of Work
- Federal Director's Orientation Checklist
- PREA Posters- English and Spanish
- NWRRRC Orientation Checklist
- PREA Education – Sexual Abuse/Assault/Misconduct Prevention and Intervention Program Handout
- NWRRRC Programming Orientation Checklist
- NWRRRC In-Processing Checklist
- Resident Handbook – Spanish
- PREA Sexual Assault Awareness Flyer -English and Spanish
- Interpreter Line Instructions

Interviews Conducted:

- PREA Coordinator
- Random Residents

115.233 (a) NWRRRC states residents receive information at the 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.

The NWRRRC 2.10 PREA Policy states, "Residents shall receive PREA training at intake within the first 8 hours of arrival and at the Director's Meeting during their first week at NWRRRC."

It also states, "1. Residents will receive information about sexual misconduct. The information will be provided both verbally and in writing, in a manner that is clearly understood by residents. Information provided will include, but is not limited to:

- NWRRC's zero-tolerance policy
- Self-protection methods
- Prevention and intervention
- Treatment and counseling
- Reporting incidents
- Protection against retaliation
- Consequences of false allegations."

The BOP Statement of Work states, "In addition, during the interview, staff will inform the resident about the RRC rules and regulations to include the contract person(s) regarding incidents of sexual abuse /assault, discipline, curfew, and visiting."

The Director's Orientation Checklist indicates that PREA: Multiple ways to report (staff, 24-hour number, online, TIP, anon, signs and women, men, transgender residents (Co-Ed) and be respectful. No relationships, No drama" is completed.

The Orientation Checklist includes "Sexual Abuse/Assault/Misconduct Prevention and Intervention."

The NWRRC In-Processing Checklist includes "Inform sexual assault reporting- policy in handbook."

The Sexual Abuse/Assault/Misconduct Prevention and Intervention Program Handout was provided to the auditor. It includes detailed information about PREA, and case managers review this with every resident. Resident and Staff sign this form. The auditor independently selected and reviewed 26 resident files, which indicated that every resident receives such education.

The auditor interviewed 20 residents, and each said they received PREA education.

115.233 (b) NWRRC reported on the PAQ that they provide refresher information whenever a resident is transferred to a different facility. They said that they would

receive the same information regardless of whether they were being transferred from another facility.

The facility provides information any time a resident enters the facility, regardless of where they come from. This was verified through documentation review of educational sessions.

115.233 (c) NWRRC reported on the PAQ that they provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to residents who have limited reading skills.

The auditor reviewed PREA posters, handbooks, and other documentation translated into Spanish. It was reported to the auditor that the primary second language at the facility was Spanish, but they can also utilize staff interpreters and have a language line service that can accommodate any language needed.

The NWRRC 2.10 PREA Policy states, "Accommodations will be made for those with sensory disabilities, language barriers, and literacy barriers to ensure orientation information is delivered in a manner that can be understood by the individual.

a. Interpretation services for residents who are not proficient in the English language or for residents who are hearing impaired may be accessed through Telelanguage via telephone or in-person translation, depending upon need and circumstances.

i. Information on utilizing Tele language services is maintained in the Front Desk Manual in Security First Floor Control, and in Case Management

b. When a staff member is proficient in the language needed for translation, that staff member may be requested, if available, to provide the service.

c. While a family member may be utilized, when appropriate, to translate, another resident MAY NOT provide translation services, unless a delay in obtaining translations would compromise a resident's safety.

d. Staff shall read PREA-related materials to residents who are visually impaired or who have limited reading abilities and/or ensure they have access to auditory materials that provide educational information about PREA.

e. Residents who are intellectually or cognitively low functioning will have PREA information explained in terms they can understand. This includes information on safety, reporting, resources, and agency responses to PREA reports.

f. All accommodations made to ensure the resident understands PREA-related procedures and educational materials shall be documented in the resident's incident tab in Alert."

The auditor interviewed eleven residents who had cognitive/mental health disabilities, were hard of hearing, or limited English Proficient. All were able to say they were educated about PREA in a way they could understand.

Staff who provide education were able to explain how they would accommodate PREA education in a way residents could understand. The auditor independently selected several educational records and was able to determine that accommodations are documented.

115.233 (d) NWRRC maintains documentation that residents participate in education sessions. This is completed through the various checklists and the Sexual Abuse/Assault/Misconduct Prevention and Intervention Program Handout.

115.233 (e) In addition to providing such education, NWRRC ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

The auditor was provided with copies of PREA posters and pamphlets in both Spanish and English. She observed that this information was available throughout the facility when touring.

Interviews with residents indicated that such postings have been available throughout the facility for all residents to review.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documentation Reviewed:

- NWRRRC 2.10 PREA Policy
- PREA: Investigation Protocols Training Transcript
- NIC PREA: Investigating Sexual Abuse in a Confinement Setting Certificate of Completion (Four Investigators)

Interviews Conducted:

- PREA Coordinator
- Investigator

115.234 (a) In addition to the general training provided to all employees pursuant to § 115.231, NWRRRC ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

The NWRRRC 2.10 PREA Policy states, “The Executive Director, Facility Director or designee with PREA investigator training will gather preliminary information to determine whether BOP or the Portland Police Bureau has jurisdiction to proceed with the investigation and will notify the appropriate agency.”

The facility reports there are currently four staff members trained to conduct PREA investigations. The facility provided the auditor with all four certificates of completion of training.

The auditor interviewed one investigator. She verified she had received the specialized training in addition to regular PREA training.

115.234 (b) The auditor reviewed the specialized PREA training that investigators took. It included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for

	<p>administrative action or prosecution referral.</p> <p>The investigator that the auditor interviewed was able to describe what the training included and had an understanding of the various components.</p> <p>115.234 (c) NWRRC maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>Copies of completed training certificates were provided for all four investigators.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · Mental Health and Substance Abuse (MHSA) Counselor Job Description · License Verifications · Medical and Mental Health Specialized Training on the PRC website <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Mental Health Staff <p>115.235 (a) NWRRC said it employs two mental health staff. NWRRC does not employ any medical practitioners, but instead employs medical coordinators, who only make medical referrals, etc.</p>

The facility provided a Mental Health and Substance Abuse (MHSA) Job Description; however, it was not relevant to this provision. They also provided license verifications that were completed on the mental health staff; however, it was explained to the facility that this does not show compliance with this standard.

The facility took immediate action to ensure they received specialized training. Due to a government shutdown, the specialized training on the NIC website was not working; therefore, the two facility staff took the specialized training available on the National PREA Resource Center (PRC) website at <https://www.prearesourcecenter.org/resource/event-transcript-specialized-training-medical-mental-health-care> and <https://www.prearesourcecenter.org/resource/specialized-training-prea-medical-and-mental-care-standards>. The facility provided the auditor with verification of completion of training on 11/19/2025.

115.235 (b) NWRRC does not conduct forensic medical examinations; therefore, this provision is not applicable.

115.235 (c) NWRRC was unable to provide documentation that mental health practitioners have received the training referenced in this standard.

The facility took immediate action to ensure they received specialized training. Due to a government shutdown, the specialized training on the NIC website was not working; therefore, the two facility staff took the specialized training available on the National PREA Resource Center (PRC) website at <https://www.prearesourcecenter.org/resource/event-transcript-specialized-training-medical-mental-health-care> and <https://www.prearesourcecenter.org/resource/specialized-training-prea-medical-and-mental-care-standards>. The facility provided the auditor with verification of completion of training on 11/19/2025.

115.235 (d) NWRRC reported on the PAQ that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency.

The auditor was able to verify through documentation review that both mental health staff had received the training mandated for employees under 115.231.

	<p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard. Once the facility understood the training requirements for this standard, they took immediate action and ensured that both mental health staff had taken the required training, and documentation of completion of that training was provided to the auditor on 11/19/2025. The auditor is satisfied that the facility understands this requirement and that any new medical or mental health care practitioners will receive it in the future.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · BOP Statement of Work · PREA Assessment for Sexual Victimization or Perpetration · PREA Training Documents for 30 Day Assessment · Updated PREA Risk Screening Tool <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Staff who Conduct PREA Risk Screenings · Random Residents <p>115.241 (a-b) The NWRRRC 2.10 PREA Policy states, “Mental Health staff will assess all incoming residents within 72 hours for potential vulnerability to sexual exploitation and potential to perpetrate sexual misconduct.</p> <p>1. Residents will have a PREA assessment completed by mental health staff or their designee within 72 hours of transferring to NWRRRC to assess for potential risk of</p>

perpetration or vulnerability.

a. A PREA assessment form will be completed and saved in a PREA folder on the shared drive of the network system.”

The BOP Statement of Work states that “Residents will be further screened for risk of victimization and abusiveness in accordance with PREA requirements.”

The auditor interviewed a mental health staff member who conducts the initial intake PREA risk screenings. He was able to describe the process and verified that the PREA risk screenings are conducted within 72 hours of arrival at the facility.

The auditor interviewed 20 residents in a private location, without other residents or staff being able to overhear. The majority of the residents remembered being asked questions relevant to the initial PREA risk screening.

The auditor independently selected 26 resident files, ensuring the review of files for twelve months preceding the audit. All files reviewed included a PREA risk screening within 72 hours of being housed at the facility. During corrective action, the auditor independently selected and reviewed several resident files. The files reviewed during corrective action all indicated the initial PREA risk screenings were completed within 72 hours of arrival at the facility.

115.241 (c) The facility reported on the PAQ that they utilize an objective screening tool; however, when reviewing the PREA risk screening blank tool, it did not appear to be objective. There are no directions for how screeners should score the screening tool. When interviewing staff who conduct the risk screening, it was clear that it was a subjective process.

The facility adjusted the risk screening tool to be objective and provided it to the auditor. Each question has been assigned a weighted score, and the screening now will ensure that a score of 5 will indicate any resident as potentially vulnerable, and a score of -3 as potentially aggressive.

The facility will enter into a corrective action plan, which will include training staff who conduct the risk screenings, and the auditor will monitor for compliance until it has been institutionalized. The facility took immediate action and trained all staff

who conduct risk screening assessments on 11/14/2025.

During corrective action, the auditor independently selected and reviewed several resident files, and all new PREA risk screenings were completed using the objective screening tool.

115.241 (d) NWRRC stated on the PAQ that the intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Not Applicable. (8) Whether the resident has previously experienced sexual victimization, and (9) the resident's own perception of vulnerability.

The NWRRC 2.10 PREA Policy states, "As a guide, three or more of the following risk factors may indicate vulnerability:

i. Age

ii. Small physical stature

iii. Mental, physical, or developmental disability;

iv. Sex offender status, (per criminal history);

v. First time offender status

vi. Past history of victimization

vii. Resident's own perception of vulnerability; and/or

viii. Perception of inmate to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.

c. In the absence of three or more of the above risk factors, the interviewer may document reasons for potential risk of vulnerability based on the entire interview combined with professional experience.

i. When mental health staff identify a concern about vulnerability or potential perpetration, they will notify the PREA Coordinator."

In reviewing the screening tool, it includes all required provisions, including whether

the resident's criminal history is exclusively nonviolent. It is also included that the factor should be included in the policy.

The staff members who conduct the risk screenings were able to describe a process in which they reviewed the required factors. Some factors they ask, however, they would also verify in the file review.

115.241 (e) NWRRC reported on the PAQ that the intake screening considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive. The PREA policy does not speak about these factors, so it is recommended that this also be included.

The PREA screening tool does include these factors, but does not indicate to the staff completing the screening how it should be scored to determine the appropriate risk of sexual perpetration.

The screeners were unsure of how they would determine this, absent a prior PREA allegation in which they were the perpetrator.

The facility took immediate action to adjust the PREA screening to include clear direction on how this is assessed.

115.241 (f) NWRRC reported on the PAQ that within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The NWRRC 2.10 PREA Policy states, "Within 30 days of arrival, each resident will be reviewed during an individual program plan meeting by their Case Manager to determine if there is additional information or concerns about the resident's potential for perpetration or victimization."

The facility reports that they do not complete a new risk screening assessment but instead will meet with the residents to determine if anything has changed. In

reviewing the relevant FAQ, it was determined that a more formalized process will need to be implemented that would capture any changes in risk factors. Although this need not be a “start of scratch”, the screener should have a system in place for capturing additional new information and should affirmatively inquire of the resident about risk factors that may change, such as perception of vulnerability, unreported sexual abuse victimization during this period, or a resident's LGBTI status.

The auditor also noted that, in reviewing the 26 resident files over the course of the twelve months preceding the audit, the 30-day reassessment was not always documented. The facility should ensure this is documented and completed within 30 days.

The facility entered into a corrective action plan in which this new process is developed, staff who conduct these screenings are trained, and the auditor monitored compliance to ensure institutionalization. Staff who conduct reassessments were trained on the new process on 11/14/2025. The training document was provided to the auditor, which included the case manager’s role in preparing, considering the questions asked, and the follow-up actions they must take in this process.

During corrective action, the auditor independently selected and reviewed several resident files. In every file reviewed, the follow-up screening occurred within 30 days of the resident's arrival at the facility.

115.241 (g) NWRRC reported on the PAQ that a resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The NWRRC 2.10 PREA Policy states, “An incident of victimization or perpetration will also be followed by a review to determine a plan to mitigate further risks, which will be documented in the 'Action Plan' section of the PREA assessment form.”

There were no examples of this occurring; however, the screening staff was aware of this requirement. The auditor was also able to verify there were no substantiated allegations of sexual abuse during the documentation review period.

	<p>115.241 (h) The NWRRRC 2.10 PREA Policy states, “Residents will not be disciplined for refusing to provide answers or for providing incomplete answers regarding b. iii, b. vi, vii, or viii.”</p> <p>Staff who conduct risk screenings were aware that a resident would never be disciplined for refusing to answer any of the questions.</p> <p>There were no indications in interviews with random residents or in file review that this had occurred.</p> <p>Corrective Action and Conclusion:</p> <p>The facility had already begun corrective action when the interim audit report was submitted, including creating a comprehensive objective screening tool and training all staff who conduct screenings to utilize it. During corrective action, the auditor independently selected and reviewed several resident files. In all the resident files reviewed, the PREA risk screenings were completed on time, appropriately, and utilized the new objective screening tool. The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · PREA Assessment for Sexual Victimization or Perpetration · Individualized Plan <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Staff Who Conduct Risk Screenings

115.242 (a) NWRRC reported on the PAQ that the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

The PREA Coordinator reported that they would ensure that a resident who is vulnerable is not in an area unsupervised or with no cameras, with a resident who is at high risk of aggressiveness. This would include the housing areas. The PREA Coordinator provided the auditor with a list of residents who are determined to be at high risk of victimization and aggressiveness, and it showed they were not housed together. The PREA Coordinator provided examples of documentation of housing a resident in a room by themselves, or in a bunk area that may be more visible.

The PREA Coordinator said that any time a PREA designator is added, that is sent to her for review. The staff who conduct risk screenings also verified that they would communicate with the PREA Coordinator any time they have someone who is at risk of victimization or abusiveness.

115.242 (b) The PREA Coordinator said the agency makes individualized determinations about how to ensure the safety of each resident.

Individualized plans were provided to the auditor, which included documentation where mitigation of risk was completed for residents who were at high risk of victimization or aggressiveness. This included careful consideration of the housing of the resident.

115.242 (c) Not Applicable.

115.242 (d) Not Applicable.

115.242 (e) Not Applicable.

115.242 (f) Not Applicable.

Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy · Resident Handbook · Sexual Assault Awareness Pamphlet · PREA Investigative Packets · PREA Posters · Memorandum with the Trauma Intervention Program of Portland/Vancouver (TIPNW, Inc.) · Example of Third-Party Report · Staff PREA Training · Reporting Form · Updated Educational Documents <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Random Staff · Random Residents · TIP Line Representative <p>115.251 (a) NWRRC reported on the PAQ 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.</p>

The NWRRC 2.10 PREA Policy states, "RESIDENT REPORTING A. Residents who are victims of or have knowledge of sexual misconduct shall have multiple avenues to report the misconduct.

1. Residents can make a verbal report to a staff member of their choosing, who is then required to complete a written report and forward it to the PREA Coordinator.

2. Residents may make a report on a grievance form and place it in the locked residents' mail box, which is checked daily, and the grievance will be forwarded to the Executive Director (or designee). The resident may also deliver it to a staff member as an emergency grievance. Designated staff will process such grievances immediately, as a high priority, in accordance with established facility emergency grievance procedures.

a. Reports of residents in imminent danger will be addressed immediately, and a resolution to ensure safety will be developed within no more than 24 hours.

b. Residents' PREA grievances will not be referred to the staff member who is the subject of the complaint.

3. Residents may make a confidential report to the local, outside agency, Trauma Intervention Program (TIP). The telephone number (971) 563-9642 will be on the brochure given at orientation and listed on bulletin boards throughout the facility. 4. Residents may access the NWRRC website and file an online report."

The facility states it provides every resident a "Resident Manual," which states, "In order to promote your safety, all residents are encouraged to report instances of sexual assault, sexual abuse, and sexual harassment to any program staff member. Residents may also make a report through a grievance form, calling the Trauma Intervention Program (TIP) hotline at 971-563-9642 or by accessing the website at www.rrc.org and clicking on the PREA button, where a report form will be displayed."

The auditor reviewed investigative packets, which included examples of residents utilizing the various ways to report an incident, including through voicemail and the webpage.

The Sexual Assault Awareness Pamphlet that is placed throughout the facility also lists the various ways in which a resident can report. It states residents may tell a staff member, complete a grievance form, report on the website, or call the TIP line. The pamphlet also provides contact information for the PREA Coordinator (email and phone).

The auditor was able to view several PREA posters that were strategically located throughout the facility, which detail the various ways in which residents may report a PREA allegation. During the site review, the auditor did note there were some posters with out-of-date phone numbers. After the onsite, the facility ensured all posters were updated with the correct phone numbers, and photo evidence of the updated posters was provided to the auditor as proof documentation.

Random staff and random residents were asked about various reporting options. Almost every member of staff and resident who were interviewed were able to list the various ways in which residents can report; however, the most prevalent answer was to report directly to staff. Many residents said they would feel comfortable going directly to a staff member or a supervisor to report. Many residents believed their reports would be taken seriously. All staff members interviewed said they would immediately forward any resident reports through the chain of command or directly to the PREA Coordinator.

The auditor tested the various reporting options that were listed in various educational materials. The auditor did note that the person who answered the "TIP" line was unclear that they were a reporting mechanism, but said they would contact their Director and forward the auditor's contact information. The auditor made this call on a weekend, and the person who answered the call was an after-hours answering service. In discussions with the facility, this was something they had already identified when a resident also tried to contact this line. They worked with the Director to update the MOU, and a new phone number was provided to the facility to utilize. The facility updated the various educational materials to include the new phone line for TIP, which is 971-220-5295. They also provided an email where the TIP Program Director verified a test call.

All educational documents, including posters, handbooks, etc., were updated to include the new phone number for TIP, and copies and photo evidence were provided to the auditor.

The auditor tested the phone number to the PREA Coordinator while at the facility, utilizing the resident phone that is available. The phone number did not go to the PREA Coordinator and instead went to another line in the facility. Additionally, the auditor noted the connection was broken, and it was difficult to hear what was being said. The facility repaired the phone and updated the posters that were incorrect with the correct phone number for the PREA Coordinator. Photo evidence was provided to the auditor.

The auditor filed a “test” grievance during the site review. The grievance was immediately processed in accordance with the instructions, and proof documentation was provided to the auditor.

115.251 (b) NWRRC reported on the PAQ that they do inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

NWRRC utilized the Trauma Intervention Program of Portland/Vancouver (TIP) Line as an outside reporting mechanism, which is a private nonprofit entity that is not part of NWRRC.

The facility provided the auditor with an MOU with TIP, which explains that NWRRC residents can report a PREA incident to them, and that report will immediately be forwarded to the PREA Coordinator, with a copy to NWRRC's Executive Director. They agreed to respect the confidential nature of PREA-related incidents, communicate any concerns or questions that TIP staff may have to the NWRRC PREA Coordinator, and provide trauma response training to NWRRC. NWRRC provides TIP compensation to provide these services. Upon further review, the auditor noted that the MOU did not address the ability for a resident to remain anonymous upon request. A new MOU was completed, which specifically states that TIP will allow the caller to remain anonymous if requested. The facility also updated the PREA posters, pamphlets, and website to include information that a resident may request to remain anonymous when contacting the TIP line. Proof documentation of the updates was provided to the auditor.

115.251 (c) NWRRC reported on the PAQ that staff will accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The NWRRC 2.10 PREA Policy states, “Any staff member who becomes aware of an incident, either through a report from a resident or an outside party, or has observed an incident, or has reason to suspect a PREA-related incident has occurred will complete a PREA Report form and forward it to the Executive Director, Facility Director or designee and the PREA Coordinator for review.”

It also states, "Should a third-party report in person or via telephone, the staff member receiving the report will document the information on the PREA Report Form and follow the procedures utilized for reports made by residents."

The auditor interviewed several staff during the site review. Each staff member said they would accept a report in any way, to include verbally, in writing, anonymously, and from third parties, and would promptly document any verbal reports.

The auditor reviewed investigative packets, which showed that staff accepted reports, regardless of how they were received. Additionally, sample reports outside of the twelve-month documentation period were also provided to the auditor as examples, including a third-party report.

115.251 (d) NWRRC reported on the PAQ; they provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The NWRRC 2.10 PREA Policy states, "Privacy will be ensured when reports are given." It states that staff will report to their supervisor, Human Resources, Operations Manager, Facility Director, or Executive Director, providing them with options in case they do not feel comfortable reporting to a particular person.

A PREA training outline and reporting form were provided to the auditor, which show staff reporting instructions.

Some staff who were interviewed said they knew how to privately report, and most said they would contact the PREA Coordinator directly. All said they would ensure that PREA-related information was treated as confidential and they would keep that information private.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard. The facility took immediate action to ensure the TIP number was working correctly and updated all educational documents. Additionally, they repaired a non-working phone. The auditor is satisfied that this corrective action has been institutionalized.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 981 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 342 815 376">Supporting Documentation Reviewed:</p> <ul data-bbox="280 414 991 875" style="list-style-type: none"> <li data-bbox="280 414 722 448">· NWRRRC 2.10 PREA Policy <li data-bbox="280 486 866 519">· NWRRRC 14.1 Grievance Procedures <li data-bbox="280 557 887 591">· NWRRRC 14.2 Administrative Remedy <li data-bbox="280 629 991 663">· Administrative Remedy Response Examples <li data-bbox="280 701 595 734">· Grievance Form <li data-bbox="280 772 703 806">· BOP Statement of Work <li data-bbox="280 844 647 878">· Resident Handbook <p data-bbox="280 987 596 1021">Interviews Conducted:</p> <ul data-bbox="280 1059 620 1093" style="list-style-type: none"> <li data-bbox="280 1059 620 1093">· PREA Coordinator <p data-bbox="280 1202 1374 1279">115.252 (a) NWRRRC reported on the PAQ that they do have an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="280 1388 1458 1630">The NWRRRC 2.10 PREA Policy states, “Residents may make a report on a grievance form and place it in the locked residents’ mailbox, which is checked daily, and the grievance will be forwarded to the Executive Director (or designee). The resident may also deliver it to a staff member as an emergency grievance. Designated staff will process such grievances immediately, as a high priority, in accordance with established facility emergency grievance procedures.</p> <p data-bbox="280 1668 1425 1744">a. Reports of residents in imminent danger will be addressed immediately, and a resolution to ensure safety will be developed within no more than 24 hours.</p> <p data-bbox="280 1783 1430 1859">b. Residents' PREA grievances will not be referred to the staff member who is the subject of the complaint.”</p> <p data-bbox="280 1968 1433 2085">The NWRRRC 14.1 Grievance Procedures states that NWRRRC has an informal grievance procedure, in which grievances are kept confidential and addressed by NWRRRC management or their designees. It explains that grievance forms can be</p>

received by any staff member, and once they are filled out and signed, they are placed in a sealed envelope and placed in the Director's mailbox. A copy of the NWRRC grievance form was provided to the auditor.

BOP also has a formal grievance process, which the BOP Statement of Work discusses. This is outlined in NWRRC 14.2 Administrative Remedy, which explains how a grievance can be filed through BOP.

A copy of the BOP grievance form, "Request for Administrative Remedy," was provided to the auditor.

The Resident Manual was provided to the auditor, which explains the facility's grievance procedures. It explains that completed grievances should be placed by a resident in a locked mailbox on the main floor by the stairwell. The auditor utilized this locked mailbox when conducting a "test" grievance during the site review and verified that the mailbox is locked.

Some residents and staff knew that a PREA report could be made via grievance; however, most residents indicated they would report a PREA incident directly to facility staff members.

115.252 (b) NWRRC stated on the PAQ that it does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. They understand they may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. They said they do not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

No policies or procedures, or other documents provided to the auditor, indicated that there was any type of time limit to file a grievance. The PREA Coordinator indicated there would be no time limits related to sexual abuse grievances. She said any grievance would be immediately forwarded for investigation. The facility does not have an official "grievance coordinator," as facility management responds to grievances.

The NWRRC 14.1 Grievance Procedures states that NWRRC has an informal grievance procedure, in which grievances are kept confidential and addressed by

NWRRRC management or their designees.

A sample of an Administrative Remedy Response was provided to the auditor as proof of documentation and showed compliance with this provision. The facility reports there have been no grievances related to sexual abuse at the facility during the twelve months preceding the audit.

115.252 (c) NWRRRCs policies allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, because they are all answered by management at the facility.

The NWRRRC 2.10 PREA Policy states, "Residents' PREA grievances will not be referred to the staff member who is the subject of the complaint."

There was no indication that sexual abuse grievances had ever been submitted to the staff member who is the subject of the complaint or referred to them.

115.252 (d) NWRRRC reported on the PAQ that the agency shall 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. (2) Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency said it would notify the residents in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

The NWRRRC 2.10 PREA Policy states, " Designated staff will process such grievances immediately, as a high priority, in accordance with established facility emergency grievance procedures."

There were no examples of grievances related to sexual abuse at the facility; however, other grievances were provided as proof documentation. This grievance was responded to within the required timeframe.

115.252 (e) NWRRC reported on the PAQ that third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

The NWRRC 2.10 PREA Policy states, "Residents' family members and community members can access the same avenues to report a sexual assault or sexual misconduct involving residents that residents can utilize." It also states that, "If the resident declines to assist in the investigation of 3rd party report, this information will be noted in the PREA report documentation."

There were no examples of a third party filing a grievance on behalf of a resident; however, the facility was aware of the requirements.

115.252 (f) NWRRC reported on the PAQ that they have established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision document the agency's determination of whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The NWRRC 2.10 PREA Policy states, "Residents may make a report on a grievance form and place it in the locked residents' mailbox, which is checked daily, and the grievance will be forwarded to the Executive Director (or designee). The resident may also deliver it to a staff member as an emergency grievance. Designated staff will process such grievances immediately, as a high priority, in accordance with established facility emergency grievance procedures. a. Reports of residents in imminent danger will be addressed immediately, and a resolution to ensure safety

	<p>will be developed within no more than 24 hours.”</p> <p>There were no examples of emergency grievances being filed; however, staff were aware of the requirements in this provision.</p> <p>115.252 (g) NWRRC reported on the PAQ that they may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.</p> <p>The NWRRC 2.10 PREA Policy states, “Residents will not face disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish evidence to substantiate the allegation.”</p> <p>There were no examples of residents being disciplined for filing a grievance related to sexual abuse; however, staff were aware of the requirements in this provision.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy · Memorandum of Understanding with Call to Safety <p>Interviews Conducted:</p>

- PREA Coordinator
- Call to Safety Representative
- Just Detention International Designee

115.253 (a) NWRRC reported on the PAQ 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, and enables reasonable communication between residents and these organizations in as confidential a manner as possible.

The NWRRC 2.10 PREA Policy states, "After a victim has reported an incident of sexual abuse/sexual assault, NWRRC will ensure that s/he receives medical care, is offered advocacy services, counseling, or other appropriate support services. NWRRC has a Memorandum of Understanding (MOU) with Call to Safety for advocacy services. The contact number is (503)-235-5333." It also states, "NWRRC will ensure that a sexual assault survivor has access to advocacy and support, both within the facility and in the community, from community programs. If Law Enforcement is conducting an investigation, NWRRC staff will not assume that the resident has been referred for advocacy and support services."

The majority of the clients at NWRRC have their own personal cell phone, on which calls are not monitored by the facility. Additionally, NWRRC has one client phone available, which is free of charge and not monitored or recorded. The auditor tested to ensure this phone was able to contact the Call to Safety, and that call was successful.

Very few residents or staff knew that outside victim advocates for emotional support services related to sexual abuse were available, or how to access them. Although this information is located on a variety of educational materials, including posters, brochures, handbooks, etc., it is recommended that the facility continue to look for ways to educate residents and staff on these services. It was strongly recommended that staff in key positions, such as those who conduct PREA risk screenings, mental health staff, or investigators, be provided additional education since they may be in a position to conduct a referral to the services. The facility PREA Coordinator took immediate action in response to this feedback, and on 11/19/2025, training was provided for several staff, including case managers and NWRRC investigators.

The auditor reached out to a representative from Just Detention International, which is the national victim advocacy service. They were unaware of any concerns related to the facility.

The auditor also contacted Call to Safety, the outside confidential victim advocacy services with which NWRRC has an agreement. They were aware of the agreement and did not indicate there were any concerns with the facility.

The auditor reviewed the MOU with Call to Safety, which explains the services they provide residents when contacted by staff or a resident.

115.253 (b) NWRRC reported on the PAQ that they 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. The facility PREA Coordinator said they notify residents that they do not monitor or record any calls or inspect any mail from or to residents.

115.253 (c) NWRRC has entered into an MOU with Call to Safety, which is the community-based victim advocacy program in Portland, Oregon. The MOU specifies that they provide confidential emotional support services related to sexual abuse. The facility maintains and provided the auditor with a copy of the MOU. They provide services at SANE examination, by utilizing a 24/7 crisis line for emotional support, safety planning, crisis intervention, resource sharing, and referral for follow-up, and may provide in-person services when needed.

The auditor contacted Call to Safety, who was aware of the MOU and did not tell the auditor about any concerns.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documentation Reviewed:

- NWRRRC 2.10 PREA Policy
- Website (<https://nw-rrc.org/prea/>)
- Resident Handbook
- Sexual Assault Awareness Brochure (English and Spanish)
- Investigative Packets

Interviews Conducted:

- PREA Coordinator
- Random Staff
- Random Residents

115.254 (a) NWRRRC reported on the PAQ that they have established a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The reporting information and mechanism for third-party reports are located on the website, at <https://nw-rrc.org/prea/>.

The NWRRRC 2.10 PREA Policy states, "Residents may access the NWRRRC website and file an online report." It also states, "Residents' family members and community members can access the same avenues to report a sexual assault or sexual misconduct involving residents that residents can utilize.

1. Should a third party report in person or via telephone, the staff member receiving the report will document the information on the PREA Report Form and follow the procedures utilized for reports made by residents."

The Resident Handbook and Brochure both explain the website reporting mechanism.

The auditor reviewed investigative packets that included third-party reports. These reports were processed in accordance with this standard.

	<p>The auditor completed a test of the reporting process through the website, and it was processed and reported to the auditor.</p> <p>The auditor interviewed several staff and residents during the site review. Many knew about third-party reporting options. Some residents indicated they could report on the website or have their family members do so. Many residents have computer or laptop access. Staff reported that regardless of how the incident was reported, even if by a third party, they would immediately report allegations.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · PREA Training · Investigative Packets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Random Staff · Mental Health Staff <p>115.261 (a) NWRRRC reported on the PAQ they 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p>

The NWRRC 2.10 PREA Policy states, "In addition to being required to take reports from residents, all staff members are mandated to immediately report information, knowledge, suspected or known incidents of sexual assault/abuse/harassment committed by another staff member.

1. Staff will report information to their supervisor, Human Resources, Operations Manager, Facility Director, or Executive Director.
2. Privacy will be ensured when reports are given.
3. The staff reporter will be informed that any retaliatory behaviors can be reported to a board member or to anyone in A.1. a. Other staff members who are aware of retaliatory behavior toward the reporter are required to immediately report that behavior to A.1 or A.3. 4. Staff is mandated to report if staff neglect or a violation of staff responsibilities contributed to retaliation or to a PREA-related incident."

PREA Training that is provided to staff was reviewed by the auditor, and included the requirement to 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The auditor reviewed investigative packets that included staff immediately reporting information regarding sexual abuse and sexual harassment. There were no instances of retaliation or staff neglect, or violations included in any investigative packets.

Random staff who were interviewed understood their requirements to immediately report all allegations included in this provision.

115.261 (b) NWRRC reported on the PAQ that, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The NWRRC 2.10 PREA Policy states, "Staff is prohibited from sharing information on

a PREA incident except with those conducting an investigation or providing care for the alleged victim. Information can be shared on an as-needed basis to maintain the safety and security of those living/working in the facility.”

Staff who were interviewed by the auditor were knowledgeable in the sensitive nature of PREA-related information and understood the need to maintain absolute confidentiality except when needed to make treatment, investigation, and other security or management decisions. There were no indications in interviews or file reviews that confidentiality had been compromised in any PREA-related allegation.

115.261 (c) NWRRC understands that mental health staff who work at the facility are mandatory reporters. There are no medical practitioners who currently work at the facility; however, staff who coordinate outside medical care also understand that they are mandatory reporters. There is no state, federal, or local law that prohibits such reporting.

A mental health staff member who was interviewed said he understood he was a mandatory reporter of any PREA-related incident or report.

115.261 (d) NWRRC reported on the PAQ that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

The auditor reviewed state and local law regarding vulnerable adults in Portland, Oregon. It requires that all abuse be reported to the Department of Human Services or the law enforcement agency within the county where the person is making the report. Under this requirement (ORS 430.743), a report to the criminal investigative entity already in place would be appropriate, satisfying this requirement. There were no examples of this occurring for the auditor to review.

115.261 (e) NWRRC reported on the PAQ that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Each random staff member was asked if they knew who the facilities' designated investigators were or at least knew the PREA Coordinator was an investigator.

	<p>The auditor reviewed investigative packets in which all reports were forwarded to the facility's designated investigators.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · Random Staff <p>115.262 (a) NWRRRC reported on the PAQ that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, they will take immediate action to protect the resident.</p> <p>The NWRRRC 2.10 PREA Policy states, "a. Reports of residents in imminent danger will be addressed immediately, and a resolution to ensure safety will be developed within no more than 24 hours."</p> <p>In the past twelve months, there had been no such incidents for the auditor to review; however, the auditor spoke with several staff members who understood the need for immediate action when a substantial risk of imminent sexual abuse was discovered. The facility discussed several options to keep someone safe, including specific rooms with cameras in them that could be utilized for immediate separation.</p>

	<p>Interviews with random staff indicated a thorough understanding of the need to take immediate action to protect residents.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy · Email Proof Documentation · Mock PREA Risk Screening Scenario · Mock Confinement Notification Email · Updated NWRRC 2.10 PREA Policy <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Agency Head Designee <p>115.263 (a) The NWRRC 2.10 PREA Policy said, “When a resident reports an incident that occurred at another facility, the PREA Coordinator shall notify the Executive Director or his designee. The PREA Coordinator will document and report the information to the facility where the alleged incident occurred within 72 hours of knowledge of the report.”</p> <p>The auditor explained to the facility that this policy contradicts the requirement that</p>

the notification be from the head of the facility to the head of the other facility or the appropriate office of the agency or facility in which the sexual abuse occurred.

Email proof of these notifications was maintained by the facility and was provided to the auditor. Each of these notifications was completed by the NWRRC PREA Coordinator, as outlined in policy.

The facility entered into a corrective action period, in which the auditor will review any notifications required under this standard to ensure notifications are completed by the head of the facility to the head of the other facility or the appropriate office of the agency or facility in which the sexual abuse occurred.

During the corrective action period, the facility updated the NWRRC 2.10 PREA Policy and provided it to the auditor. The updated PREA Policy states, "When a resident reports an incident that occurred at another facility, the PREA Coordinator shall notify the Executive Director or the Facility Director. The PREA Coordinator will ensure the Directors have the contact information to enable them to report the information to the facility where the alleged incident occurred within 72 hours of knowledge of the report." The NWRRC 2.10 PREA Policy effective date was November 11, 2025.

During the corrective action period, there were no residents who had indicated they had been sexually abused at another facility. The auditor verified this by independently selecting several PREA risk screening records, none of which required a confinement notification be provided. To show institutionalization, the facility created and completed a mock scenario in which a resident reported they had been sexually abused at another facility during a 72-hour PREA risk screening on 2/24/2026. The PREA Coordinator notified the facility head the same day, and the notification was provided from the facility head to the facility head of the facility where the allegation was alleged to have occurred on 2/25/2026. The mock scenario, documentation, and a copy of the facility head's email were provided to the auditor.

115.263 (b) The NWRRC 2.10 PREA Policy requires that such notifications be given within 72 hours of receiving an allegation.

The auditor received several examples of such notifications. One notification was not provided within the 72-hour timeframe. The agency PREA Coordinator was

aware of the requirement, and the auditor indicated in the interim audit report that she would monitor this timeframe for future reports to ensure institutionalization within the 72-hour required timeframe.

During the corrective action period, there were no residents who had indicated they had been sexually abused at another facility. The auditor verified this by independently selecting several PREA risk screening records, none of which required a confinement notification be provided. To show institutionalization, the facility created and completed a mock scenario in which a resident reported they had been sexually abused at another facility during a 72-hour PREA risk screening on 2/24/2026. The PREA Coordinator notified the facility head the same day, and the notification was provided from the facility head to the facility head of the facility where the allegation was alleged to have occurred on 2/25/2026. The mock scenario, documentation, and a copy of the facility head's email were provided to the auditor.

115.263 (c) NWRRC documents that such notifications are provided and were provided to the auditor as proof documentation.

115.263 (d) The facility reported on the PAQ that it requires that allegations received from other facilities and agencies be investigated in accordance with the PREA standards.

The facility understood that any allegation that is received will be investigated; however, there were no such reports from another facility that a resident was sexually abused at NWRRC.

Corrective Action and Conclusion:

The facility entered into a corrective action period, in which the auditor indicated she would review any notifications required under this standard to ensure notifications are completed by the head of the facility to the head of the other facility or at the appropriate office of the agency or facility in which the sexual abuse occurred, within 72 hours.

During the corrective action period, there were no residents who had indicated they had been sexually abused at another facility. The auditor verified this by

	<p>independently selecting several PREA risk screening records, none of which required a confinement notification be provided. To show institutionalization, the facility created and completed a mock scenario in which a resident reported they had been sexually abused at another facility during a 72-hour PREA risk screening on 2/24/2026. The PREA Coordinator notified the facility head the same day, and the notification was provided from the facility head to the facility head of the facility where the allegation was alleged to have occurred on 2/25/2026. The mock scenario, documentation, and a copy of the facility head's email were provided to the auditor.</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.264 Staff first responder duties	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · PREA Kits <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Random Staff <p>115.264 (a) NWRRRC said that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes,</p>

urinating, defecating, smoking, drinking, or eating.

The NWRRC 2.10 PREA Policy states, "Staff who receives an initial report of sexual misconduct is identified as the First Responder and has the following responsibilities:

1. Separate the victim from the alleged assailant to protect the victim and prevent further violence.
2. Enlist the assistance of co-workers to secure the crime scene, if applicable, notify the Executive Director, Facility Director or Operations Manager, for further instructions on responding to a potential crime and responding to the alleged victim's needs.
3. Reported information will be documented on the PREA Report form.
4. Encourage the victim and or accused to refrain from showering, brushing teeth, using the toilet, smoking, drinking, eating, and changing clothes."

Many staff at the facility were well-versed on first responder duties and said they would immediately ensure safety by separating the alleged victim from the abuser. Most knew about crime scene preservation; however, all knew there were PREA kits available in control that gave evidence handling directions. The auditor observed the kits while on-site. The facility staff explained that they would place an alleged perpetrator in a room with a camera, without water access. Victims would be encouraged not to destroy evidence, but the majority of staff who were interviewed knew that they would not force a victim to not destroy evidence.

The facility reported there was one allegation that was made that was within the timeframe for evidence collection. In that instance, the perpetrator was not known, and the alleged victim was placed in a room with a camera until transport to the hospital. The auditor reviewed the investigative packet, and the response according to this standard was completed.

115.264 (b) NWRRC reported on the PAQ that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

There had been no examples of this occurring in the twelve months preceding the auditor, but the auditor did interview several staff who were not security, and they

	<p>understood their requirements under this provision.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy · NWRRC Sexual Assault/Abuse Incident Review · PREA Intervention and Response Checklist · Investigative Packets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Incident Review Team Member <p>115.265 (a) NWRRC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The NWRRC 2.10 PREA Policy is the institution’s written plan, which outlines how the facilities respond to all instances of sexual abuse. It states, “After a victim has reported an incident of sexual abuse/sexual assault, NWRRC will ensure that s/he receives medical care, is offered advocacy services, counseling, or other appropriate support services. NWRRC has a Memorandum of Understanding (MOU) with Call to Safety for advocacy services. The contact number is (503)-235-5333.</p>

1. Medical Care: If the reported assault occurred within the past 120 hours, the alleged victim is eligible for a sexual assault exam, at no cost to him/her, including a rape kit.

ii. Victims will go to either OHSU or Legacy Emanuel, where forensic (SANE) examiners are on staff.

iii. The resident may not utilize his or her personal vehicle to drive alone to the exam. Transportation will be evaluated on a case-by-case basis by the Executive Director or Facility Director with input from mental health staff or the Case Manager, if applicable. If the resident wants to be transported by an approved visitor, this will be approved.

2. If the reported assault occurred after 120 hours, the resident is eligible for a Medical Exam at an emergency room of the resident's choosing to evaluate and treat injuries, test for and treat sexually transmitted diseases, and test for and respond to potential pregnancy. b. NWRRC will ensure that a sexual assault survivor has access to advocacy and support, both within the facility and in the community, from community programs. If Law Enforcement is conducting an investigation, NWRRC staff will not assume that the residents have been referred for advocacy and support services. Mental Health staff or the PREA Coordinator will ensure that the resident is referred for services."

The PREA Policy also states, "The PREA Coordinator will conduct a debrief to include staff first responders, mental health practitioners, the investigator, and facility leadership within one week to review the incident, the standards for response, the roles each staff member provided in response, whether the standards were met, and identify lessons learned for future improvements.

G. Psychological trauma may occur to the individuals other than the victim of sexual misconduct. Mental health staff shall be available to support and assist those in need.

H. Residents who report sexual assault/abuse that occurred at another facility are eligible for all of the same support services listed above.

1. Mental Health or Case Management will provide the Resident with an advocacy referral."

The facility also provided the auditor with the NWRRC Sexual Assault/Abuse Incident Review form. This is a multidisciplinary approach to reviewing allegations of sexual abuse.

The PREA Intervention and Response Checklist was provided to the auditor, which

	<p>ensures that first responder duties, including evidence collection, a referral to medical and mental health care, advocacy services, and notifications are made to the investigator and the facility leadership team.</p> <p>The PREA Coordinator and another manager explained to the auditor how the facility management team works collaboratively with first responders, medical/ mental health, investigators, and facility leadership to respond to every allegation of sexual abuse.</p> <p>The auditor reviewed investigative packets that showed the facility’s coordination of its plan.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · PAQ <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator <p>115.266 (a) NWRRC is a non-profit organization and does not participate in collective bargaining; therefore, the requirement in this standard is not applicable. The facility has the ability to remove staff sexual abusers from contact with any resident pending the outcome of the investigation or of a determination of whether and to what extent discipline is warranted.</p>

	<p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · PREA Retaliation Check In Questions · PREA Retaliation Log · NWRRRC Client Sexual Abuse/Harassment Form · Memorandum of Case Closure · Email Examples · PREA Intervention and Response Checklist · Investigative Packets · Retaliation Monitoring Log · Retaliation Monitoring Form · Mock Completed Retaliation Monitoring Log <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Staff Member who Monitors for Retaliation <p>115.267 (a) NWRRRC reported on the PAQ that they established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with</p>

sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and shall designate which staff members or departments are charged with monitoring retaliation.

The NWRRC 2.10 PREA Policy states, "Residents and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment." It also states, "Retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. Those who retaliate may face disciplinary action, up to and including dismissal for employees.

1. Residents will not face disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish evidence to substantiate the allegation.
2. Staff or residents who experience retaliation may report such behavior to a board member. Contact information can be obtained on the agency website, and it is posted on bulletin boards in the facility.
3. Retaliation will be monitored for a minimum of 90 days by a staff member appointed by the Executive Director, Facility Director or board member, and may exceed 90 days if behaviors indicate a need."

The NWRRC Client Sexual Abuse/Harassment Form asks specifically about reported retaliation.

NWRRC has designated Case Managers to do the retaliation monitoring. The auditor interviewed a Case Manager; however, they said it was just a check-in, and they did not specifically ask or look for retaliation.

The auditor was provided with a blank PREA Retaliation Check-In Questions; however, the staff member who was interviewed was not aware of these questions. The questions did not cover what is required under this standard, so the facility was instructed to formalize this process and give clear direction/training to staff who complete retaliation monitoring.

A retaliation tracking form was provided to the auditor, which shows the dates of the check-ins. Additionally, a new form was created to utilize and training was provided to staff to ensure they understood the requirements.

115.267 (b) NWRRRC reported on the PAQ that they 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.

The PREA Coordinator discussed the various ways to protect residents or staff who report sexual abuse from retaliation. She indicated that she has the ability to remove abusers or separate them from others.

115.267 (c) NWRRRC reported on the PAQ that for at least 90 days following a report of sexual abuse, the agency monitors the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. They were advised that items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

A sample of a closure letter was provided to the auditor, which explained that their case manager would be in contact with them for a minimum of 90 days to ensure that there has not been any retaliation due to the PREA event.

The auditor determined through an interview with staff who conduct retaliation monitoring and in document review that although the facility is meeting with the reporters, they are not monitoring what is required in this provision. The facility was notified that they need to develop a process and train/instruct staff on how this process should be conducted. The facility took immediate action and developed a form that includes all requirements of this provision. Instructions are included on the form, which state, "To be completed upon receipt of a sexual abuse allegation for monitoring of staff and resident(s) who report sexual abuse or for monitoring of resident(s) who are an alleged victim of sexual abuse. Resident(s) who have experienced sexual abuse have the right to victim advocacy services (Call To Safety). Retaliation monitoring can cease if an investigation determines No Evidence/Unfounded. Transfer of staff or a resident does not discontinue retaliation monitoring. "

The form indicates check-ins will be completed weekly for at least 13 weeks. Additionally, it will include documentation of face-to-face contact, retaliation that is

experienced from the staff or resident, program changes reviewed, housing changes, disciplinary reports reviewed, and staff review of performance evaluations and reassignment of staff.

The PREA Coordinator provided training to the management team, investigators, mental health staff members, and case managers on how to utilize the new form.

The auditor monitored compliance during the corrective action period; however, there were no allegations of sexual abuse or sexual harassment to demonstrate compliance. The facility created a mock scenario to demonstrate institutionalization, and proof documentation was provided to the auditor, which showed an understanding of the requirements of this standard.

115.267 (d) NWRRC reported on the PAQ that in the case of residents, such monitoring shall also include periodic status checks.

The auditor was provided with a Retaliation Monitoring Log, which showed three separate required check-ins. Once the form was updated, it required at least 13 different in-person periodic status checks.

The staff member who conducts retaliation checks, who was interviewed, understood this requirement.

115.267 (e) NWRRC reported on the PAQ that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall respond appropriately to protect that individual against retaliation.

The auditor was provided with proof documentation of one instance when retaliation was indicated. In that circumstance, the resident who was retaliating against the reporter was terminated from the program.

115.267 (f) NWRRC understood the agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

	<p>The auditor reviewed instances in the investigative packets in which an unfounded allegation terminated the retaliation monitoring. Additionally, because of the short turnover at the facility, several residents were released before the 90 days were completed, and a note was made on the Retaliation Monitoring Log.</p> <p>The new Retaliation Monitoring Form included instructions that “Retaliation monitoring can cease if an investigation determines No Evidence/Unfounded.”</p> <p>Corrective Action and Conclusion:</p> <p>The facility had already implemented corrective action for this provision when the interim audit report was issued, including the development of a new form and training for staff who conduct retaliation monitoring.</p> <p>The auditor monitored compliance during the corrective action period; however, there were no allegations of sexual abuse or sexual harassment to demonstrate compliance. The facility created a mock scenario to demonstrate institutionalization, and proof documentation was provided to the auditor, which showed an understanding of the requirements of this standard.</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · PREA Intervention and Response Checklist · Investigative Packets <p>Interviews Conducted:</p>

- PREA Coordinator
- Administrative Investigator

115.271 (a) NWRRC reported on the PAQ that they understand that if the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

NWRRC has a policy related to criminal and administrative agency investigations. The NWRRC 2.10 PREA Policy states, "All reports of sexual assault, sexual abuse, sexual harassment, and voyeurism will be taken seriously and will be investigated." It also states, "The Executive Director, Facility Director, or designee with PREA investigator training will gather preliminary information to determine whether BOP or the Portland Police Bureau has jurisdiction to proceed with the investigation and will notify the appropriate agency."

A PREA Intervention and Response Checklist was provided to the auditor, which outlines the first steps after an allegation is made, including proper notification so an investigation can be assigned. The checklist indicates local law enforcement would be notified of any allegation of sexual assault.

The auditor interviewed an administrative investigator, who also reinforced that any investigation, regardless of how it is received, would result in a prompt, thorough, and objective investigation.

The auditor reviewed all six allegations of sexual abuse and sexual harassment that occurred in the twelve-month period preceding the audit. All investigations were completed promptly, thoroughly, and objectively, regardless of how the information was received.

115.271 (b) NWRRC reported on the PAQ that they only utilize investigators who have received specialized training in how to conduct sexual abuse investigations pursuant to 115.234.

The auditor reviewed training certificates for every investigator at the facility and confirmed through an interview with one administrative investigator that she had

received and understood specialized training pursuant to this provision. The details of compliance determinations for this provision are outlined in the narrative discussion for 115.234.

115.271 (c) NWRRC reported on the PAQ that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

A PREA Intervention and Response Checklist was provided to the auditor, which explains the initial evidence collection that was completed. The investigator who was interviewed was aware of this requirement and was knowledgeable in evidence collection and the process they would go through to complete a thorough investigation.

The auditor reviewed all six allegations of sexual abuse and sexual harassment that occurred in the twelve-month period preceding the audit. All investigations included the necessary inclusions to be compliant with this provision.

115.271 (d) The NWRRC investigator reported an understanding that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The auditor reviewed all six allegations of sexual abuse and sexual harassment that occurred in the twelve-month period preceding the audit and verified that compelled interviews had not been conducted.

115.271 (e) NWRRC understands that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. NWRRC does conduct polygraph examinations or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

During an interview with an administrative investigator, she confirmed that they would never conduct a polygraph examination or any other truth-telling device in

any type of investigation. She also said that credibility is always assessed on an individual basis and not determined by the person's status as a staff or resident.

The auditors reviewed all six investigative packets for the twelve-month period preceding the audit, verified that truth-telling devices had not been utilized, and credibility had been assessed appropriately.

115.271 (f) NWRRC reported on the PAQ that administrative investigations should include an effort to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

An interview with an administrative investigator indicated an understanding of the requirements in this provision.

The auditor reviewed all six allegations of sexual abuse and sexual harassment that occurred in the twelve-month period preceding the audit and verified compliance with this provision. Reports included a determination of whether staff actions or failures to act contributed to the abuse, and were documented in written reports that include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.271 (g) NWRRC reported on the PAQ that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible; however, NWRRC does not conduct criminal investigations. Criminal investigations are conducted by the Portland Police Bureau, which has agreed to comply with relevant PREA standards.

The auditor was not able to review any criminal investigative reports, as there were none available for the twelve months preceding the audit.

115.271 (h) NWRRC reported in the PAQ that all substantiated allegations of conduct that appear to be criminal would be referred for prosecution. The facility investigator who was interviewed indicated this would be done by the Portland Police Bureau.

There were no examples of this occurring in the twelve months preceding the audit for the auditor to review.

115.271 (i) NWRRC reported on the PAQ that the agency would retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The NWRRC 2.10 PREA Policy states, "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."

The agency's PREA Coordinator understood this requirement and was able to supply the auditor with copies of investigative reports that had been retained.

115.271 (j) The administrative investigator who was interviewed said a full investigation would always be completed, even if the alleged abuser or victim was no longer employed or in the control of the facility.

The auditor reviewed six investigative packets and verified that a full investigation continues after the departure of alleged abusers and alleged victims.

115.271 (k) NWRRC understood that any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements; however, there had been no such investigations.

There was no indication in reviewing an investigative file or speaking with the investigator that any state entity or Department of Justice component had conducted investigations at this facility.

115.271 (l) NWRRC understood that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

	<p>The auditor discussed this provision with an administrative investigator at the facility. The facility has not had a criminal investigation completed by an outside investigator, but she understood the requirement to remain informed if it were to occur.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Administrative Investigator <p>115.272 (a) NWRRRC reported on the PAQ that they impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The NWRRRC 2.10 PREA Policy defines preponderance as “means the greater weight of the evidence indicates that the alleged offense is more likely than not to have occurred.”</p> <p>A substantiated allegation is defined in policy as “An allegation that was investigated and determined to have occurred.”</p>

	<p>An interview with an investigator indicated an understanding of the standard of evidence needed to substantiate an allegation.</p> <p>The auditor reviewed six investigative packets and verified that substantiated findings were made appropriately, and according to this requirement.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · Memorandum Regarding PREA Investigation Closure · Investigative Packets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Residents Who Have Reported Sexual Abuse <p>115.273 (a) NWRRRC understood that following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The NWRRRC 2.10 PREA Policy states, "The victim or alleged victim in the incident</p>

will be notified of the results of the investigation within 48 business hours of its conclusion.”

The auditor reviewed six investigative packets, and each included a notification of the outcome of the investigation by a written memo to the alleged victim from the PREA Coordinator.

The auditor interviewed one resident who had reported sexual abuse. She reported that she was notified of the outcome of the investigation.

115.273 (b) NWRRC understood that If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

The PREA Coordinator understood this requirement; however, there had been no outside agency investigations during the twelve months preceding the audit.

115.273 (c) NWRRC reported on the PAQ that “Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”

The PREA policy does not specifically require this, so it is recommended that the facility include this language during the next update.

The Agency PREA Coordinator was aware of this requirement, and a review of investigative packets indicated compliance with this provision.

115.273 (d) NWRRC reported on the PAQ that following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: 1) The agency learns that the

	<p>alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications shall be documented.</p> <p>The PREA policy does not specifically require this, so it is recommended that the facility include this language during the next update.</p> <p>The Agency PREA Coordinator was aware of this requirement, and a review of investigative packets indicated compliance with this provision.</p> <p>115.273 (e) NWRRC documents all such notifications or attempted notifications. Documentation is completed, via memorandum, and was included in the six investigative packets the auditor reviewed.</p> <p>115.273 (f) NWRRC understood that the agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody; however, the auditor verified they would still notify the resident once released if they were able to locate them.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy · Investigative Packets

Interviews Conducted:

- PREA Coordinator
- Random Staff

115.276 (a) NWRRC reported on the PAQ that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The NWRRC 2.10 PREA Policy states, "A staff member/volunteer/contractor that is found guilty of committing a PREA-related act is subject to discipline, and depending on the circumstances, termination and prosecution."

It also states, " Northwest Regional Re-Entry Center(NWRRC) has zero tolerance relating to the sexual assault/sexual abuse and sexual harassment of residents, and recognizes these residents as potential crime victims. The agency will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action, and refer for investigation and prosecution those who perpetrate such conduct. "

The auditor verified there had been no substantiated staff-related sexual abuse or sexual harassment allegations or allegations that staff had violated sexual abuse or sexual harassment policies through reviewing investigative packets.

Random staff who were interviewed understood they would be subject to disciplinary action, up to termination for violating sexual abuse or sexual harassment policies, and believed that facility managers would take any such violation seriously. It was clear through discussions with management at the facility that they would take a zero-tolerance approach to such violations.

115.276 (b) NWRRC understood that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; however, they reported there had been no such violation in the twelve months preceding the audit.

The auditor verified this by reviewing investigative packets for all six allegations in the twelve months preceding the audit.

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

NWRRC reported there had been no such violation in the twelve months preceding the audit.

The auditor verified this by reviewing investigative packets for all six allegations in the twelve months preceding the audit.

115.276 (d) NWRRC reported on the PAQ that 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, would be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

NWRRC reported there had been no such violation in the twelve months preceding the audit.

The auditor verified this by reviewing investigative packets for all six allegations in the twelve months preceding the audit.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documentation Reviewed:

- NWRRC 2.10 PREA Policy

Interviews Conducted:

- PREA Coordinator
- Agency Head Designee
- Contractors
- Volunteers

115.277 (a) NWRRC reported on the PAQ that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The NWRRC 2.10 PREA Policy states, "A staff member/volunteer/contractor that is found guilty of committing a PREA-related act is subject to discipline, and depending on the circumstances, termination and prosecution."

NWRRC reported there had been no such violation in the twelve months preceding the audit.

The auditor verified this by reviewing investigative packets for all six allegations in the twelve months preceding the audit.

The PREA Coordinator and Agency Head understood the requirements in this provision.

Interviews with Volunteers and Contractors verified that they understood the requirements in this standard and the repercussions should they violate sexual abuse or sexual harassment policies.

115.277 (b) NWRRC reported on the PAQ that the facility would take appropriate

	<p>remedial measures and would consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>NWRRRC reported there had been no such violation in the twelve months preceding the audit.</p> <p>The auditor verified this by reviewing investigative packets for all six allegations in the twelve months preceding the audit.</p> <p>The PREA Coordinator and Agency Head understood the requirements in this provision.</p> <p>Interviews with Volunteers and Contractors verified that they understood the requirements in this standard and the repercussions should they violate sexual abuse or sexual harassment policies.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · Resident Handbook · Attachment B: Federal Bureau of Prisons Prohibited Acts and Disciplinary Severity Scale · Investigative Packets

Interviews Conducted:

- PREA Coordinator
- Random Residents

115.278 (a) NWRRC reported in the PAQ that residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

The NWRRC 2.10 PREA Policy states, Resident who is accused of sexual assault/abuse is subject to a BOP investigation and disciplinary process and/or an investigation by the Portland Police Bureau and prosecution.”

The Resident Handbook and Attachment B, Federal Bureau of Prisons Prohibited Acts and Disciplinary Severity Scale lists engaging in sexual acts and making sexual proposals or threats to another as a high-severity level prohibited act. A lower severity scale is listed as sexual assault as involving non-consensual sexual touching without force or threat of force.

Interviews with Random Residents indicated a good understanding that the facility would not tolerate resident-on-resident sexual abuse or sexual harassment, and there would be serious consequences for such behavior.

The auditor reviewed investigative packets that included a substantiated sexual abuse allegation, in which the resident abuser was removed from the facility and received disciplinary sanctions. This was verified through interviews with staff who assist in imposing disciplinary sanctions.

115.278 (b) NWRRC reported on the PAQ that sanctions are 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.

The auditor verified this through interviews with staff who assist in imposing

disciplinary sanctions.

115.278 (c) The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The auditor verified this through interviews with staff who assist in imposing disciplinary sanctions.

115.278 (d) As reported on the PAQ, NWRRC does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse; the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. Therefore, this provision is not applicable.

115.278 (e) NWRRC reported on the PAQ that agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

There were no instances of disciplinary action in a staff-related sexual abuse or sexual harassment allegation. The facility overall had a good understanding of the power differential that exists between staff and residents, and that any sexual contact would be sexual abuse.

The facility staff who were interviewed were clear that residents are not disciplined for being sexually abused by staff members.

115.278 (f) The NWRRC 2.10 PREA Policy states, "Residents will not face disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish evidence to substantiate the allegation."

There were no instances of residents being disciplined in good faith allegations in any documentation review the auditor conducted, or when interviewing any resident or staff person.

	<p>115.278 (g) NWRRC does prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>The Resident Handbook and Attachment B, Federal Bureau of Prisons Prohibited Acts and Disciplinary Severity Scale lists engaging in sexual acts and making sexual proposals or threats to another as a high-severity level prohibited act. A lower severity scale is listed as sexual assault as involving non-consensual sexual touching without force or threat of force.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Residents Who Have Reported Sexual Abuse · Mental Health Staff <p>115.282 (a) The PAQ stated resident victims of sexual abuse shall 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.</p>

The NWRRC 2.10 PREA Policy states, "NWRRC has a Memorandum of Understanding (MOU) with Call to Safety for advocacy services. The contact number is (503)-235-5333.

1. Medical Care: If the reported assault occurred within the past 120 hours, the alleged victim is eligible for a sexual assault exam, at no cost to him/her, including a rape kit.

ii. Victims will go to either OHSU or Legacy Emanuel where forensic (SANE) examiners are on staff. iii. The resident may not utilize his or her personal vehicle to drive alone to the exam. Transportation will be evaluated on a case-by-case basis by the Executive Director or Facility Director with input from mental health staff or the Case Manager, if applicable. If the resident wants to be transported by an approved visitor, this will be approved.

2. If the reported assault occurred after 120 hours, the resident is eligible for a Medical Exam at an emergency room of the resident's choosing to evaluate and treat injuries, test for and treat sexually transmitted diseases, and test for and respond to potential pregnancy.

a. NWRRC will ensure that a sexual assault survivor has access to advocacy and support, both within the facility and in the community, from community programs. If Law Enforcement is conducting an investigation, NWRRC staff will not assume that the resident has been referred for advocacy and support services. Mental Health staff or the PREA Coordinator will ensure that the resident is referred for services."

The policy also states, "Psychological trauma may occur to individuals other than the victim of sexual misconduct. Mental health staff shall be available to support and assist those in need."

The auditor interviewed one resident who was offered medical and mental health services after an allegation of sexual abuse. They verified the process as indicated in policy.

The auditor interviewed a mental health staff member at the facility, who verified

that crisis intervention services would be provided, and the nature and scope of which are determined according to their professional judgment.

There are no medical staff at the facility; however, a medical coordinator did indicate that any resident would be provided emergency medical services if indicated.

115.282 (b) NWRRC staff understood that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

This response is outlined in the incident checklist.

115.282 (c) NWRRC reported on the PAQ that Resident victims of sexual abuse while incarcerated shall be 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.

The PREA policy and incident checklist outline these requirements.

115.282 (d) A medical services coordinator verified that treatment services shall be 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.

There were no indications in the investigative file review or in any interview with residents or staff that residents had been charged for these services.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy · Investigative Packets <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator · Mental Health Staff · Medical Coordinator <p>115.283 (a) The PAQ reported that the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>The NWRRC 2.10 PREA Policy states, “Residents who report sexual assault/abuse that occurred at another facility are eligible for all of the same support services listed above.” This explains that the same medical and mental health response is provided to residents regardless of where the sexual abuse occurred.</p> <p>An interview with mental health staff and staff who coordinate medical services also verified this was the case.</p> <p>The auditor reviewed an investigative packet of a resident who had been sexually abused at a facility prior to NWRRC. The resident was transported to the hospital for a forensic examination and also provided follow-up medical and mental health services.</p> <p>115.283 (b) An interview with a mental health staff member verified that the evaluation and treatment of such victims shall include, as appropriate, follow-up</p>

services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

115.283 (c) An interview with a mental health staff member verified that NWRRC provides such victims with medical and mental health services consistent with the community level of care.

115.283 (d) NWRRC reported on the PAQ that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests, as appropriate.

The NWRRC 2.10 PREA Policy also explains that pregnancy testing would be offered.

Although there were no such examples for the investigator to review, there was no indication it had not occurred, as required.

115.283 (e) NWRRC reported on the PAQ that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

The NWRRC 2.10 PREA Policy states, "If the reported assault occurred after 120 hours, the resident is eligible for a Medical Exam at an emergency room of the resident's choosing to evaluate and treat injuries, test for and treat sexually transmitted diseases, and test for and respond to potential pregnancy."

Although there were no such examples for the investigator to review, there was no indication it had not occurred, as required.

115.283 (f) NWRRC reported on the PAQ that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

The facility reported that if the sexual abuse occurred within 120, this would be completed at the hospital, however, the NWRRC 2.10 PREA Policy states, "If the

reported assault occurred after 120 hours, the resident is eligible for a Medical Exam at an emergency room of the resident's choosing to evaluate and treat injuries, test for and treat sexually transmitted diseases and test for and respond to potential pregnancy.”

115.283 (g) An interview with a medical coordinator indicated that treatment would be without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.283 (h) An interview with a mental health staff member indicated that the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

It is important to note that due to the short-term nature of the facility and strict requirements to be housed there, any abuser would likely not be at the facility 60 days after abusing another resident.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · NWRRRC Sexual Assault/Abuse Incident Review <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator

· Incident Review Team Member

115.286 (a) The PAQ stated the facility conducts 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.

A Sexual Assault/Abuse Incident Review form was provided to the auditor. There was one sexual abuse allegation that occurred in the twelve months preceding the audit that required a sexual abuse incident review. The auditor reviewed and determined it was completed in accordance with this standard.

The NWRRC 2.10 PREA Policy states, "The PREA Coordinator will conduct a debrief to include staff first responders, mental health practitioners, the investigator, and facility leadership within one week to review the incident, the standards for response, the roles each staff member provided in response, whether the standards were met, and identify lessons learned for future improvements."

Interviews with the PREA Coordinator and Incident Review Team Member indicated an understanding of this process.

115.286 (b) The PREA Coordinator and Incident Review Team Member indicated an understanding that such reviews should ordinarily occur within 30 days of the conclusion of the investigation.

A review of the only incident review example indicated it was completed within 7 days of the incident, which exceeds the requirements of this standard.

The NWRRC 2.10 PREA Policy states, "The PREA Coordinator will conduct a debrief to include staff first responders, mental health practitioners, the investigator, and facility leadership within one week to review the incident, the standards for response, the roles each staff member provided in response, whether the standards were met, and identify lessons learned for future improvements."

The form does not indicate a requirement for it to be completed within 30 days, so

although the auditor believes this is occurring in practice, it is recommended that this be indicated on the form.

115.286 (c) The PAQ stated that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The NWRRC 2.10 PREA Policy states, "The PREA Coordinator will conduct a debrief to include staff first responders, mental health practitioners, the investigator, and facility leadership within one week to review the incident, the standards for response, the roles each staff member provided in response, whether the standards were met, and identify lessons learned for future improvements."

An interview with a Sexual Abuse Team Member and PREA Coordinator indicated input would be provided by line supervisor, investigators, and medical and mental health practitioners, but the incident review is completed by the facility leadership team. The PREA Coordinator and Executive Director sign the Sexual Abuse Incident Review; however, the attendees are also noted.

115.286 (d) The PAQ stated the review team: (1) Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Not Applicable. (3) Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assesses the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepares a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

The Sexual Abuse Response Team Member and PREA Coordinator was able to describe each requirement of this review.

The auditor reviewed the sexual abuse incident review form. It covers each of these requirements, with the exception of an indication of whether there is a need to change policy or practice. It covers staffing levels, camera placement, physical barriers creating blind spots, lack of recent camera monitoring, need for staff training, delayed headcounts, incident/situation elsewhere in the facility requiring

	<p>staff attention, lack of staff presence in an area, motivation by gender identity, perceived gender non-conforming appearance, race, or gang affiliation, or Other. Although the Incident Review Team Member explained that it would also cover a need to change policy or practice, it is recommended that this be specifically added to the form for greater clarity.</p> <p>The auditor reviewed a completed Sexual Abuse Incident review, where physical barriers were identified, and corrective action was taken.</p> <p>115.286 (e) The PAQ indicated that the facility implements the recommendations for improvement or shall document its reasons for not doing so.</p> <p>The auditor reviewed a completed Sexual Abuse Incident review, where physical barriers were identified, and corrective action was taken, resolved, and documented within 7 days of the reported incident.</p> <p>The Sexual Abuse Response Team Member and PREA Coordinator was able to describe how any recommendations for improvement would be handled, including implementation and documentation of such corrective actions.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · PREA Reports Tracking Form 2023-2025 · PREA Annual Reports for 2022, 2023, 2024

- NWRRRC Annual PREA Staffing Plan Assessment
- NWRRRC PREA Vulnerability Risk Assessment Tool

Interviews Conducted:

- PREA Coordinator
- Agency/Facility Head Designee

115.287 (a) The PAQ reported that NWRRRC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The NWRRRC 2.10 PREA Policy states, “NWRRRC employs a PREA Coordinator to oversee compliance with the PREA policies and procedures, to track data, and to recommend changes to ensure residents’ safety.

NWRRRC has established data collection systems to accurately track sexual abuse and sexual harassment, facilitate identification of the core causal factors, and incorporate ‘lessons learned’ into improved operations and services toward a sustainable zero-tolerance standard.”

The PREA policy also outlines definitions of data. The auditor noted during the initial review of documentation that the definitions did not match PREA standard definitions of sexual abuse and sexual harassment. For example, attempts, threats, or requests for sexual contact were not included in the definition of staff, contractor, or volunteer on resident sexual abuse. The facility was responsive and immediately updated the definitions in policy and corresponding documents.

The PREA Reports tracking form was provided to the auditor, which lists every PREA allegation since 2023. The tracking form included all the needed data collection.

An interview with the PREA Coordinator verified data collection efforts by the agency.

115.287 (b) NWRRRC aggregates the incident-based sexual abuse data at least annually through an Annual Report, which is publicly available. The auditor reviewed annual reports for 2022, 2023, and 2024. The annual reports included aggregated data for the years 2014-2024.

The NWRRRC 2.10 PREA Policy states, "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." It also states, "PREA-related statistics will be reported annually on the NWRRRC website.

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."

An interview with the PREA Coordinator and Facility/Agency Head verified aggregated report is completed annually and posted on the agency's website.

115.287 (c) The PAQ stated that the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

The PREA Reports tracking form was provided to the auditor, which lists every PREA allegation since 2023. The tracking form included all the needed data collection to answer all questions from the most recent version of the SSV.

The PREA Coordinator was aware of the data needed to complete the SSV; however, the Department of Justice had not requested the facility to complete the SSV since the last PREA audit at the facility.

115.287 (d) The PAQ states that NWRRRC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The NWRRRC 2.10 PREA Policy states, "NWRRRC employs a PREA Coordinator to oversee compliance with the PREA policies and procedures, to track data, and to recommend changes to ensure residents' safety.

	<p>NWRRRC has established data collection systems to accurately track sexual abuse and sexual harassment, facilitate identification of the core causal factors, and incorporate 'lessons learned' into improved operations and services toward a sustainable zero-tolerance standard.”</p> <p>The PREA Coordinator is highly organized and indicated that she understands these data collection efforts from all available incident-based documents.</p> <p>The NWRRRC Annual PREA Staffing Plan Assessment and NWRRRC PREA Vulnerability Risk Assessment Tool were provided to the auditor, which documents a thorough vulnerability review of the facility and documents the review and actions taken as a result of that review.</p> <p>115.287 (e) NWRRRC does not contract with private entities for the confinement of its residents; therefore, this provision is not applicable.</p> <p>115.287 (f) NWRRRC understands that, upon request, they should provide data from the previous calendar year to the Department of Justice no later than June 30th, or when the data is due; however, they have not had this information requested since the last PREA audit.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRRC 2.10 PREA Policy · PREA Annual Reports for 2022, 2023, 2024

- NWRRC Annual PREA Staffing Plan Assessment
- NWRRC PREA Vulnerability Risk Assessment Tool
- Website

Interviews Conducted:

- PREA Coordinator
- Agency Head Designee

115.288 (a) The PAQ stated that NWRRC reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The NWRRC 2.10 PREA Policy states, “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.

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.
- B. PREA-related statistics will be reported annually on the NWRRC website.
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.”

The auditor was provided with PREA Annual Reports for 2022, 2023, and 2024. The auditor noted that the annual report did not show any findings of corrective actions that were identified in the vulnerability assessments. The facility tool immediately responded, included those findings, and updated the annual report on the website.

The 2024 PREA Annual Report noted, "NWRRC has a zero-tolerance for sexual abuse, harassment, and retaliation for reporting an incident. The PREA standards require NWRRC to be audited every three years, and the next audit will be scheduled for October 2025.

The following progress was made in 2024 to reduce PREA-related incidents:

- Provided PREA online training to all employees
- Continued review of operational practices to enhance PREA safety
- Added additional mirrors for increased visibility
- Added additional cameras to areas identified by NWRRC's Vulnerability Risk Assessment Tool
- Considered the effect of facility remodel regarding NWRRC's ability to protect residents from sexual abuse."

The PREA Coordinator was aware of the requirements in this provision and was able to explain the process of completing the annual report. She is now aware that annual reports should include corrective actions found in the vulnerability assessments she completes.

115.288 (b) The PAQ stated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years.

The auditor verified in the PREA Annual Reports that they included this comparison. The reports also provided incident-based data for calendar years 2014-2024.

115.288 (c) NWRRC states that all annual reports are approved by the agency head and made readily available to the public through its website.

The auditor verified that annual reports are publicly available through their website at <https://nw-rrc.org/prea/>.

The interview with the Agency Head verified that he's approved the annual reports.

115.288 (d) NWRRC reported on the PAQ that it redacts material from an annual

	<p>report for publication, and the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>In review of the annual reports, it did not include any confidential information or information that is a threat to the safety and security of the facility; therefore, no redactions are needed.</p> <p>In reviewing non publicly available NWRRC Annual PREA Staffing Plan Assessment and NWRRC PREA Vulnerability Risk Assessment Tool, it is clear that confidential information and information that may threaten the safety and security of the facility were not included in the annual report.</p> <p>The PREA Coordinator and Agency/Facility Head were aware of the requirement to ensure redactions if needed.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documentation Reviewed:</p> <ul style="list-style-type: none"> · NWRRC 2.10 PREA Policy <p>Interviews Conducted:</p> <ul style="list-style-type: none"> · PREA Coordinator <p>115.289 (a) NWRRC reported on the PAQ that it ensures that incident-based and</p>

aggregated data are securely retained.

The NWRRC 2.10 PREA Policy states, “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.

1. Victims/perpetrators' names in publicly-reported data will be redacted.
2. All data will be retained in a securely locked file cabinet.”

The auditor verified with the PREA Coordinator that confidential information is kept under lock and key. Although the auditor was provided with all the documentation needed to make audit findings, it was clear that the facility took great care to protect confidential information.

115.289 (b) NWRRC does not contract with private facilities; therefore, this provision is not applicable.

115.289 (c) As previously noted, the facility removes all personally identifiable information before making aggravated sexual abuse data publicly available.

The NWRRC 2.10 PREA Policy states, “Victims/perpetrators' names in publicly-reported data will be redacted.

This was verified by the auditor through reviewing the publicly available aggregated data and in discussions with the PREA Coordinator.

115.289 (d) The NWRRC 2.10 PREA Policy states, “The data on sexual abuse will be retained for 10 years.”

This was verified by the PREA Coordinator.

Conclusion:

	The auditor has determined the facility is in substantial compliance with every provision of this standard.
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115.401 Frequency and scope of audits	
	<p data-bbox="280 405 981 439">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 479 564 512">Auditor Discussion</p> <p data-bbox="280 553 817 586">Supporting Documentation Reviewed:</p> <ul data-bbox="280 624 644 730" style="list-style-type: none"> <li data-bbox="280 624 644 658">· Various Documents <li data-bbox="280 696 485 730">· Website <p data-bbox="280 842 397 875">115.401</p> <p data-bbox="280 913 1461 1032">115.401 (a) NWRRC ensures each facility operated by the agency receives an audit at least once every three years. The audit reports are posted on the NWRRC website. Since NWRRC is only one facility, it is audited once every three years.</p> <p data-bbox="280 1140 1461 1301">115.401 (b) NWRRC ensures each facility operated by the agency receives at least one-third of each facility type audit every year. The audit reports are posted on the NWRRC website. Since NWRRC is only one facility, it is audited once in the three-year audit cycle. The facility received PREA audits in 2016, 2019, 2022, and 2025.</p> <p data-bbox="280 1408 1442 1527">115.401 (f) The auditor reviewed all relevant agency-wide policies, procedures, reports, internal, and external audits, and accreditation for each facility type. This information was sent to the auditor before the on-site audit.</p> <p data-bbox="280 1635 1453 1753">115.401 (g) The auditor reviewed a sampling of relevant documents. The auditor’s methodology for reviewing this documentation is detailed at the beginning of the report.</p> <p data-bbox="280 1861 1458 1980">115.401 (h) The auditor had access to and observed all areas of the audited facilities. The auditor conducted an extensive site review on the first day of the on-site audit.</p>

	<p>115.401 (i) The auditor received relevant documents. Documents reviewed are detailed in the standard-by-standard analysis.</p> <p>115.401 (j) The auditor will retain and preserve all documentation. The documentation will be provided to the Department of Justice upon request.</p> <p>115.401 (k) The auditor interviewed a representative sample of residents, staff members, supervisors, and administrators. The auditor followed all guidelines for interviews in the auditor handbook.</p> <p>115.401 (l) The auditor reviewed copies of any relevant documents (including electronically stored information).</p> <p>115.401 (m) The auditor conducted private interviews with residents.</p> <p>115.401 (n) Notice of the audit was posted at the facility six weeks prior to the onsite, and residents were permitted to send confidential information or correspondence to the auditor.</p> <p>115.401 (o) The auditor attempted to communicate with the community-based advocacy organization and Just Detention International.</p> <p>Conclusion:</p> <p>The auditor has determined the facility is in substantial compliance with every provision of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documentation Reviewed:
	· Website

· PREA Audit Reports

115.403 NWRRC understands it shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public. The auditor verified that previous reports have been posted on the agency's website at <https://nw-rrc.org/prea/>.

Conclusion:

The auditor has determined the facility is in substantial compliance with every provision of this standard.

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?	yes
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.)	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	na

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

	staffing patterns?	
	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 the facility does not have female inmates.)	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 the facility does not have female inmates.)	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 have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	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?	
	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	yes

	expressively, using any necessary specialized vocabulary?	
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 who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining 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	yes

	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?	
	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	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (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	Evidence protocol and forensic medical examinations	

(a)		
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
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	yes

	advocate from a rape crisis center?	
	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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	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	yes

	investigation is completed for all allegations of sexual harassment?	
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to 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	yes

	resident is transferred to a different facility?	
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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing	yes

	sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and	yes

	professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (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 does not employ medical staff or the medical staff employed by the agency do 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (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.)	na
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	yes

	toward other residents?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na

	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	Screening for risk of victimization and abusiveness	

(h)		
	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	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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.	yes
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	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
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	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
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	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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,	yes

	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?	
	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?	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	Criminal and administrative agency investigations	

(h)		
	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 any 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	yes

	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.)	
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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
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	yes

	condition of access to programming and other benefits?	
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	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
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	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
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?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
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?	yes

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?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
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	yes

	necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	
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.)	na
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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	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	Audit contents and findings	

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