

PREA Facility Audit Report: Final

Name of Facility: Northern Oregon Regional Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 02/01/2023

Date Final Report Submitted: 05/09/2023

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: Amanda van Arcken	Date of Signature: 05/09/ 2023

AUDITOR INFORMATION	
Auditor name:	van Arcken, Amanda
Email:	amanda.vanarcken@doc.oregon.gov
Start Date of On-Site Audit:	12/19/2022
End Date of On-Site Audit:	12/20/2022

FACILITY INFORMATION	
Facility name:	Northern Oregon Regional Correctional Facility
Facility physical address:	201 Webber St, The Dalles, Oregon - 97058
Facility mailing address:	

Primary Contact	
Name:	Joyce
Email Address:	jorendorff@norcor.co
Telephone Number:	5415063111

Warden/Jail Administrator/Sheriff/Director	
Name:	Dan Lindhorst
Email Address:	dlind@norcor.co
Telephone Number:	541-298-1576

Facility PREA Compliance Manager	
Name:	John Miller
Email Address:	jmiller@norcor.co
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Name:	Jason Matthews
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Telephone Number:	O: 541-298-1576
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Telephone Number:	O: 541-298-1576
Name:	Rebecca Beitel
Email Address:	rbeitl@norcor.co
Telephone Number:	O: 541-298-1576

Facility Health Service Administrator On-site	
Name:	Jennifer Coleman
Email Address:	jgoulart@norcor.co
Telephone Number:	541-298-1576

Facility Characteristics	
Designed facility capacity:	250
Current population of facility:	132
Average daily population for the past 12 months:	133
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18-70
Facility security levels/inmate custody levels:	Min, Medium and Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	41
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	28

AGENCY INFORMATION	
Name of agency:	Northern Oregon Corrections Board
Governing authority	

or parent agency (if applicable):	
Physical Address:	201 Webber St, The Dalles, Oregon - 97058
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Joyce Orendorff	Email Address:	jorendorff@norcor.co

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-12-19
2. End date of the onsite portion of the audit:	2022-12-20

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
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a. Identify the community-based organization(s) or victim advocates with whom you communicated:

This auditor conducted outreach to **Just Detention International (JDI)**, **Haven**, and **Helping Hands Against Violence** to learn about issues of sexual safety at the facility. **JDI** is a health and human rights organization that seeks to end sexual abuse in all forms of detention by advocating for laws and policies that make prisons and jails safe and providing incarcerated survivors with support and resource referrals. JDI advised this auditor that they had not received any correspondence from incarcerated survivors at NORCOR within the last 12 months. This auditor verified their contact information is provided to people incarcerated at NORCOR. **Haven from Domestic & Sexual Violence** offers advocacy to assist survivors in a range of challenges they may encounter. Advocates are also able to provide emotional support when conflicting feelings arise about their abusive intimate partners and safety planning to navigate dangerous situations and potential triggers. Community-based advocates provide confidential services to people of all genders, ages and backgrounds who are experiencing violence. Haven is the regional provider of comprehensive support and advocacy for survivors of sexual assault, domestic violence, dating violence, and stalking, as well as the regional provider of sexual assault and rape prevention education. Haven's mission is to provide safe and supportive services to those affected by interpersonal and sexual violence by empowering survivors and our community through advocacy, education, and prevention. This auditor reached out to Haven but did not receive a response by the time the final report was submitted to the facility. **Helping Hands Against Violence** is a community agency that operates a 30-day emergency shelter for survivors and their children who are escaping abusive situations, as well as a secondary facility that provides transitional housing for survivors and their children who have been victims of crime and would otherwise be homeless. Services for

survivors include a 24-hour hotline, help with retraining orders and court appearances, support groups, and more. This auditor reached out to Helping Hands but did not receive a response back by the time the interim report was submitted to the facility. The facility also provides information about **Mid-Columbia Center for Living** to people incarcerated at NORCOR. Mid-Columbia Center for Living is a recover-oriented, trauma-informed service provider for persons with mental health and substance abuse issues. Their mission is to provide comprehensive and culturally sensitive services in the least restrictive setting. The Center operates crisis support services 24 hours, seven days a week, with a focus on those who may be at risk of harming themselves or who may be unable to care for themselves due to symptoms of mental health or substance abuse. This auditor did not conduct outreach to the Center for Living as they do not provide services for victims of sexual abuse.

While some of the resources offered to AICs at NORCOR may not directly relate to PREA or sexual abuse, it is important to note that sexual violence often does not occur in a vacuum. It often intersects with mental illness, crime victimization, substance use, and domestic violence. Providing resources to address these issues that can be accessed from inside the facility and again from the community after they return provides great advantages from a systemic perspective.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	250
15. Average daily population for the past 12 months:	133
16. Number of inmate/resident/detainee housing units:	123

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>123</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>3</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>As noted in the November 2022 edition of the PREA Auditor Handbook, the PREA Management Office and the PREA Resource Center have shifted the way they identify people who are incarcerated by using person-first language recognizing the humanity of all people. The PREA Standards use the term inmates to refer to people confined in prisons and jails to reflect the most common language used to describe people confined in those institutions by the institutions themselves. NORCOR has made the shift to using the term adult in custody or AIC. This auditor has adopted that language in this report, except when directly quoted from a source or referenced the PREA Standards. Additionally, the gender-inclusive pronouns they/them/theirs have been used to be inclusive of people who may be non-binary or who do not otherwise use he or she pronouns.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>41</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>28</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>NORCOR employs 41 staff who may have contact with AICs. Security staff are assigned to twelve-hour shift rotations. Each shift has one sergeant, four deputies, and one civilian corrections technician. The day shift team works from 0600 to 1800 hours for three months before rotating to the night team and working from 1800 to 0600 hours for three months. There is one administrative lieutenant and one operational lieutenant on traditional dayshift hours, who report directly to the Jail Commander. Non-security/civilian staff include maintenance, food services, administration, education, medical and mental health staff.</p> <p>Staff who work in the food services area of the facility are contracted staff. On the first day of the audit, 28 volunteers were assigned to the facility.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>14</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>After selecting targeted AICs for interview, this auditor used an AIC roster sorted by housing unit to select the last AIC listed in each unit for random interviews.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The designed facility capacity is 250 AICs. The PAQ indicated the average daily population for the audit period was 133 AICs. The AIC population on the first day of the onsite review was 123. The November 2022 edition of the PREA Auditor Handbook requires at least ten random AIC interviews and at least ten targeted AIC interviews for an adult prison population of 101-250 AICs. This auditor planned to interview one random AIC from each housing unit, in addition to any targeted AICs. After selecting targeted AICs for interview, this auditor used an AIC roster sorted by housing unit to select the last AIC listed in each unit. The identified AIC names were selected for both file reviews and random interviews. A total of 14 random AICs were interviewed. Two AICs declined to be interviewed. Files were reviewed to evaluate screening and intake procedures, documentation of AIC education, and medical or mental health referrals when required.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>12</p>

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

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>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 indicated there were no adults in custody (AICs) who had characteristics for this targeted category. When appropriate, this auditor attempted to learn of any AICs who may have characteristics for this targeted category during interviews with staff and other AICs. This auditor did not observe any AICs who appeared to have characteristics for this targeted category during the site review.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>4</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no adults in custody (AICs) who had characteristics for this targeted category. When appropriate, this auditor attempted to learn of any AICs who may have characteristics for this targeted category during interviews with staff and other AICs. This auditor did not observe any AICs who appeared to have characteristics for this targeted category during the site review.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no adults in custody (AICs) who had characteristics for this targeted category. When appropriate, this auditor attempted to learn of any AICs who may have characteristics for this targeted category during interviews with staff and other AICs. This auditor did not observe any AICs who appeared to have characteristics for this targeted category during the site review.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility indicated there were no adults in custody (AICs) who had characteristics for this targeted category. When appropriate, this auditor attempted to learn of any AICs who may have characteristics for this targeted category during interviews with staff and other AICs. This auditor did not observe any AICs who appeared to have characteristics for this targeted category during the site review.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>NORCOR did not have any adults in custody (AICs) who were youthful, had cognitive disabilities, identified as transgender or intersex, had been segregated for high risk of victimization, or who had reported sexual victimization at screening. A total of 12 targeted AIC interviews were conducted, with the following targeted groups:</p> <ul style="list-style-type: none"> • One AIC experiencing physical disabilities • One AIC with limitations to their vision • Three AICs with limitations to their hearing • Two AICs with limited-English proficiencies • Four AICs who identified as lesbian, gay, or bisexual • One AIC who reported sexual abuse

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>After the completion of the physical plant review on the first day and for the duration of the remaining time onsite, this auditor conducted staff and AIC interviews. Staff were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency’s zero tolerance policy, reporting mechanisms available to staff and adults in custody (AICs), response protocols when allegations of sexual abuse and/or sexual harassment are made, first responder duties, data collection processes and other pertinent PREA requirements. All interviews were conducted one at a time, in a private and confidential manner.</p> <p>NORCOR employs 41 staff who may have contact with AICs. Security staff are assigned to twelve-hour shift rotations. Each shift has one sergeant, four deputies, and one civilian corrections technician. The day shift team works from 0600 to 1800 hours for three months before rotating to the night team and working from 1800 to 0600 hours for three months. There is one administrative lieutenant and one operational lieutenant on traditional dayshift hours, who report directly to the Jail Commander. Non-security/civilian staff include maintenance, food services, administration, education, medical and mental health staff.</p> <p>Due to the smaller nature of the facility, this auditor was able to interview all security staff assigned to days and nights while at the facility.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>18</p>

<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>Northern Oregon Regional Correctional Facility (NORCOR) serves four regional counties - Hood River, Wasco, Sherman, and Gilliam. NORCOR is governed by a Board of Directors. The NORCOR Board of Directors consists of one (1) member from each of the member governing bodies, including elected County Judges or Commissioners, one (1) Sheriff from one (1) of the Member Counties, and one (1) Juvenile Director of the Member Counties for a total of six (6) members on the Board of Directors.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. 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
81. 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
82. 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 type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>NORCOR employs 41 staff who may have contact with AICs. Security staff are assigned to twelve-hour shift rotations. Each shift has one sergeant, four deputies, and one civilian corrections technician. The day shift team works from 0600 to 1800 hours for three months before rotating to the night team and working from 1800 to 0600 hours for three months. There is one administrative lieutenant and one operational lieutenant on traditional dayshift hours, who report directly to the Jail Commander. Non-security/civilian staff include maintenance, food services, administration, education, medical and mental health staff.</p> <p>Due to the smaller nature of the facility, some staff were interviewed using more than one interview protocol as staff were often assigned to multiple roles.</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>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>This auditor began conducting the physical plant review of NORCOR on the first day. This auditor was provided with access to all areas of the facility. This auditor observed the facility configuration, locations of cameras and security mirrors, the level of staff supervision, the housing unit layout (including shower/toilet areas), placement of posters and other PREA informational resources, security monitoring, and search procedures. Cross-gender announcements were consistently observed when the auditor entered housing units. The audit notice was visible in all AIC areas. AIC phones were tested to ensure the ability to contact the PREA Hotline.</p> <p>During the physical plant review, the auditor looked for potential blind spots in areas accessible to AICs, and areas where cross-gender viewing may occur. Each housing unit had individual showers, or community showers with shower curtains that prevented viewing by opposite gender staff who may be conducting a security check in the unit. Toilets and urinals had stalls and adequate barriers or curtains that could be used to provide privacy.</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.

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

Yes

No

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

This auditor reviewed the documents related to each staff member or adult in custody (AIC) that was selected for interview. In some cases, this auditor reviewed all of the documentation related to a particular standard; for instance, all training certifications.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	4	3	4	3
Total	4	3	4	3

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	3	0	0	0
Total	0	3	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	2	2	0
Total	0	2	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

<p>99. 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>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal 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>105. 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>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no allegations of sexual harassment reported at the facility during the audit documentation period.</p>
<p>107. 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 type="radio"/> No</p> <p><input checked="" 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>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>This auditor reviewed the investigation files related to all allegations of sexual abuse or sexual harassment during the audit documentation period. There were four allegations of sexual abuse and no allegations of sexual harassment reported during the audit documentation period.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

- Yes
 No

Non-certified Support Staff

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

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards	
Auditor Overall Determination Definitions	
<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) 	
Auditor Discussion Instructions	
<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>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • NORCOR Policy 309, <i>PREA Training</i> • NORCOR Organizational chart • <i>Responding to Sexual Abuse of Inmates in Custody</i> training curriculum • Interview with the Jail Commander/Agency PREA Coordinator • Interview with the PREA Compliance Manager • Interviews with specialized and random staff

(a) The purpose of NORCOR Policy 606 is to *provide guidance for compliance with the Prison Rape Elimination Act of 2003 (PREA) and the implementing regulation that established standards (PREA Rule) to prevent, detect and respond to sexual abuse and sexual harassment (28 CFR 115.11)*. The policy has an effective date of November 30, 2020. NORCOR Policy 606 PREA states on page two, *“This department has zero tolerance with regard to sexual abuse and sexual harassment in this facility and will take appropriate affirmative measures to protect all inmates from sexual abuse and harassment and to promptly and thoroughly investigate all allegations of sexual abuse and sexual harassment.”* This policy outlines the agency’s comprehensive approach to preventing, detecting, and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors.

NORCOR Policy 309 establishes the education and training process related to the implementation of PREA at the facility. Section 309.3, *Member Training*, states, *“The Training Coordinator shall be responsible for developing and administering this training, covering at a minimum...[t]he zero-tolerance policy for sexual abuse and sexual harassment...”*

This auditor reviewed the training curriculum for *Responding to Sexual Abuse of Inmates in Custody* to ensure it reinforces a zero-tolerance policy against sexual abuse, sexual harassment, and against retaliation for reporting sexual abuse and/or sexual harassment.

During interviews with specialized and random staff, all interviewees indicated they were aware of and trained in the agency’s zero-tolerance policy.

(b) NORCOR employs an upper-level, agency-wide PREA Coordinator. This position is currently designated to the Jail Commander and is reflected in agency organizational charts. When interviewed, the PREA Coordinator indicated they have the time, resources, and authority required to manage their responsibilities.

(c) NORCOR operates the Adult Corrections Facility and a Juvenile Detention Facility, adjacent to the Adult Corrections Facility, each with its own PREA Compliance Manager (PCM). The PCM at NORCOR is currently designated to the Administrative Lieutenant and is reflected in agency organizational charts. When interviewed, the PCM indicated they have the time, resources, and authority required to manage their responsibilities.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the agency and facility are in full compliance with the standard of zero-tolerance of sexual abuse and sexual harassment, and employment of the PREA Coordinator, as it relates to PREA.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> <p>(a-b) NORCOR Policy 606 states on page three, “[The PREA coordinator’s responsibilities shall include:] <i>Ensuring that any contract for the confinement of Northern Oregon Regional Corrections detainees or inmates includes the requirement to adopt and comply with the PREA standards including obtaining incident-based and aggregated data, as required in 28 CFR 115.187. Any new contract or contract renewal shall provide for department contract monitoring to ensure that the contractor is complying with the PREA standards (28 CFR 115.12).</i>”</p> <p>Because NORCOR does not contract for the confinement of its adults in custody with private agencies or other entities, this standard is not applicable.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the agency is in full compliance with the standard of contracting with other entities for the confinement of people in custody, as it relates to PREA.</p>

<p>115.13</p>	<p>Supervision and monitoring</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • NORCOR Policy 202, <i>Staffing</i> • NORCOR Policy 214, <i>Administrative & Supervisory Inspections</i> • 2022 and 2023 Staffing Plans for NORCOR

- Interview with the Jail Commander/Agency PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with intermediate or higher-level facility staff
- Electronic Inspections Documentation
- Staff duty roster for December
- Observation of facility operations while onsite

(a-c) NORCOR Policy 606 states on pages three, “[The PREA coordinator’s responsibilities shall include:] *Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration (28 CFR 115.13).*

- a. Generally accepted detention and correctional practices.*
- b. Any judicial findings of inadequacy.*
- c. Any findings of inadequacy from federal investigative agencies.*
- d. Any findings of inadequacy from internal or external oversight bodies.*
- e. All components of the facility's physical plant (including "blind spots" or areas where staff or AICs may be isolated).*
- f. The composition of the AIC population.*
- g. The number and placement of supervisory staff.*
- h. Institution programs occurring on a particular shift.*
- i. Any applicable State or local laws, regulations, or standards.*
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and*
- k. Any other relevant factors.”*

NORCOR Policy 222 directs a lieutenant to work in conjunction with the agency PREA Coordinator to *ensure staffing levels are sufficient to fill essential positions consistently and adequately, as determined by the staffing plan.*

The policy uploaded to the OAS included a staffing plan from 2016. While onsite, this auditor was provided with an update staffing plan from February 1, 2022. The Jail Commander/Agency PREA Coordinator develops the staffing plan for the facility as

	<p>part of the overall budget plan. As part of corrective action, the facility was required to provide this auditor with a copy of the 2023 staffing plan. The 2023 staffing plan was provided to this auditor on January 31, 2023, prior to the issuance of the interim report. Interviews with the Jail Commander/Agency PREA Coordinator and PCM verified their collaboration and consideration of PREA when planning.</p> <p>NORCOR has not had any judicial findings of inadequacy, or findings of inadequacy from Federal investigative agencies, internal or external oversight bodies.</p> <p>Because the facility fills vacancies with voluntary or mandatory overtime, they have not had any deviations from the staffing plan. While onsite, this auditor observed enough custody and support staff in all areas of the facility.</p> <p>(d) NORCOR Policy 606 states on pages four and five, “[The PREA coordinator’s responsibilities shall include:] <i>implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur unless it is necessary for operational considerations (28 CFR 115.13).</i>”</p> <p>NORCOR Policy 214 establishes both regular scheduled and unannounced inspections of the facility’s living and activity areas. Inspections are to be conducted by administrative and supervisory staff throughout the facility at least weekly. Quarterly inspections are to be conducted by a member of the Sheriff’s Board and reported to the Board.</p> <p>This auditor reviewed electronic documentation logs for February through June of 2022, showing a total of 277 inspections conducted by lieutenants, on both shifts.</p> <p>Interviews with intermediate or higher-level staff indicated they conduct unannounced rounds to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of supervision and monitoring, as it relates to PREA.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard:

	<ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 507, <i>Juvenile Housing</i> • NORCOR population reports • Interview with the Jail Commander/Agency PREA Coordinator • Interview with the PREA Compliance Manager • Interviews with random staff and random AICs <p>(a-c) NORCOR Policy 507 directs all juveniles to be housed separately from adults at the NORCOR Juvenile Detention Facility.</p> <p>Section 507.7 of the policy states, <i>“Juvenile housing units shall not allow for sight, sound, or physical contact between juvenile and adult inmates through the use of a shared dayroom or other common space, shower area, or sleeping area.</i></p> <p><i>Juvenile inmates should not have sight, sound, or physical contact with adult inmates outside of the housing unit. Any incidental or accidental contact should be minimal and brief. Where sight, sound, or physical contact separation cannot be maintained, facility staff (trained in the supervision of inmates) shall provide direct supervision of the juvenile (28 CFR 115.14; 34 USC § 11103).”</i></p> <p>Section 507.9 of the policy states, <i>“All juvenile inmates should be allowed comparable recreation as set forth in the adult incarceration exercise schedule specified in the Inmate Exercise and Recreation Policy (28 CFR 115.14).”</i></p> <p>This auditor reviewed NORCOR population reports and did not find any AICs under the age of 18 listed. No interviews of staff or AICs indicated a youthful AIC may have been housed at the NORCOR Adult Corrections Facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of youthful AICs, as it relates to PREA.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- NORCOR Policy 606, *PREA*
- NORCOR Policy 514, *Searches*
- NORCOR Policy 202, *Supervision of AICs*
- NORCOR Policy 807, *AIC Hygiene*
- *Responding to Sexual Abuse of Inmates in Custody* training curriculum
- Interviews with random staff and random AICs
- Observation of facility operations while onsite

(a-c) Frequent, unannounced searches of AICs, their living quarters and other areas of the facility are necessary to maintain the safety, security, and orderly operations of prisons. NORCOR Policy 514 states on page six, *“All modified strip searches and strip searches shall be conducted in a professional manner under sanitary conditions and in an area of privacy so that the search cannot be observed by persons not participating in the search. Unless conducted by a qualified health care professional or in the case of an emergency, a modified strip search or strip search shall be conducted by staff members of the same sex as the person being searched. Any cross-gender modified strip searches and cross-gender strip searches shall be documented (28 CFR 115.15).”*

This auditor reviewed the training curriculum for *Responding to Sexual Abuse of Inmates in Custody* to ensure it meets standard requirements around cross-gender viewing and searches.

Transgender AICs are asked which gender staff they prefer to have search them, and their preference is accommodated by staff at Booking.

The PAQ indicated that no searches of this nature were conducted during the audit period. No random or targeted AICs indicated they had been subjected to a cross-gender strip search or cross-gender visual body cavity search. In interviews, random staff confirmed they do not conduct cross-gender searches of this nature.

(d) NORCOR Policy 807 states on page six, *“Inmates shall be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite sex viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.”*

NORCOR Policy 202 states on page one, *“When both male and female inmates are held at this facility, a minimum of one male and one female deputy should be on-duty in the correctional facility at all times. Staff members shall not be placed in positions of responsibility for the supervision and welfare of inmates of the opposite sex in circumstances that can be described as an invasion of privacy or that may be*

degrading or humiliating to the inmates. To the extent reasonably practicable, inmate bathrooms will contain modesty screens that preserve privacy without creating areas that cannot be properly supervised.”

During the physical plant review, the auditor looked for areas where cross-gender viewing may occur. Each housing unit had individual showers, or community showers with shower curtains that prevented viewing by opposite gender staff who may be conducting a security check in the unit. Toilets and urinals had stalls and adequate barriers or curtains that could be used to provide privacy. This auditor reviewed the camera coverage via the video feed in the control center and found that shower stalls and toilets were obscured, or cameras were positioned in a manner that allowed privacy in those areas.

NORCOR Policy 807 states on page six, *“Staff of the opposite sex shall announce their presence when entering an inmate housing unit (28 CFR 115.15).”*

Cross-gender announcements were consistently observed when the auditor entered housing units. Interviews with random staff and AICs indicated the announcements are made consistently and as required.

(e) NORCOR Policy 514 states on pages six and seven, *“Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining genital status (see the Prison Rape Elimination Act Policy for transgender and intersex definitions). If genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records or, if necessary, by obtaining that information as part of a broader medical examination conducted in private by a qualified health care professional (28 CFR 115.15).”*

This auditor reviewed the training curriculum for *Responding to Sexual Abuse of Inmates in Custody* to ensure it meets standard requirements around searches of transgender people in custody.

Interviews with random staff indicated they are aware that searches to determine genital status are prohibited by standard and agency policy. NORCOR did not have any transgender or intersex AICs at the facility at the time of the onsite review.

(f) NORCOR Policy 514 states on page nine, *“The Training Coordinator shall provide training for staff in how to conduct pat-down searches, modified strip searches, and strip searches in a professional and respectful manner and in the least intrusive manner possible, consistent with facility security needs. This training shall include cross-gender pat downs and searches, as well as searches of transgender and intersex inmates (28 CFR 115.15).”*

This auditor reviewed the training curriculum for *Responding to Sexual Abuse of Inmates in Custody* to ensure it meets standard requirements around professional and respectful communication with transgender people in custody, and cross-gender pat down searches. In addition to this general training curriculum, staff are required to take specific training, PREA – Cross-Gender & Transgender Pat Searches.

	<p>NORCOR did not have any transgender or intersex AICs at the facility at the time of the onsite review. Interviews with random staff indicated they understood proper pat down search techniques.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of limits to cross-gender viewing and searches, as it relates to PREA.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • NORCOR Policy 503, <i>Inmate Handbook & Orientation</i> • <i>Responding to Sexual Abuse of Inmates in Custody</i> training curriculum • <i>Americans with Disabilities Act</i> training curriculum • Interview with the Jail Commander/Agency PREA Coordinator • Interview with the PREA Compliance Manager • Interviews with random staff and random AICs • Interviews with AICs from targeted populations with disabilities <p>(a-b) NORCOR Policy 503 states on page one, <i>“The Lieutenant shall provide an effective method of orienting all incoming inmates that includes an inmate handbook.”</i> Page two states, <i>“In addition to English, orientation information will be provided in the most commonly used languages for the inmate population. The Lieutenant should consider enlisting the assistance of volunteers who are qualified and proficient in both English and the language in which they are providing translation assistance to translate the orientation information. Use of outside translation sources may also be considered. Interpretive services will be provided to inmates who do not speak English or any of the other languages in which the</i></p>

orientation information is available...Inmates who cannot read, are visually impaired or have intellectual, psychiatric or speech disabilities or limited reading skills, shall have materials read to them by a staff member or presented to them using audible recorded media (28 CFR 115.16; ORS 169.076). Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information."

Written materials about PREA are readily available in English and Spanish.

This auditor reviewed the training curriculum for *Responding to Sexual Abuse of Inmates in Custody*, as well as the facility's *Americans with Disabilities Act* training, to ensure it meets standard requirements AICs with disabilities.

NORCOR did not have any AICs with cognitive disabilities and did not provide a list of AICs who had limited-English proficiencies. While interviewing randomly selected AICs, this auditor determined two AICs required translation services. Interviews for this standard were conducted with the following targeted groups:

- One AIC experiencing physical disabilities
- One AIC with limitations to their vision
- Three AICs with limitations to their hearing
- Two AICs with limited-English proficiencies

Interviews with random staff and random/targeted AICs indicated that AICs with physical disabilities and limited-English proficiencies are afforded additional accommodation to ensure their access to all aspects of the agency's PREA program. No interviews indicated another AIC had been used to assist in their comprehension. Interviews with random staff indicated they would not use another AIC as an interpreter. NORCOR staff have multiple options for translation services to include bilingual staff, the Language Line, and Google Translate.

(c) NORCOR Policy 606 states on page seven, *"Should an investigation involve inmates who have disabilities or who have limited English proficiency, the first responder shall not rely on inmate interpreters, inmate readers or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an interpreter could compromise inmate safety, the performance of first responder duties or the investigation of sexual abuse or sexual harassment allegations (28 CFR 115.16)."*

The PAQ indicated an AIC interpreter had not been used for translation services within the last 12 months. No interviews indicated another AIC had been used to assist in their comprehension. Interviews with random staff indicated they would not use another AIC as an interpreter.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of AICs with

disabilities and AICs who are limited-English proficient, as it relates to PREA.

115.17 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- NORCOR Policy 606, *PREA*
- NORCOR Policy 108, *Special Assignments & Promotions*
- NORCOR Policy 213, *Personnel Records*
- NORCOR Policy 304, *Recruitment & Selection*
- NORCOR *Statement of Personal History* Packet
- Employee file reviews
- Interview with the Jail Commander/Agency PREA Coordinator
- Interview with the PREA Compliance Manager

(a) NORCOR Policy 108 states on page five, *“The Northern Oregon Regional Corrections shall not promote, assign, or transfer any member to a position that may allow contact with inmates if the member has (28 CFR 115.17):*

(a) Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC § 1997.

(b) Been convicted of engaging in or attempting to engage in sexual activity facilitated by force, by overt or implied threats of force, or by coercion, or if the victim did not consent or was unable to consent or refuse.

(c) Been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section. Employees who may have contact with inmates shall disclose any conduct described above in written applications or interviews for promotion or special assignment.”

NORCOR Policy 304 reiterates the same information on pages four and five.

(b) At the time of the onsite review, NORCOR Policy 108 did not contain language

requiring the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with people in custody. As part of corrective action, language was added to NORCOR Policy 108, and a copy was provided to this auditor for review.

The revised language states on page two, *"Members, volunteers, or contractors who have engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 USC 1997 shall be disqualified to work in the facility."*

An interview with the PCM indicated the policy is implemented in practice, and they would not enlist the services of a contractor who had allegations of sexually harassing AICs.

(c-d) NORCOR Policy 304 states on page five, *"The Department shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The Department shall make reasonable efforts to contact prior institutions that the candidate has been employed by to inquire about sexual abuse allegations in accordance with 28 CFR 115.17."*

This auditor reviewed NORCOR's *Statement of Personal History* Packet that must be submitted by all potential applicants. Potential applicants are required to list every criminal justice agency where they have applied for employment, worked, or volunteered. A signed release form and employer questionnaire is sent to all prior employers, to include institutional employers.

There were seven employees hired during the audit documentation review period.

This auditor reviewed the employee files of each person selected for an interview to determine if the facility is compliant with background check requirements. The review indicated checks are occurring for employees as required.

(e) NORCOR Policy 108 states on page two, *"The Department shall either conduct criminal background records checks at least every five years on members or contractors who may have contact with inmates or have in place a system for otherwise capturing such information."*

NORCOR does not have a Human Resource Manager. Most duties traditionally assigned to a Human Resource Manager are assigned to the Administrative Lieutenant/PCM. An interview with the PCM indicated these checks take place as required.

(f-g) NORCOR Policy 304 states on page five, *"The Department shall ask all candidates who may have contact with inmates to disclose any conduct described above in written applications or interviews. Material omission regarding such misconduct, or the provision of materially false information, are grounds for termination."*

Prospective applicants are required to submit a signed and notarized NORCOR Statement of Personal History Packet. The Applicant Letter of Understanding states, *“All questions must be answered completely and accurately. All statements in your Statement of Personal History Packet and statements made during interviews are subject to verification...Be aware that if any such information is discovered during the course of your background investigation that appears to have been withheld, and it should have been divulged up front, the background investigator will consider that this information was concealed by you with the expectation that the investigator would not find it. Any such omissions or any willful misrepresentations or falsifications of information may result in your application being rejected and you may be disqualified from this process; or if after your acceptance for employment, subsequent investigation should disclose misrepresentation, omission, or falsification, it may be just cause for immediate dismissal. In the event that your background investigation for this position should uncover information that you have or are suspected of having been engaged in illegal activities, this may be reported to the proper law enforcement agency. If these activities occurred while employed in a Law Enforcement setting, this information will likely bar you from further consideration for this position. Further, in the event that this illegal activity occurred during the time of your present employment at NORCOR, or if this background investigation should uncover information which raises questions about your fitness to continue as a NORCOR employee, this information may be transmitted to your present employer or the Oregon Department of Public Safety Standards & Training for their independent investigation.”*

Prospective applicants must answer yes or no to multiple questions on a *Personal Profile Questionnaire*, as an addendum to the *Statement of Personal History*. All the required questions related to the previous misconduct described in paragraph (a) of this section are included in the *Personal Profile Questionnaire*.

NORCOR does not have a Human Resource Manager. Most duties traditionally assigned to a Human Resource Manager are assigned to the Administrative Lieutenant/PCM. An interview with the PCM indicated disciplinary action, including termination, is taken when material omissions are discovered.

NORCOR does not conduct self-evaluations as part of the employee review process.

(h) NORCOR Policy 213 states on page one, *“Members receiving requests for information from another agency regarding allegations of sexual abuse or sexual harassment involving a former employee should work with counsel to ensure compliance with Prison Rape Elimination Act (PREA) requirements (28 CFR 115.17).”*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of hiring and promotion decisions, as it relates to PREA.

115.18	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • Interview with the Jail Commander/Agency PREA Coordinator • Interview with the PREA Compliance Manager • Observation of facility operations while onsite <p>(a-b) NORCOR Policy 606 states on page three, “[The PREA coordinator’s responsibilities shall include:] <i>Ensuring that, when designing, acquiring, expanding or modifying facilities, or when installing or updating a video-monitoring system, electronic surveillance system or other monitoring technology, consideration is given to the department’s ability to protect inmates from sexual abuse (28 CFR 115.18).</i>”</p> <p>Interviews with the Jail Commander/Agency PREA Coordinator and PCM confirmed the agency has not designed or acquired any new facilities. There have not been any updates to the video technology system since the last PREA audit at NORCOR.</p> <p>There are 143 cameras in place at NORCOR. Video files are retained for three to four months, depending on the amount of activity in the area. Cameras can readily be viewed on monitors in the control center and in the sergeant/court transport officer’s office. Any staff member can log on to the camera system and review video as necessary. This auditor reviewed all camera views in the control center to ensure there were no potential cross-gender viewing concerns in restrooms or showers, or cells with cameras.</p> <p>Interviews with the Jail Commander/Agency PREA Coordinator and PCM confirmed that the prevention of sexual abuse and sexual harassment was a factor in determining camera placement.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of upgrades to facilities and technologies, as it relates to PREA.</p>

115.21	Evidence protocol and forensic medical examinations
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- NORCOR Policy 606, *PREA*
- Interview with the agency *PREA* Coordinator
- Interview with *SAFE/SANE*
- Interview with investigative staff
- Interviews with medical staff
- Interviews with random staff and random AICs

(a-b) NORCOR completes administrative investigations of sexual abuse and sexual harassment. All criminal investigations are referred to an external investigator at the Wasco County Sheriff's Office.

NORCOR Policy 606 states on page nine, *"If the investigation is referred to another agency for investigation, the Department shall request that the investigating agency follow the requirements as provided in 28 CFR 115.21 (a) through (e). The referral shall be documented."*

The National Protocol for Sexual Assault Forensic Examinations 2nd Edition Information from April 2013 was used when developing the program for the department. While the protocol is developmentally appropriate for youth, NORCOR does not house youthful AICs. Interviews with a facility investigator and external investigator indicated they are knowledgeable on obtaining usable physical evidence.

(c) NORCOR Policy 606 states on page seven, *"Forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If neither SAFEs nor SANEs are available, other qualified medical practitioners can perform the examination. The Department shall document its efforts to provide SAFEs or SANEs (28 CFR 115.21)."*

All forensic medical exams are provided offsite at the Mid-Columbia Medical Center by Sexual Assault Nurse Examiners, as verified through interview. The PAQ indicated there were no forensic medical exams provided during the audit period. Interviews with medical staff verified AICs are not financially responsible for forensic medical

	<p>exams.</p> <p>(d-e) NORCOR Policy 606 PREA states on page seven, <i>“If requested by the victim, a victim advocate, a qualified department staff member or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information and referrals (28 CFR 115.21).”</i></p> <p>Interviews with a local SANE and a criminal investigator confirmed the availability of victim advocates at forensic medical examinations.</p> <p>(f) Interviews with an external investigator and a SANE confirmed that local law enforcement agencies comply with the requirements of this provision.</p> <p>(g) Auditor is not required to audit this provision.</p> <p>(h) This provision of the standard is not applicable to NORCOR, as they make a victim advocate from a rape crisis center available to victims, per 115.21(d).</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of evidence protocols and forensic medical examinations, as it relates to PREA.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • NORCOR Webpage • Interview with the Jail Commander • Interviews with investigative staff <p>(a-c) NORCOR Policy 606 states on page eight, <i>“An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment (28 CFR 115.22).”</i> Page eight states, “[The PREA coordinator’s</p>

responsibilities shall include:] *Ensuring that the following are published on the department website or by other means, if no website exists: Department policy governing investigations of allegations of sexual abuse and sexual harassment or the referral of such investigations of sexual abuse or sexual harassment (unless the allegation does not involve potentially criminal behavior) (28 CFR 115.22)."*

The NORCOR PREA policy is available on the NORCOR website at [NORCOR: Adult Corrections - Prison Rape Elimination Act \(PREA\) | Northern Oregon Regional Correctional Facility](#). It reiterates the agency's zero-tolerance policy and outlines the process for investigations and referrals. The website lists a confidential number for members of the public to call to file a complaint regarding rape and/or sexual misconduct that occurred while in NORCOR custody, lists the agency PREA Coordinator's phone number, an email address, and two numbers for local advocacy centers.

During the audit review period, there were eight allegations of sexual abuse and sexual harassment. Four allegations were referred for criminal investigation. Seven of the allegations had completed investigations and one investigation was still active at the time of the onsite review.

Interviews with investigative staff indicated they are knowledgeable of the process for case referral. The interview of the Jail Commander indicated the agency is committed to creating a sexually safe environment for all AICs and has an established relationship with external investigators to ensure allegations are investigated and referred properly.

(d) Auditor is not required to audit this provision.

(e) Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of policies to ensure referrals of allegations for investigations, as it relates to PREA.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i>

- NORCOR Policy 309, *PREA Training*
- *PREA Acknowledgement Statement* form
- *Responding to Sexual Abuse of Inmates in Custody* training curriculum
- Staff training reports
- Interviews with random staff

(a) NORCOR Policy 309 states on page one, *“The Northern Oregon Regional Corrections endeavors to comply with the training standards in the PREA Rule and to ensure that all staff, volunteers and contractors are aware of their responsibilities and that staff, volunteers, contractors and inmates are aware of the policies and procedures of the facility as they relate to PREA.”* The policy directs all staff, volunteers, and contractors who have contact with AICs receive department-approved training on the prevention and detection of sexual abuse and sexual harassment at the facility.

This auditor reviewed the training curriculum for *Responding to Sexual Abuse of Inmates in Custody* to ensure a comprehensive training program that provides detailed information on all ten required elements.

This auditor requested and reviewed training documentation for each of the randomly selected employees interviewed. Each employee had received the required training.

All employees, contractors, and volunteers are required to sign a PREA Acknowledgement Statement form, prior to providing services at NORCOR. The form states NORCOR has zero tolerance for sexual abuse and sexual harassment within its facilities and personnel have an obligation to maintain clear boundaries with people in custody. *“Any sexual contact between an inmate and an employee, volunteer, or contractor is sexual abuse. All forms of sexual contact and sexual harassment between inmates and employees/volunteers/contractors are prohibited by NORCOR policy and may be against Oregon law. Therefore, if you are aware of any such incidents, you have a duty to report them to your supervisor.”* Signing the form acknowledges reading the agency’s PREA policy, understanding the position on zero tolerance, and acknowledging reporting obligations.

(b) NORCOR Policy 309 states on page two, *“Training shall be tailored according to the sex of the inmates at the facility. Staff should receive additional training on security measures and the separation of male and female populations in the same facility if the staff has been reassigned from a facility that houses only male or female inmates.”*

This auditor reviewed the NORCOR lesson plan and training curriculum for *Responding to Sexual Abuse of Inmates in Custody* and verified the training is tailored for all genders.

(c) The Training Coordinator is responsible for ensuring all staff receive training and testing in prevention and intervention techniques, have sufficient knowledge to answer any questions that AICs may have related to sexual abuse, and that they are familiar enough with the reporting process to take an initial report of sexual abuse.

NORCOR Policy 309 states on page two, *“The Training Coordinator shall ensure that members undergo annual refresher training that covers the department’s sexual abuse and sexual harassment policies and related procedures (28 CFR 115.31).”*

NORCOR staff receive comprehensive PREA training annually.

(d) NORCOR Policy 309 states on page two, *“Training should include written testing to validate knowledge and understanding of the material. The Training Coordinator shall document, through signature or electronic verification, that staff, volunteers, and contractors have received and understand the training. The Training Deputy will maintain training records on all those receiving training in accordance with procedures developed by the Training Coordinator.”*

Interviews with random staff indicated they received and understood training.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of employee training as it relates to PREA.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 309, <i>PREA Training</i> • NORCOR <i>Volunteer Orientation</i> curriculum • <i>PREA Acknowledgement Statement</i> form • Volunteer and Contractor training records • Interview with the Jail Commander/Agency PREA Coordinator • Interviews with a volunteer and a contractor

(a-b) NORCOR Policy 309 states on page one, *“The Northern Oregon Regional Corrections endeavors to comply with the training standards in the PREA Rule and to ensure that all staff, volunteers and contractors are aware of their responsibilities and that staff, volunteers, contractors and inmates are aware of the policies and procedures of the facility as they relate to PREA.”* The policy directs all staff, volunteers, and contractors who have contact with AICs receive department-approved training on the prevention and detection of sexual abuse and sexual harassment at the facility.

This auditor reviewed NORCOR *Volunteer Orientation* Training PowerPoint. Slides 50-51 cover PREA. Slide 53 states, *“NORCOR has a zero tolerance for any incidence of sexual assault or attempted sexual assault of any inmate in NORCOR custody. All staff, volunteers, contractors, and AICs must abide by this and related policies, laws, and standards that help prevent, detect, reduce, and punish inmate sexual assault. There is no such thing as consensual sex in custody.”*

Interviews with a contractor and a volunteer confirmed they had received and understood training related to PREA and were knowledgeable of the agency’s zero-tolerance policy and their obligation to report.

(c) NORCOR Policy 309 states on page two, *“Training should include written testing to validate knowledge and understanding of the material. The Training Coordinator shall document, through signature or electronic verification, that staff, volunteers, and contractors have received and understand the training. The Training Deputy will maintain training records on all those receiving training in accordance with procedures developed by the Training Coordinator.”*

All employees, contractors, and volunteers are required to sign a *PREA Acknowledgement Statement* form, prior to providing services at NORCOR. The form states NORCOR has zero tolerance for sexual abuse and sexual harassment within its facilities and personnel have an obligation to maintain clear boundaries with people in custody. *“Any sexual contact between an inmate and an employee, volunteer, or contractor is sexual abuse. All forms of sexual contact and sexual harassment between inmates and employees/volunteers/contractors are prohibited by NORCOR policy and may be against Oregon law. Therefore, if you are aware of any such incidents, you have a duty to report them to your supervisor.”* Signing the form acknowledges reading the agency’s PREA policy, understanding the position on zero tolerance, and acknowledging reporting obligations.

According to the PAQ, NORCOR authorizes three contractors and 28 volunteers to provide services at the facility. This auditor reviewed training documentation for one randomly selected contractor to confirm they received the required training. This auditor reviewed training documentation for five randomly selected volunteers to confirm they received the required training.

An interview with the Jail Commander indicated they would immediately discontinue the services of any volunteer that they believed violated security procedures, to

	<p>include engaging in sexual abuse and/or sexual harassment. Interviews with a volunteer and a contractor indicated they are aware of the agency's zero-tolerance policy and their reporting responsibilities.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of volunteer and contractor training as it relates to PREA.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • NORCOR Policy 503, <i>Inmate Handbook & Orientation</i> • <i>2021 AIC Handbook</i> • <i>Prison Rape Elimination Act</i> pamphlet • <i>Delivery & Review of AIC Manual/Advisement of Zero Tolerance Policy</i> form • AIC postings within the facility • AIC file reviews • Interview with Booking staff • Interviews with AICs having limited English proficiency or disabilities • Interviews with random AICs <p>(a-c) NORCOR Policy 606 states on pages two and three, <i>"The PREA Coordinator's responsibilities shall include...Ensuring that within 3 days of intake, inmates are provided with comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the department's policies and procedures for responding to such incidents (28 CFR 115.33)."</i></p>

Each person admitted to NORCOR receives a *Prison Rape Elimination Act* pamphlet and an AIC Handbook. The pamphlet explicitly states, “*NORCOR Jail has zero tolerance for sexual abuse, sexual harassment, and sexual misconduct. You have the right to be safe while you are in jail.*” It provides definitions, explains rights and reporting options, indicates the Wasco County Sheriff’s Office investigates reports of sexual abuse and sexual harassment, and lists advocacy contact information.

This auditor reviewed the *2021 AIC Handbook*. Pages five through seven have information about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, to include anonymously. When the handbook is issued, a *Delivery & Review of AIC Manual/Advisement of Zero Tolerance Policy* form is provided to the AIC. The Booking staff ensures the AIC can read and comprehend the information in the handbook and understands the zero-tolerance policy for all forms of sexual misconduct. The AIC signature acknowledges they have read, or have had read to them, and understand the zero-tolerance policy.

This auditor reviewed the facility AIC PREA Training. NORCOR uses a video produced by Just Detention International to provide comprehensive information to AICs about their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. Random and targeted AICs recalled watching the video.

An interview with Booking staff indicated the PREA information is provided to each AIC. Interviews with AICs indicated they were aware of the zero-tolerance policy and how to make a report.

This auditor reviewed the files of each AIC that was interviewed and confirmed they received comprehensive education within 30 days of their arrival at NORCOR.

NORCOR did not have any AICs at the facility who were admitted prior to August 2012, as the facility is a jail. It would be exceedingly unusual for a person to be incarcerated in a jail for more than ten years.

(d, f) NORCOR Policy 503 states on page one, “*The Lieutenant shall provide an effective method of orienting all incoming inmates that includes an inmate handbook.*” Page two states, “*In addition to English, orientation information will be provided in the most commonly used languages for the inmate population. The Lieutenant should consider enlisting the assistance of volunteers who are qualified and proficient in both English and the language in which they are providing translation assistance to translate the orientation information. Use of outside translation sources may also be considered. Interpretive services will be provided to inmates who do not speak English or any of the other languages in which the orientation information is available...Inmates who cannot read, are visually impaired or have intellectual, psychiatric or speech disabilities or limited reading skills, shall have materials read to them by a staff member or presented to them using audible recorded media (28 CFR 115.16; ORS 169.076). Inmates who are deaf or hard of hearing shall be provided with interpretation services. Reasonable efforts should be made by the staff to assist the inmate in understanding the information.*”

	<p>PREA posters in English and Spanish were in some housing units. In other housing units they had been removed from the walls by AICs and stacked in shelving or altogether missing. All PREA information on the posters is readily available to AICs on the electronic tablets in the unit. As part of corrective action, additional posters were hung in work areas and medical/mental health waiting rooms during the onsite review.</p> <p>NORCOR uses a video produced by Just Detention International to provide comprehensive information to AICs about their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents. The video has audio, for those that are visually impaired, and subtitles are available for those who are deaf.</p> <p>NORCOR did not have any AICs with cognitive disabilities and did not provide a list of AICs who had limited-English proficiencies. While interviewing randomly selected AICs, this auditor determined two AICs required translation services. Interviews for this standard were conducted with the following targeted groups:</p> <ul style="list-style-type: none"> • One AIC experiencing physical disabilities • One AIC with limitations to their vision • Three AICs with limitations to their hearing • Two AICs with limited-English proficiencies <p>None of the targeted AICs interviewed indicated difficulty understanding the comprehensive education that had been provided to them.</p> <p>(e) During the facility intake process, AICs are provided a form to sign indicating they have received comprehensive education. The auditor confirmed this documentation during the AIC file reviews.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of AIC education as it relates to PREA.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- NORCOR Policy 309, *PREA Training*
- Investigative staff training records
- Interviews with investigative staff

(a-c) NORCOR Policy 309 states on page three, *“Specialized investigative training for investigators shall include the uniform evidence protocol to maximize potential for obtaining useable physical evidence; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution (28 CFR 115.21; 28 CFR 115.34).”*

Facility staff conduct administrative investigations. Investigations involving potentially criminal behavior are referred to the Wasco County Sheriff’s Office for investigation. NORCOR has one administrative investigator and WSCO has one criminal investigator.

This auditor reviewed the training certificate for the administrative investigator. This auditor was unable to directly review the curriculum associated with the training provided to the facility investigator, as it was received out of state. This auditor reviewed the website and course information for the training provider, which indicated the course was a two-day training workshop for administrative and criminal sexual abuse and sexual harassment investigators. The workshop *discusses why these sexual abuse investigations are different and what special skills and knowledge are required. It also provides an understanding of how sexual abuse victims may respond; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity Warnings; proper collection and preservation of evidence in confinement settings; procedures for preserving the objectivity and integrity of the investigation; and the criteria and evidence required to substantiate administrative findings and criminal prosecution.*

At the time of the onsite review, the criminal investigator had not yet completed the required training. This auditor was provided with a training certificate by the facility showing completion of the required training on January 31, 2023. The criminal investigator has significant experience conducting sexual abuse investigations in the community and was aware of the differences presented in a confinement setting.

Interviews with both investigators confirmed they are knowledgeable of the required elements.

(d) Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training

for investigations as it relates to PREA.

115.35 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- NORCOR Policy 606, *PREA*
- NORCOR Policy 309, *PREA Training*
- National Institute of Corrections *PREA 201 for Medical & Mental Health Practitioners*
- Staff training records
- Interviews with medical and mental health staff

(a) NORCOR Policy 309 states on page two, *“All full- and part-time qualified health care and mental health professionals who work regularly in the facility shall receive all of the member training listed above, as well as training that includes (28 CFR 115.35):*

(a) Detecting and assessing signs of sexual abuse and sexual harassment.

(b) Preserving physical evidence of sexual abuse.

(c) Responding effectively and professionally to victims of sexual abuse and sexual harassment. (d) Reporting allegations or suspicions of sexual abuse and sexual harassment.”

NORCOR medical and mental health staff participate in the National Institute of Corrections *PREA 201 for Medical & Mental Health Practitioners* training. This auditor reviewed the curriculum to ensure a comprehensive training program that provides detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

(b) NORCOR Policy 309 states on page two, *“If the qualified health care and mental health professionals employed by this facility conduct forensic examinations, they*

shall receive the appropriate training to conduct such examinations.”

Interviews with medical staff confirmed they do not conduct forensic medical exams. As the facility does not employ medical staff to conduct forensic medical examinations, this subsection of the standard does not apply.

(c) NORCOR Policy 309 states on page two, *“The Training Coordinator shall maintain documentation that the facility’s health care and mental health professionals have received the training referenced above, either from this department or elsewhere.”*

(d) In addition to the PREA training provided to all employees, medical and mental health staff receive additional training specific to their responsibilities with PREA, via the National Institute of Corrections *PREA 201 for Medical & Mental Health Practitioners*. This auditor reviewed the training curriculum to ensure it provided detailed information on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PAQ indicated there are nine medical and mental health staff at NORCOR and certified only one of the staff had been trained at the time of the onsite review. One of the nine positions is unfilled, and one position is an office position that does not provide services to AICs, leaving a total of seven medical and mental health staff.

Prior to the issuance of the interim report, two providers completed the required training. On April 7, 2023, the facility PCM provided this auditor with training documentation for two additional staff, bringing the total number of staff trained to six. On May 3, 2023, the facility PCM provided this auditor with training documentation for the last remaining staff member, which satisfied this element of corrective action.

Interviews with medical and mental health staff indicated they take the standard PREA training and are aware of their responsibilities.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training, medical and mental health care as it relates to PREA.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this

standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- NORCOR Policy 509, *Inmate Classification*
- NORCOR Policy 309, *PREA Training*
- NORCOR *PREA Risk Assessment Tool*
- Interview with PREA Compliance Manager
- Interviews with staff responsible for conducting risk screening
- Interviews with randomly selected AICs
- AIC file reviews

(a-e) NORCOR Policy 309 states on page three, *“All inmates shall be screened during the intake process to assess their risk of being sexually victimized by other inmates or sexually abusive toward other inmates. An initial risk assessment shall be completed by booking staff, within 24 hours of arrival at the facility and shall utilize the PREA Risk Assessment Tool (Form 309A).”*

This screening is conducted in a private location within the Intake area of NORCOR, by Booking staff. This auditor reviewed the screening tool used by the facility. It gathers objective data and considers all the required elements. Once completed, staff enter results in the Jail Management System (JMS) if the AIC is determined to be a potential victim or aggressor. A lieutenant reviews and signs off on each screening.

This auditor requested and reviewed the 72-hour risk screening for each AIC selected for interview. Each AIC received a risk screening with 72 hours of being admitted to the facility.

(f) NORCOR Policy 309 states on page four, *“Within a time period, not to exceed 30 days from the inmate’s arrival at the facility, NORCOR shall reassess the inmate’s risk of victimization or abusiveness based upon any additional relevant additional information received by the facility since the intake screening (28 CFR 115.41).”*

This auditor requested and reviewed the 30-day risk screening for each AIC selected for interview. NORCOR conducts a full reclassification of each AIC within 30 days, which includes a risk screening.

(g) NORCOR Policy 309 states on page three, *“An inmate’s risk level shall be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness (28 CFR 115.41).”*

An interview with the PCM confirmed an additional risk screening is conducted after

	<p>referral, substantiated incident of sexual abuse or receipt of additional information which may impact the AIC's risk level.</p> <p>(h) NORCOR Policy 509 states on page four, <i>"Inmates may not be compelled by threat of discipline to provide information or answers regarding (28 CFR 115.41):</i></p> <p style="padding-left: 40px;"><i>(a) Whether the inmate has a mental, physical, or developmental disability.</i></p> <p style="padding-left: 40px;"><i>(b) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.</i></p> <p style="padding-left: 40px;"><i>(c) Whether the inmate has previously experienced sexual victimization.</i></p> <p style="padding-left: 40px;"><i>(d) The inmate's own perception of vulnerability."</i></p> <p>NORCOR Policy 309 reiterates the same information on page three.</p> <p>Interviews with the PCM and staff who conduct risk screenings confirmed they do not discipline AICs for refusing to answer risk screening questions and will instead complete a risk screening based on information known to the agency/facility. No AIC indicated in an interview they had been disciplined for refusing to disclose information.</p> <p>(i) NORCOR Policy 509 states on page four, <i>"Information obtained in response to screening questions shall be considered confidential and shall only be made available to those who have a legitimate need to know (28 CFR 115.41)."</i></p> <p>Interviews with screening staff indicated they are aware that information obtained during the screening process is to remain confidential unless there is a legitimate need to know.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of sexual victimization and abusiveness as it relates to PREA.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 509, <i>Inmate Classification</i>

- NORCOR Policy 807, *AIC Hygiene*
- Interview with Jail Commander/Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with staff responsible for risk screening
- Interviews with random staff
- Interviews with AICs who identify as lesbian, gay, or bisexual
- AIC file reviews
- Observation of facility operations while onsite

(a-b) NORCOR's AIC classification process is designed to systematically identify security and health issues and ensure appropriate housing placements are made based on custody levels. AICs are classified to the least restrictive custody level based on an assessment of behavioral risk factors, supervision needs, rehabilitative needs, behavioral while at the facility, and the results of the PREA risk assessment tool. Classification for each AIC is reassessed every 30 days to examine any changes in behavior or other circumstances that may warrant a change in their status.

NORCOR Policy 509 states on page ten, *"Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42)."*

Information from the screening form is considered in the final determination of the AIC's housing and program assignments. Known or potential victims are not housed with known or potential aggressors. Known and potential victims may participate in programming and work assignments with known and potential aggressors if there is adequate staff supervision.

(c) NORCOR Policy 509 states on page ten, *"Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns."*

Any transgender AIC at NORCOR is placed on an individualized classification plan. While there were no transgender AICs at NORCOR at the time of the onsite review, random staff referenced such housing plans in their interviews with this auditor.

(d-e) NORCOR Policy 509 states on page seven, *"Housing and program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats experienced by the inmate (28 CFR 115.42)."* Page ten states, *"Housing and program assignments of a transgender or intersex inmate shall include individualized consideration for the inmate's health and safety and any related supervisory, management or facility security concerns. A transgender or intersex*

inmate's views with respect to his/her own safety shall be given serious consideration."

At the time of the onsite review, there were no transgender AICs at NORCOR.

(f) NORCOR Policy 807 states on page six, *"Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates (28 CFR 115.42)."*

Most of the housing units at NORCOR had individual showers with shower curtains, but some units had communal showers. Any transgender AIC at NORCOR would be placed on an individualized classification plan that would ensure the use of a private shower.

(g) NORCOR Policy 509 states on page ten, *"Lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless such placement is pursuant to a consent decree, legal settlement or legal judgment (28 CFR 115.42)."*

According to the Jail Commander/Agency PREA Coordinator, NORCOR is not subject to a consent decree, legal settlement, or legal judgment for protecting LGBTI AICs, and does not place those AICs in dedicated facilities, units, or wings solely based on such identification. None of the four LGB AICs indicated in their interviews that they had been housed in areas based solely on their identification or status.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of use of screening information as it relates to PREA.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none">• NORCOR Pre-Audit Questionnaire (PAQ) responses• NORCOR Policy 505, <i>Special Management Inmates</i>• NORCOR Policy 509, <i>Inmate Classification</i>• AIC housing records• Interview with Jail Commander/Agency PREA Coordinator• Interview with PREA Compliance Manager

- Interview with random staff
- Interviews with random AICs

(a) NORCOR Policy 505 states on page three, *“The deputy responsible for assigning classifications to incoming inmates shall clearly document the reason an inmate should be placed into protective custody. Inmates in need of protective custody may be placed in a segregation unit when there is documentation that the protective custody is warranted, and segregation is the least restrictive alternative reasonably available.”*

NORCOR Policy 509 states on page ten, *“Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68).”*

(b) NORCOR Policy 505 states on page three, *“Inmates who are in protective custody shall receive all services and programs that are available to inmates in general population and that are deemed a privilege. Any deviation from allowing usually authorized items or activities shall be documented on the inmate’s file. Inmates who are classified for housing in administrative segregation or protective custody shall, at a minimum, be allowed access to programs and services including, but not limited to, the following:*

- *Inmate telephones*
- *Family visitation*
- *Educational programming appropriate to the inmate classification*
- *Access to commissary services*
- *Library and law library services*
- *Social services*
- *Faith-based guidance, counseling and religious services*
- *Recreation activities and exercise*
- *Social and professional visits.”*

(c-d) NORCOR Policy 505 states on page four, *“The Sergeant or classification officer shall review the status of all inmates who are housed in segregation units and designated for administrative segregation or protective custody. This review shall*

occur every seven days. The review should include information about these inmates to determine whether their status in administrative segregation and protective custody is still warranted. If other reasonable housing options exist that will provide for the safety of the inmate, the inmate should be moved out of segregation. In reviewing an alternative housing decision, the safety of the inmate shall receive the utmost consideration."

The PAQ indicated there were not any AICs placed in involuntary segregation as a means of separation or protection for AICs at high risk for sexual victimization. Interviews with the Jail Commander, facility PCM, and random staff confirmed NORCOR has not used involuntary segregation as a means of separation or protection for AICs at high risk for sexual victimization.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of protective custody as it relates to PREA.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • <i>Responding to Sexual Abuse of Inmates in Custody</i> training curriculum • NORCOR AIC postings within the facility • <i>2021 AIC Handbook</i> • Interview with agency PREA Coordinator • <i>NORCOR PREA Pamphlet</i> • Interview with the Jail Commander/agency PREA Coordinator • Interviews with random staff • Interviews with a contractor and a volunteer • Interviews with random AICs

(a) NORCOR Policy 606 states on page five, *“Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment.”*

Internal and external reporting options are readily available to AICs on the permanent PREA signs posted throughout the facility, electronically on the tablets, and on stickers on AIC telephones. All AICs interviewed indicated they were aware of the available reporting mechanisms.

(b) NORCOR Policy 606 states on page four, *“[The PREA Coordinator’s responsibilities shall include:] Implementing a process by which inmates may report sexual abuse and sexual harassment to a public/ private entity or an office that is not part of the Department and that the outside entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the Lieutenant, allowing the inmate anonymity (28 CFR 115.51).”*

This auditor utilized the phone in the phone in one of the housing unit dayrooms to test the mechanism while onsite. The anonymous hotline allows the caller to record a voicemail. The voicemail is immediately sent to the NORCOR Jail Commander, the Sherman County Sheriff, the NORCOR Operations Lieutenant and the NORCOR Administrative Lieutenant/Facility PCM.

As part of corrective action, the facility revised their external reporting option to the Wasco County Sheriff. The housing unit posters and electronic tablet information were revised to state, *“To make a report outside of NORCOR please contact the Wasco County Sheriff’s Office. The Wasco County Sheriff will investigate reports of sexual abuse or sexual harassment. You may ask to remain anonymous.”* The mailing address and a phone number were provided. The 2021 AIC Handbook did not require revision, as it did not have information about the external reporting mechanism listed.

NORCOR does not normally house AICs detained solely for civil immigration purposes and did not have any at the facility during the onsite review.

(c) NORCOR Policy 606 states on page five, *“Staff shall accept reports made verbally, in writing, anonymously or from third parties and shall promptly document all verbal reports (28 CFR 115.51).”*

Staff are trained on the expectation to immediately report during PREA-related training, as verified by curriculum review and through interviews with random staff.

(d) NORCOR Policy 606 states on page five, *“Staff may also privately report sexual abuse and sexual harassment of inmates (e.g., report to the Lieutenant) (28 CFR 115.51).”*

NORCOR staff, volunteers and contractors can report sexual abuse and sexual harassment privately to any supervisor. Interviews with staff and contractors did not indicate that any person had concerns with regards to private reporting mechanisms

	<p>and all stated that they felt comfortable reporting.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for AIC reporting as it relates to PREA.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 609, <i>Inmate Grievances</i> • <i>2021 AIC Handbook</i> • Interview with PREA Compliance Manager <p>(a) The agency is not exempt from this standard, as they have procedures set forth in Policy 609 to address AIC grievances pertaining to sexual abuse. Page two of the Policy 609 states, <i>“It is the policy of this department that any inmate may file a grievance relating to conditions of confinement, which includes release date, housing, medical care, food service, hygiene and sanitation needs, recreation opportunities, classification actions, program participation, telephone, and mail use procedures, visiting procedures and allegations of sexual abuse. Grievances that require immediate action due to their nature (medical, fire, life safety, PREA, and release dates) will be dealt with by the supervisor on duty at the time of the submittal.”</i></p> <p>(b) NORCOR Policy 609 states on page one, <i>“Inmates may submit a grievance regarding an allegation of sexual abuse at any time... Inmates and staff are not required to attempt to informally resolve grievances related to sexual abuse.”</i></p> <p>(c) NORCOR Policy 609 states on page one, <i>“Grievances may be submitted to any staff member and need not be submitted to the member who is the subject of the complaint. Staff receiving a grievance shall forward the grievance to a supervisor. Grievances shall not be forwarded to any supervisor who is the subject of the complaint. The supervisor receiving the grievance shall refer the grievance to the Sergeant for investigation.”</i></p> <p>Grievances at NORCOR are submitted electronically through tablets on the housing</p>

units. AICs who do not want to utilize the tablet can submit a written grievance directly to a supervisor or Lieutenant if they believe the issue to be grieved is sensitive or their safety may be in jeopardy. AICs with limited access to mail privileges, who are in segregation units, or who are indigent, may place a written grievance in a sealed enveloped labeled "Grievance" and place it in the regular outgoing mailbox. Envelopes marked in this manner will be delivered directly to a lieutenant.

The PAQ indicated there were no PREA-related grievances filed during the audit review period. NORCOR does not have a Grievance Coordinator; the sergeants and lieutenants have oversight of the process.

(d) NORCOR Policy 609 states on page one, *"The Sergeant shall ensure that grievances related to sexual abuse are investigated and resolved within 90 days of the initial filing. The Sergeant may grant an extension of up to 70 days if it is reasonable to make an appropriate decision. If an extension is granted, the inmate shall be notified and provided a date by which a decision will be made."*

(e) NORCOR Policy 609 states on page one, *"Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing such grievances and to file such grievances on behalf of inmates if the inmate agrees to have the grievance filed on his/her behalf. Staff members who receive a grievance filed by a third party on behalf of an inmate shall inquire whether the inmate wishes to have the grievance processed and shall document the inmate's decision."*

(f) NORCOR Policy 609 states on pages one and two, *"Any inmate who believes he/she or any other inmate is at substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor. The supervisor shall determine whether immediate action is reasonably necessary to protect the inmate and shall provide an initial response within 48 hours. The supervisor shall refer the grievance to the Sergeant, who will investigate and issue a final decision within five calendar days. The initial response and final decision shall be documented and shall include a determination whether the inmate is in substantial risk of imminent sexual abuse and identify actions taken in response to the emergency grievance (28 CFR 115.52)."*

Page 23 of the 2021 AIC Handbook states, *"Emergency grievance may be for any Adult in Custody who believes he/she or any other Adult in Custody is in substantial risk of imminent sexual abuse, may file an emergency grievance with any Supervisor."*

(g) NORCOR Policy 609 states on page one, *"Inmates may be disciplined for filing a false grievance related to alleged sexual abuse only when it is determined that the inmate filed the grievance in bad faith."*

Page 22 of the 2021 AIC Handbook states, *"Jail command staff may limit the number of grievances you may file if you intentionally abuse the process or do not file in good faith. You are also subject to discipline if you abuse the grievance process. However, staff may not retaliate against an Adult in custody for filing/pursuing a grievance."*

	<p>An interview with the facility PCM confirmed that no AIC had been disciplined for filing a sexual abuse or sexual harassment grievance.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for exhaustion of administrative remedies as it relates to PREA.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • <i>Prison Rape Elimination Act</i> pamphlet • NORCOR PREA Poster • Interview with Jail Commander/Agency PREA Coordinator • Interview with PREA Compliance Manager • Interviews with random AICs <p>(a) NORCOR Policy 606 states on pages three and four, “[The PREA Coordinator’s responsibilities shall include:] <i>Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Persons detained solely for civil immigration purposes shall be given contact information for immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible.</i>”</p> <p>The AIC PREA posting available in housing units and work areas and electronically on the tablets lists Just Detention International, Haven, Haven, Helping Hands Against Violence, and Mid-Columbia Center for Living as confidential, community- based</p>

advocacy organizations. The same information is also available in the brochure provided to each AIC upon arrival at the facility. NORCOR does not normally house AICs detained solely for civil immigration purposes and did not have any at the facility during the onsite review.

This auditor conducted outreach to Just Detention International (JDI), Haven, and Helping Hands Against Violence to learn about issues of sexual safety at the facility.

JDI is a health and human rights organization that seeks to end sexual abuse in all forms of detention by advocating for laws and policies that make prisons and jails safe and providing incarcerated survivors with support and resource referrals. JDI advised this auditor that they had not received any correspondence from incarcerated survivors at NORCOR within the last 12 months. While onsite, this auditor verified their contact information is provided to people incarcerated at NORCOR.

Haven from Domestic & Sexual Violence offers advocacy to assist survivors in a range of challenges they may encounter. Advocates are also able to provide emotional support when conflicting feelings arise about their abusive intimate partners and safety planning to navigate dangerous situations and potential triggers. Community-based advocates provide confidential services to people of all genders, ages and backgrounds who are experiencing violence. Haven is the regional provider of comprehensive support and advocacy for survivors of sexual assault, domestic violence, dating violence, and stalking, as well as the regional provider of sexual assault and rape prevention education. Haven's mission is to provide safe and supportive services to those affected by interpersonal and sexual violence by empowering survivors and our community through advocacy, education, and prevention. This auditor reached out to Haven but did not receive a response by the time the interim report was submitted to the facility. This auditor reached out twice during the corrective action period, but again did not receive a response.

Helping Hands Against Violence is a community agency that operates a 30-day emergency shelter for survivors and their children who are escaping abusive situations, as well as a secondary facility that provides transitional housing for survivors and their children who have been victims of crime and would otherwise be homeless. Services for survivors include a 24-hour hotline, help with retraining orders and court appearances, support groups, and more. This auditor reached out to Helping Hands but did not receive a response back by the time the interim report was submitted to the facility.

The facility also provides information about Mid-Columbia Center for Living to people incarcerated at NORCOR. Mid-Columbia Center for Living is a recover-oriented, trauma-informed service provider for persons with mental health and substance abuse issues. Their mission is to provide comprehensive and culturally sensitive services in the least restrictive setting. The Center operates crisis support services 24 hours, seven days a week, with a focus on those who may be at risk of harming themselves or who may be unable to care for themselves due to symptoms of mental health or substance abuse. This auditor did not conduct outreach to the Center for Living as they do not provide services for victims of sexual abuse.

While some of the resources offered to AICs at NORCOR may not directly relate to PREA or sexual abuse, it is important to note that sexual violence often does not occur in a vacuum. It often intersects with mental illness, crime victimization, substance use, and domestic violence. Providing resources to address these issues that can be accessed from inside the facility and again from the community after they return provides great advantages from a systemic perspective.

(b) NORCOR Policy 606 states on page four, *“The facility shall inform inmates, 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 (28 CFR 115.53).”*

NORCOR Policy 503 states on pages one and two, *“To assist with the inmate’s transition into a custody environment, the orientation will include the following topics, supplemented by a more detailed inmate handbook that will be provided to each inmate and an Inmate Orientation Video in both English and Spanish with subtitles...Mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies (28 CFR 115.53) Information regarding confidentiality, monitoring and mandatory reporting.”*

The AIC PREA posting available in housing units and work areas and electronically on the tablets indicates that AICs may contact Mid-Columbia Center for Living, Haven, Helping Hands Against Violence, or Just Detention International confidentially and at no charge.

(c) Interviews with the Jail Commander/Agency PREA Coordinator and PREA Compliance Manager indicated attempts to enter into memoranda of understanding with Haven have not been successful in the past but acknowledged there has been a change in leadership at the rape crisis center since the last attempts were made. While this auditor was still onsite, the PREA Compliance Manager scheduled a meeting with the new Executive Director of Haven to discuss the provision of services at NORCOR. As part of corrective action, this auditor required a written agreement regarding the provision of services from that meeting, or written documentation indicating Haven is unable or unwilling to enter into a written agreement with the facility.

During the corrective action period, the PREA Compliance Manager provided this auditor with documentation of three scheduled meetings with Haven - December 13, January 4, and January 10. All three meetings were cancelled by Haven. On March 10, 2023, Haven indicated to NORCOR they would provide the facility with a written memorandum of understanding. The PREA Compliance Manager contacted Haven again on March 28th regarding the MOU and had not received a response until May 5, 2023, when Haven indicated they had not forgotten about the MOU request and would try to provide one soon. The PCM has committed to continuing to engage with Haven. This auditor is satisfied that NORCOR has made multiple attempts to engage with Haven and has maintained documentation of such attempts.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of AIC access to outside confidential support services as it relates to PREA.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR PREA Poster • NORCOR website <p>(a) NORCOR Policy 606 states on page five, <i>“The facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member (28 CFR 115.54).”</i></p> <p>The NORCOR website lists the contact information for the PREA Report Hotline and the Agency PREA Coordinator. This information is available to the public at NORCOR: Adult Corrections - Prison Rape Elimination Act (PREA) Northern Oregon Regional Correctional Facility. The website lists contact information for Haven and Helping Hands Against Violence, Hood River. Weblinks for PREA resources at the National Institute of Corrections, the National Prison Rape Elimination Commission and the PREA Resource Center are noted at the bottom of the page.</p> <p>The NORCOR PREA posters in housing units and work areas and electronically on tablets note that an attorney or loved one can report sexual abuse or harassment by contacting NORCOR administration.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined the facility is in full compliance with this standard as it relates to PREA.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- Oregon Revised Statute 124.100
- NORCOR Policy 606, *PREA*
- *Responding to Sexual Abuse of Inmates in Custody* training curriculum
- Interview with Jail Commander/Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Interviews with random staff
- Interviews with medical and mental health staff

(a, e) NORCOR Policy 606 states on page five, *“Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward the matter to a sexual abuse investigator (28 CFR 115.61).”*

This auditor reviewed the training curriculum for *Responding to Sexual Abuse of Inmates in Custody* to ensure it contained the required information around immediately reporting information related to sexual abuse, sexual harassment, and retaliation.

Interviews with random staff indicated they are aware of their responsibility to immediately report, as required by agency policy, staff training, and the standard.

(b) NORCOR Policy 606 states on page five, *“Sexual abuse and sexual harassment reports shall only be made available to those who have a legitimate need to know, and in accordance with this policy and applicable law (28 CFR 115.61).”*

This auditor reviewed the training curriculum for *Responding to Sexual Abuse of Inmates in Custody* to ensure it contained the required information about confidentiality.

Interviews with random staff indicated they are aware of their responsibility to keep information related to sexual abuse confidential, as required by agency policy, staff training and the standard.

(c) NORCOR medical and mental health staff are required to report information regarding sexual abuse and sexual harassment occurring in a confinement setting. Interviews with those staff indicated they are aware of their responsibility. NORCOR

	<p>AICs sign an informed consent form prior to receiving services that states medical and mental health staff will report if AICs disclose that they have been sexually assaulted or harassed by other AICs or staff.</p> <p>(d) NORCOR Policy 606 states on page nine, <i>“If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (28 CFR 115.61).”</i></p> <p>Oregon Revised Statute 124.100 defines a <i>vulnerable person</i> as an <i>elderly person, a financially incapable person, an incapacitated person, or a person with a disability who is susceptible to force, threat, duress, coercion, persuasion or physical or emotional injury because of the person’s physical or mental impairment.</i></p> <p>Interviews with the agency PREA Coordinator, warden, facility PCM, and medical/mental health staff indicated NORCOR had not housed any AICs under the age of 18 or otherwise qualified as a vulnerable adult.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of staff and agency reporting duties as it relates to PREA.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • NORCOR Policy 609, <i>Inmate Grievances</i> • Interviews with random staff <p>(a) NORCOR Policy 606 states on page five, <i>“Threats or allegations of sexual abuse and sexual harassment, regardless of the source, shall be documented and referred for investigation.”</i></p> <p>NORCOR Policy 609 states on page one, <i>“Any inmate who believes he/she or any other inmate is in substantial risk of imminent sexual abuse may file an emergency grievance with any supervisor.”</i> A supervisor is on duty at NORCOR 24 hours each day</p>

	<p>and will determine whether immediate action is reasonably necessary to protect the AIC.</p> <p>The PAQ indicated there were no instances of the agency or facility determining that an AIC was subject to substantial risk of imminent sexual abuse. Interviews with all staff interviewed indicated they were aware of their responsibility to take immediate action if they learn an AIC is subject to substantial risk of imminent sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection duties as it relates to PREA.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • Oregon State Sheriff’s Association Jail Standards, Eighth Edition • NORCOR Policy 606, <i>PREA</i> • Interview with Jail Commander/Agency PREA Coordinator • Interview with PREA Compliance Manager <p>(a-d) NORCOR Policy 606 states on page five, <i>“If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Lieutenant shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation. The Lieutenant shall ensure that the notification has been documented (28 CFR 115.63).”</i></p> <p>The PAQ indicated the facility received seven allegations that an AIC was abused while confined at another facility and received one notification from another facility that an AIC alleged having been abused at NORCOR during the audit review period.</p> <p>The Eighth Edition of the Oregon State Sheriff’s Association Jail Standards, Section A-103 states, <i>“Each jail must have a designated commander who will be responsible for the management and operation of the facility. If the sheriff is not the jail commander, a jail commander must be appointed. The sheriff must supervise the</i></p>

actions and performance of the jail commander. The jail commander will be given operational authority commensurate with the responsibilities assigned. The duties of the jail commander must be set forth in the policies and procedures manual."

NORCOR is unique because it is one regional jail serving four Oregon counties - Wasco, Hood River, Sherman, and Gilliam. The Jail Commander for NORCOR was appointed by the chair of the Oregon State Sheriffs' Association. For the purposes of this standard, this auditor finds the Jail Commander, as defined by the OSA Jail Standards, to be the facility head.

An interview with the Jail Commander/Agency PREA Coordinator and facility PCM indicated they understood the requirement for the notification to be sent to and from the Jail Commander, as the facility head. As part of corrective action, the facility was required to revise NORCOR Policy 606 to reflect the Jail Commander will make notification to the head of the facility or other appropriate office of the agency where the alleged abuse occurred. Documentation of the revision was provided to this auditor for review on February 2, 2023. The revised language states, *"If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Manager shall notify the head of that facility as soon as possible but not later than 72 hours after receiving the allegation."*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of reporting to other confinement facilities as it relates to PREA.

115.64 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, PREA • NORCOR PREA Reporting & Investigation of Sexual Abuse Staff Reporting Responsibilities Form 309B • NORCOR PREA OIC PREA Checklist Form 309C • Responding to Sexual Abuse of Inmates in Custody training curriculum • Interview with Jail Commander/Agency PREA Coordinator

- Interview with PREA Compliance Manager
- Interviews with random staff

(a-b) NORCOR Policy 606 states on page six, *“If an allegation of inmate sexual abuse is made, the first deputy to respond shall (28 CFR 115.64):*

(a) Separate the parties.

(b) Request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82).

(c) Establish a crime scene to preserve and protect any evidence. Identify and secure witnesses until steps can be taken to collect any evidence.

(d) If the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating).

(e) Consider whether a change in classification or housing assignment for the victim is needed or whether witnesses to the incident need protection, both of which may include reassignment of housing.

(f) Determine whether the alleged perpetrator should be administratively segregated or administratively transferred during the investigation.

If the first responder is not a deputy, the responder shall request the alleged victim to refrain from any actions that could destroy physical evidence and then immediately notify a deputy.”

Staff who are made aware of an allegation of sexual abuse must complete a *PREA Reporting & Investigation of Sexual Abuse Staff Reporting Responsibilities* form. The form lists first responder steps -

Ensure the victim is safe and kept separated from the alleged perpetrator (if immediate need exists)

Notify the Officer in Charge or Supervisor

Officer in Charge will make appropriate notifications using the OIC checklist

Document your notification and basic required information obtained by you in space below, sign and submit to the OIC for incorporation to the Unusual Incident Report.

The bottom half of the form has space to note the reported information, with date and signature lines.

NORCOR utilizes an *OIC PREA Checklist* to be completed by the Officer-in-Charge at

	<p>the time of an incident. The form includes space to indicate first responder actions that were taken, initial questions to make crime scene determinations, evidentiary reminder, and notifications.</p> <p>This auditor reviewed the training curriculum for <i>Responding to Sexual Abuse of Inmates in Custody</i> to ensure it complies with this standard of staff first responder duties.</p> <p>The PAQ indicated there were four allegations of sexual abuse during the audit review period. None of the allegations were received within a time that allowed for the collection of evidence. While onsite, this auditor included first responder questions during all random staff interviews.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard of staff first responder duties as it relates to PREA.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • Interview with Jail Commander/Agency PREA Coordinator • Interview with PREA Compliance Manager • NORCOR <i>OIC PREA Checklist</i>, Form 309C <p>(a) NORCOR Policy 606 outlines the actions taken by first responders, medical, and mental health staff when an allegation of sexual abuse is made. The NORCOR <i>OIC PREA Checklist</i> ensures no steps are missed when responding to an allegation. The response includes when the initial disclosure is within 72 hours of a sexual assault incident, investigative actions, the forensic examination, after action and follow-up care.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has</p>

	determined that the facility is fully compliant with this standard of coordinated response as it relates to PREA.
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Policy 606, <i>PREA</i> • Northern Oregon Regional Corrections Association CBA • Interview with Jail Commander/Agency PREA Coordinator • Interview with PREA Compliance Manager <p>(a) NORCOR Policy 606 PREA states on page two, <i>“The Department shall not enter into or renew any collective bargaining agreement or other agreement that limits the department’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted (28 CFR 115.66).”</i></p> <p>NORCOR employees are represented by the Northern Oregon Regional Corrections Association (NORCA). This auditor reviewed the most recent collective bargaining agreement, effective through June 29, 2025. Article 9, Personnel, states, <i>“The decision to hire, schedule, transfer, assign and promote employees shall be based on skill, ability, qualifications, current experience, training, length of service and work record as determined by the Employer.”</i> There is no language in the CBA that would preclude the facility’s ability to remove alleged staff sexual abusers from contact with any AICs pending the outcome of an investigation.</p> <p>(b) Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of coordinated response as it relates to PREA.</p>

115.67	Agency protection against retaliation
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- NORCOR Policy 606, PREA
- Interview with Jail Commander/Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Review of investigative files

(a-e) NORCOR Policy 606 PREA states on pages five and six, *“All inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, shall be protected from retaliation. Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation, shall be utilized (28 CFR 115.67).*

The Lieutenant or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there is any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks. The Lieutenant should take reasonable steps to limit the number of people with access to the names of individuals being monitored and should make reasonable efforts to ensure that staff members who pose a threat of retaliation are not entrusted with monitoring responsibilities.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation (28 CFR 115.67).”

The PAQ indicated that NORCOR did not receive any allegations of retaliation during the audit period. An interview with the agency PREA Coordinator indicated they are knowledgeable of the requirements associated with retaliation monitoring.

(f) Auditor is not required to audit this provision.

Conclusion:

	Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection against retaliation as it relates to PREA.
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 509, <i>Inmate Classification</i> • Interview with Jail Commander/Agency PREA Coordinator • Interview with PREA Compliance Manager • Interviews with random staff <p>(a) NORCOR Policy 509 states on page ten, <i>“Housing, bed, work and program assignments should be made to separate inmates at high risk of being sexually victimized from those at high risk of being sexually abusive (28 CFR 115.42). Inmates identified as being at high risk for sexually aggressive behavior will be monitored and housed in an area that will minimize the risk to other inmates and staff. All inmates identified as being at risk of victimization shall be monitored and housed in an area to minimize the risk to their safety. However, inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of all available alternatives has been made and it has been determined that there is no available alternative means of separation from likely abusers (28 CFR 115.43; 28 CFR 115.68).”</i></p> <p>The facility reported they did not use segregated housing as a means of separation or protection for any AICs’ post allegation. Interviews with the Jail Commander/Agency PREA Coordinator, facility PCM and staff who supervise segregated housing confirmed NORCOR has not used involuntary segregation as a means of separation or protection for AICs post allegation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of post-allegation protective custody as it relates to PREA.</p>

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 112, <i>Personnel Complaints</i> • NORCOR Policy 206, <i>Disposition of Evidence</i> • NORCOR Policy 606, <i>PREA</i> • Interview with Jail Commander/Agency PREA Coordinator • Interview with PREA Compliance Manager • Interviews with investigative staff • Review of administrative and criminal investigations <p>(a) NORCOR Policy 606 states on pages eight and nine, <i>“Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed.”</i></p> <p>(b) NORCOR Policy 606 states on page eight, <i>“Only investigators who have completed department-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases (28 CFR 115.71).”</i></p> <p>Facility staff conduct administrative investigations. Investigations involving potentially criminal behavior are referred to the Wasco County Sheriff’s Office for investigation. NORCOR has one administrative investigator and WSCO has one criminal investigator. Agency policy directs an investigator of the same gender as the victim to be assigned, when possible.</p> <p>This auditor reviewed the training certificate for the administrative investigator. This auditor was unable to directly review the curriculum associated with the training provided to the facility investigator, as it was received out of state. This auditor reviewed the website and course information for the training provider, which indicated the course was a two-day training workshop for administrative and criminal sexual abuse and sexual harassment investigators. The workshop <i>discusses why these sexual abuse investigations are different and what special skills and knowledge are required. It also provides an understanding of how sexual abuse victims may respond; techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity Warnings; proper collection and preservation of evidence in confinement</i></p>

settings; procedures for preserving the objectivity and integrity of the investigation; and the criteria and evidence required to substantiate administrative findings and criminal prosecution.

At the time of the onsite review, the criminal investigator had not yet completed the required training. This auditor was provided with a training certificate by the facility showing completion of the required training on January 31, 2023. The criminal investigator has significant experience conducting sexual abuse investigations in the community and was aware of the differences presented in a confinement setting.

(c) All criminal investigations are conducted by Wasco County Sheriff's Office deputies. An interview with a criminal investigator and review of criminal investigations confirmed the gathering and preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Criminal investigators interview alleged victims, suspected perpetrators, and any witnesses. Prior complaints or reports of sexual abuse involving the suspected perpetrator are reviewed if any exist.

(d) NORCOR Policy 112 states on page five, *"An employee should be given an order to answer questions in an administrative investigation that might incriminate the employee in a criminal matter only after the employee has been given a Garrity advisement. Administrative investigators should consider the impact that compelling a statement from the employee may have on any related criminal investigation and should take reasonable steps to avoid creating any foreseeable conflicts between the two related investigations. This may include conferring with the person in charge of the criminal investigation (e.g., discussion of processes, timing, implications). No information or evidence administratively coerced from an employee may be provided to anyone involved in conducting the criminal investigation or to any prosecutor."*

An interview with facility staff indicated they do not conduct compelled interviews; such interviews may be conducted by the appropriate local law enforcement agency.

(e) NORCOR Policy 606 states on page eight, *"Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."* Page nine states, *"Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation (28 CFR 115.71)."*

An interview with investigative staff indicated they are conducting credibility assessments properly, and do not require incarcerated survivors to submit to a polygraph or other truth-telling device as a condition for investigation.

(f) NORCOR Policy 606 states on page eight, *"Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence,*

the reasoning behind credibility assessments, and investigative facts and findings.”

(g) NORCOR Policy 606 states on page eight, *“Administrative investigations shall include an effort to determine whether the staff’s actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be 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 the facility PCM confirmed they immediately notify the criminal investigator if their administrative investigation reveals any potentially criminal conduct.

(h) NORCOR Policy 606 states on page nine, *“If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor’s office for filing of new charges (28 CFR 115.71).”*

(i) NORCOR Policy 606 states on page 12, *“The Department shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the Department, plus five years (28 CFR 115.71).”*

(j) NORCOR Policy 606 states on page nine, *“The departure of the alleged abuser or victim from the employment or control of the Correctional Facility or Department shall not provide a basis for terminating an investigation (28 CFR 115.71).”*

Interviews with agency and facility investigators confirmed they will continue an investigation until there is an outcome, independent of resignations or releases. One of the investigations reviewed by this auditor included a staff case that was reported and investigated after the staff member was no longer employed by the agency.

(k) Auditor is not required to audit this provision.

(l) NORCOR Policy 606 states on page nine, *“The Department shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation (28 CFR 115.71).”*

Interviews with the Jail Commander/Agency PREA Coordinator and facility PCM indicated they have a positive relationship with external law enforcement, and do not experience obstacles when seeking information.

This auditor selected four sexual abuse investigations that were completed during the audit documentation period to review.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of criminal and administrative agency investigations as it relates to PREA.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1437 412">The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul data-bbox="256 456 1091 848" style="list-style-type: none"> <li data-bbox="256 456 991 490">• NORCOR Pre-Audit Questionnaire (PAQ) responses <li data-bbox="256 524 655 557">• NORCOR Policy 606, <i>PREA</i> <li data-bbox="256 591 1091 624">• Interview with Jail Commander/Agency <i>PREA</i> Coordinator <li data-bbox="256 658 876 692">• Interview with <i>PREA</i> Compliance Manager <li data-bbox="256 725 748 759">• Interview with investigative staff <li data-bbox="256 792 1023 826">• Review of administrative and criminal investigations <p data-bbox="256 949 1422 1072">(a) NORCOR Policy 606 <i>PREA</i> states on page 48, “<i>NORCOR shall not impose an evidentiary standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</i>”</p> <p data-bbox="256 1106 1469 1274">A review of investigational files indicated the agency/facility is not requiring a burden of proof higher than a preponderance of the evidence. Interviews with the Jail Commander and investigative staff indicated they are aware of this standard in determining if allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="256 1308 424 1341">Conclusion:</p> <p data-bbox="256 1375 1366 1498">Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of evidentiary standard for administrative investigations as it relates to <i>PREA</i>.</p>

115.73	Reporting to inmates
	<p data-bbox="256 1704 959 1738">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 1783 544 1816">Auditor Discussion</p> <p data-bbox="256 1861 1437 1928">The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul data-bbox="256 1973 991 2074" style="list-style-type: none"> <li data-bbox="256 1973 991 2007">• NORCOR Pre-Audit Questionnaire (PAQ) responses <li data-bbox="256 2040 655 2074">• NORCOR Policy 606, <i>PREA</i>

- Review of administrative and criminal investigations
- Interview with Jail Commander/Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with investigative staff

(a-b) NORCOR Policy 606 states on page ten, *“The Lieutenant or the authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. If the Department did not conduct the investigation, the Department shall request relevant information from the investigative agency in order to inform the inmate.”*

NORCOR makes required notifications verbally and documents in investigative reports. Interviews with the agency PREA Coordinator, facility PCM and investigative staff indicated they obtain the appropriate information from investigative agencies to inform AICs. Of the four allegations reported during the audit documentation period, three victims were released prior to investigative outcomes; one AIC was still in custody with the investigational outcome pending.

(c) NORCOR Policy 606 states on page ten, *“If a staff member is the accused (unless the Department has determined that the allegation is unfounded), the inmate shall also be informed whenever:*

(a) The staff member is no longer assigned to the inmate’s unit or employed at the facility.

(b) The Department learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.”

NORCOR makes required notifications verbally and documents in investigative reports. Interviews with the agency PREA Coordinator, facility PCM and investigative staff indicated they obtain the appropriate information from investigative agencies to inform AICs.

(d) NORCOR Policy 606 states on page ten, *“If another inmate is the accused, the alleged victim shall be notified whenever the Department learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.”*

NORCOR makes required notifications verbally and documents in investigative reports. Interviews with the agency PREA Coordinator, facility PCM and investigative staff indicated they obtain the appropriate information from investigative agencies to inform AICs.

(e) NORCOR Policy 606 states on page ten, *“All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added*

	<p><i>to the case file (28 CFR 115.73)."</i></p> <p>(f) Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of reporting to AICs as it relates to PREA.</p>
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115.76	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • Interview with Jail Commander/Agency PREA Coordinator • Interview with PREA Compliance Manager • NORCOR Investigative Reports <p>(a) NORCOR Policy 606 states on page nine, <i>"The staff shall be subject to disciplinary sanctions, up to and including termination, for violating this policy."</i></p> <p>The facility PCM reported that NORCOR received four reports of staff sexual abuse during the audit review period; one of the allegations was reported to have occurred outside of the audit review period. There were no allegations of staff sexual harassment during the audit review period.</p> <p>(b) NORCOR Policy 606 states on page nine, <i>"Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse."</i></p> <p>(c) NORCOR Policy 606 states on page nine, <i>"All discipline 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."</i></p> <p>(d) NORCOR Policy 606 states on page nine, <i>"All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been</i></p>

	<p><i>terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies (28 CFR 115.76)."</i></p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of disciplinary sanctions for staff as it relates to PREA.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • Interview with the Jail Commander/Agency PREA Coordinator • Interview with PREA Compliance Manager • Interviews with a contractor and a volunteer <p>(a-b) NORCOR Policy 606 states on page ten, <i>"Sexual abuse and sexual harassment between staff, volunteers or contract personnel and inmates is strictly prohibited. The fact that an inmate may have initiated a relationship or sexual contact is not a defense to violating this policy. Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates. He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies (28 CFR 115.77)."</i></p> <p>The facility PCM indicated that NORCOR did not have any contractors or volunteers who engaged in the sexual abuse of an AIC during the audit period and that NORCOR would not opt to retain the services of a contractor or volunteer who engaged in non-criminal sexual abuse or sexual harassment. Interviews with the Jail Commander/ Agency PREA Coordinator and facility PCM indicated that any contractor suspected of engaging in any prohibited activity is immediately removed from the facility and prohibited from contact with AICs. Interviews with a contractor and a volunteer indicated they are aware of the agency's zero-tolerance policy and action the agency</p>

	<p>will take if they engage in prohibited conduct.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of corrective action for contractors and volunteers as it relates to PREA.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 600, <i>Inmate Discipline</i> • <i>2021 AIC Handbook</i> • Interview with the Jail Commander/Agency PREA Coordinator • Interview with the PREA Compliance Manager • Interviews with medical and mental health staff <p>(a) NORCOR Policy 600 states on page nine, <i>“Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse (28 CFR 115.78(a)).”</i></p> <p>AICs are held accountable through an internal disciplinary process. Sanctions for rule violations range from counseling, loss of privileges, loss of good time, restitution, to disciplinary segregation. Disciplinary decisions are based on a preponderance of the evidence presented at a disciplinary hearing. The hearing officer adjudicates the matter, writes a report regarding the decision and detailing the evidence and reasons for any disciplinary action. A copy of the report is provided to the AIC. All reports and dispositions are reviewed by a lieutenant.</p> <p>(b) NORCOR Policy 600 states on page nine, <i>“Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate’s disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories (28 CFR 115.78(b)).”</i></p>

AICs who wish to appeal a decision can do so within five days of the hearing. Appeals are permitted when the disciplinary process or procedures were not followed, there was insufficient evidence to support the hearing officer's decision, or the discipline imposed was not proportionate to the violation committed.

(c) NORCOR Policy 600 states on page six, *"The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed (28 CFR 115.78(c))."*

As confirmed through interview with a mental health provider, if there are concerns about the AIC's mental health, the adjudicating officer will request information from the mental health provider. The mental health provider indicates if the AIC is currently in treatment, the date of their last encounter with mental health and if the misconduct could be due to symptoms of the AIC's mental illness.

(d) NORCOR Policy 600 states on page eight, *"To the extent that there is available therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for sexual abuse, the facility shall consider whether to require an inmate being disciplined for sexual abuse to participate in such interventions as a condition of access to programming or other benefits (28 CFR 115.78(d))."*

There are no sexual offender treatment programs at NORCOR.

(e) NORCOR Policy 600 states on page eight, *"No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such contact (28 CFR 115.78(e))."*

The facility PCM indicated that no instances of sexual contact with a staff member occurred during the audit period. NORCOR AICs who are victims of staff sexual misconduct are not disciplined.

(f) NORCOR Policy 600 states on page eight, *"No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred (28 CFR 115.78(f))."*

NORCOR did not discipline any AICs for a report of sexual abuse made in good faith during the audit period. Interviews with the Jail Commander/Agency PREA Coordinator and facility PCM indicated allegations are determined to be in bad faith only when there is conclusive evidence the allegation did not occur, such as through video surveillance records.

(g) Sexual contact is prohibited between AICs, but it is not considered to be sexual abuse. NORCOR Policy 600 states on page eight, *"Discipline may be imposed for sexual activity between inmates. However, such activity shall not be considered sexual abuse for purposes of discipline unless the activity was coerced (28 CFR 115.78(g))."*

Page five of the 2021 AIC Handbook states, *"When it comes to sexual activity within a*

	<p><i>correctional setting, NORCOR policy & procedure rules are clear & prohibit any form of sexual activity.”</i></p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of disciplinary sanctions for AICs as it relates to PREA.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • NORCOR Policy 701, <i>Inmate Screening & Evaluations</i> • Interviews with staff responsible for risk screening • Interviews with medical and mental health staff • Interviews with AICs who disclosed sexual victimization at risk screening • Review of AIC files <p>(a-b) These subsections of the standard do not apply, as NORCOR is not a prison.</p> <p>(c) NORCOR Policy 701 states on page two, <i>“Inmates who have an identified history of sexual victimization shall be offered a follow-up meeting with a qualified health care or mental health provider within 14 days of intake screening (28 CFR 115.81). Initial screening forms should be forwarded to the indicated qualified Health care professional for review and further assessment.”</i></p> <p>All AICs interviewed because they disclosed sexual victimization at risk screening indicated they were offered follow up meetings with mental health providers. As confirmed by AIC file reviews and interviews, follow-up meetings took place prior to the required 14-day timeline.</p> <p>(d) NORCOR Policy 606 states on page eight, <i>“Medical and mental health practitioners shall ensure that information related to sexual victimization that occurred in an</i></p>

	<p><i>institutional setting is limited to medical and mental health practitioners and other staff unless it is necessary to inform correctional facility staff about security or management decisions (28 CFR 115.81)."</i></p> <p>Interviews with staff indicated they are aware of and adhere to the requirements around confidentiality.</p> <p>(e) NORCOR Policy 606 states on page eight, <i>"The health authority or mental health staff shall obtain informed consent from inmates before reporting information to correctional facility staff about prior sexual victimization that occurred somewhere other than an institutional setting, unless the inmate is under the age of 18 (28 CFR 115.81)."</i></p> <p>Interviews with medical and mental health staff confirmed they would obtain informed consent prior to reporting prior sexual victimization that occurred outside of an institutional setting.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of medical and mental care as it relates to PREA.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • <i>Responding to Sexual Abuse of Inmates in Custody</i> training curriculum • Interviews with medical and mental health staff <p>(a) NORCOR Policy 606 states on page seven, <i>"Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services (28 CFR 115.82). Depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect the staff, the inmate and the public, and to prevent escape."</i></p>

	<p>This auditor reviewed the training curriculum for <i>Responding to Sexual Abuse of Inmates in Custody</i> to ensure it meets the required elements of this standard.</p> <p>(b) NORCOR Policy 606 states on page six, “[The first responder will] <i>request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals (28 CFR 115.82).</i>”</p> <p>All staff interviewed by this auditor were knowledgeable of this responsibility.</p> <p>(c) NORCOR Policy 606 states on page eight, “<i>Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.</i>”</p> <p>There were no incarcerated survivors at NORCOR who had received forensic medical exams within the audit period. Interviews with medical staff indicated incarcerated survivors are offered sexually transmitted infection prophylaxis medication and treatment during the forensic medical exam and upon their return to the facility.</p> <p>(d) NORCOR Policy 606 states on page eight, “<i>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 (28 CFR 115.82; 28 CFR 115.83).</i>”</p> <p>There were no incarcerated survivors at NORCOR who had received forensic medical exams within the audit period to interview and determine if they had been charged for any services. Interviews with medical staff confirmed that an incarcerated survivor would not be charged for services related to a forensic medical examination.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of access to emergency medical and mental health services as it relates to PREA.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses

- NORCOR Policy 606, *PREA*
- NORCOR Policy 1003, *Counseling Services*
- *Responding to Sexual Abuse of Inmates in Custody* training curriculum
- Review of AIC files
- Interviews with medical and mental health staff

(a) NORCOR Policy 1103 states on page one, *“Inmates who are victims of a sexual abuse or harassment incident will be informed of the availability and continuity of counseling (28 CFR 115.82; 28 CFR 115.83).”*

(b-c) NORCOR Policy 606 states on page eight, *“Victims shall be provided with 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 (28 CFR 115.83).”*

Files for each AIC selected for a targeted or random interview were reviewed. Referrals to mental health were completed as required. Interviews with AICs who reported previously prior victimization of sexual abuse indicated they had been offered the opportunity to meet with mental health providers.

Interviews with medical and mental health services staff members indicated ongoing treatment is provided to victims of sexual abuse. When asked about the comparison with a community-level of care, they indicated they believed the facility’s standard of care to be higher, as AICs are scheduled for appointments and do not have to seek these services out on their own. Services with community agencies are often strained due to budgetary and financing constraints.

(d-e) NORCOR Policy 606 states on page eight, *“Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, and access to, all lawful pregnancy-related medical services (28 CFR 115.83). This shall be done in a timely manner.”*

Interviews with medical staff confirmed this testing is available for female AICs.

(f) NORCOR Policy 606 states on page eight, *“Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections and follow-up treatment for sexually transmitted diseases (28 CFR 115.82; 28 CFR 115.83). This shall be done in a timely manner.”*

Interviews with medical staff indicated initial testing for sexually transmitted infections would occur at the hospital during the forensic medical examination, but any follow up testing would occur at the facility. Incarcerated survivors who declined to receive a forensic medical examination would have any testing conducted at the facility, upon their request.

	<p>(g) NORCOR Policy 606 states on page eight, <i>“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 (28 CFR 115.82; 28 CFR 115.83).”</i></p> <p>There were no incarcerated survivors at NORCOR who had received forensic medical exams within the audit period to be interviewed by the auditor, to determine if they had been held financially responsible for any charges related to a forensic medical exam or STI prophylaxis or treatment.</p> <p>(h) This subsection of the standard does not apply, as NORCOR is not a prison.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of ongoing medical and mental health care for sexual abuse victims and abusers as it relates to PREA.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • One sexual abuse incident review • Interview with the Jail Commander/Agency PREA Coordinator • Interview with the PREA Compliance Manager <p>(a-c) NORCOR Policy 606 states on page 11, <i>“An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded (28 CFR 115.86). The review should occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials and seek input from line supervisors, investigators, and qualified health care and or mental health professionals, as appropriate.”</i></p> <p>(d) NORCOR Policy 606 continues that the team will -</p> <p style="padding-left: 40px;"><i>“(a) Consider whether the investigation indicates a need to change policy or</i></p>

practice to better prevent, detect or respond to sexual abuse.

(b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.

(c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers may enable abuse.

(d) Assess the adequacy of staffing levels in the area during different shifts.

(e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

(f) Prepare a written report of the team’s findings, including, but not limited to, determinations made pursuant to paragraphs (a)-(e) of this section, and any recommendations for improvement. The report should be submitted to the Administrator and the PREA coordinator. “

(e) NORCOR Policy 606 states on page 12, “The Lieutenant or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so.”

The PAQ indicated there was one sexual abuse incident review completed during the audit review period. This auditor reviewed the report and noted that it considered all the required elements. One recommendation was noted and provided to the approving agency. The form utilized does not have a space to note the date the investigation was concluded, the investigational outcome, or the date the incident review was held. This auditor recommends the facility to add this information to the form for ease of reference.

Interviews with the Jail Commander/Agency PREA Coordinator and the facility PCM indicated they were aware of the required considerations.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of sexual abuse incident reviews as it relates to PREA.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor gathered, analyzed, and retained the following evidence related to this standard:

	<ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR Policy 606, <i>PREA</i> • NORCOR website • 2021 <i>NORCOR PREA Yearly Report</i> • Interview with the Jail Commander/Agency PREA Coordinator • Interview with the PREA Compliance Manager <p>(a-f) NORCOR Policy 606 states on page four, “[The PREA Coordinator’s responsibilities shall include:] <i>Establishing a process to ensure accurate, uniform data is collected for every allegation of sexual abuse at facilities under the direct control of this department, using a standardized instrument and set of definitions. Upon request, the Department shall provide all such data from the previous calendar year to the U.S. Department of Justice (DOJ) no later than June 30 (28 CFR 115.87).</i></p> <p style="padding-left: 40px;">1. <i>The data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. DOJ.</i></p> <p style="padding-left: 40px;">2. <i>The data shall be aggregated at least annually.”</i></p> <p>When interviewed, the agency PREA Coordinator confirmed that they provide the required information to the Department of Justice. The annual report for 2021 is available on the agency website at NORCOR: Adult Corrections - Prison Rape Elimination Act (PREA) Northern Oregon Regional Correctional Facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data collection as it relates to PREA.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses

- NORCOR Policy 606, *PREA*
- NORCOR website
- 2021 *NORCOR PREA Yearly Report*
- Interview with the Jail Commander/Agency PREA Coordinator
- Interview with the PREA Compliance Manager

(a-d) NORCOR Policy 606 states on page 12, *“This department shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training by:*

(a) Identifying problem areas.

(b) Identifying corrective actions taken.

(c) Recommending corrective actions.

(d) Comparing current annual data and corrective actions with those from prior years.

(e) Assessing the department’s progress in addressing sexual abuse.

The reports shall be approved by the Lieutenant and made available through the department website. Material may be redacted from the reports when publication presents a clear and specific threat to the safety and security of the facility. However, the nature of the redacted material shall be indicated (28 CFR 115.88).”

NORCOR collects and reviews data to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to identify problem areas, take corrective action on an ongoing basis, compare the current year’s data/corrective action with data/corrective action from previous years, and assess the agency’s progress in addressing sexual abuse within its facilities.

The annual report for 2021 is available on the agency website at [NORCOR: Adult Corrections - Prison Rape Elimination Act \(PREA\) | Northern Oregon Regional Correctional Facility](#).

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data review for corrective action as it relates to PREA.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- NORCOR Pre-Audit Questionnaire (PAQ) responses
- NORCOR Policy 606, *PREA*
- NORCOR website
- 2021 *NORCOR PREA Yearly Report*
- Interview with the Jail Commander/Agency PREA Coordinator
- Interview with facility PREA Compliance Manager

(a-b) NORCOR Policy 606 states on page 12, *“All aggregated sexual abuse data from Northern Oregon Regional Corrections facilities and private facilities with which it contracts shall be made available to the public at least annually through the department website.”*

The agency and facility utilize an electronic database to collect and secure data, and includes all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Access to the database is granted for employees with a legitimate need to know.

The annual report for 2021 is available on the agency website at [NORCOR: Adult Corrections - Prison Rape Elimination Act \(PREA\) | Northern Oregon Regional Correctional Facility](#).

(c) NORCOR Policy 606 states on page 12, *“Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (28 CFR 115.89).”*
The reports on the website do not contain any personal identifiers.

(d) NORCOR Policy 606 states on page 12, *“All other data collected pursuant to this policy shall be securely maintained for at least 10 years after the date of the initial collection, unless federal, state or local law requires otherwise (28 CFR 115.89).”*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR website • Interview with Jail Commander/Agency PREA Coordinator • Interview with facility PREA Compliance Manager <p>(a) NORCOR directly operates one adult jail (NORCOR) and one youth facility. The agency received an audit in the first year of the second cycle. The audit was completed by a DOJ-certified auditor, and the final audit report has been posted on NORCOR’s website, available to the public at NORCOR: Adult Corrections - Prison Rape Elimination Act (PREA) Northern Oregon Regional Correctional Facility.</p> <p>(b) This is the first year of Cycle Four.</p> <p>(h, i, m, n) While onsite at NORCOR, the auditor was provided with access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documents. The auditor was permitted to conduct private interviews with staff and AICs. AICs were permitted to send confidential correspondence to the auditor, prior to the onsite review. There were no barriers to conducting the audit onsite.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.</p>

<p>115.403</p>	<p>Audit contents and findings</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul style="list-style-type: none"> • NORCOR Pre-Audit Questionnaire (PAQ) responses • NORCOR website

- Interview with Jail Commander/Agency PREA Coordinator
- Interview with facility PREA Compliance Manager

(f) NORCOR directly operates one adult jail (NORCOR) and one youth facility. The agency received an audit in the first year of the second cycle. The audit was completed by a DOJ-certified auditor, and the final audit report has been posted on NORCOR's website, available to the public at [NORCOR: Adult Corrections - Prison Rape Elimination Act \(PREA\) | Northern Oregon Regional Correctional Facility](#).

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.

Appendix: Provision Findings		
115.11 (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
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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 inmates.)	
115.13 (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 inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
115.13 (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? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (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 inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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 inmates 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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates 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 inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates 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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (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 inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, 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
115.17 (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 inmates?	yes

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (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
115.17 (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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (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
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (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
115.21 (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
115.21 (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 always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice 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
115.22 (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 criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates 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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, 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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (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
115.35 (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 §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates 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
115.41 (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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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	yes

	this standard.)	
	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
115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate 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 inmates 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
115.54 (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 an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does 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
115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (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
115.61 (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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (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

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (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
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate 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 an inmate 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 an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate 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
115.64 (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
115.65 (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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates 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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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 inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate 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 inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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 115.21(a).)	
	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 115.21(a).)	yes
115.71 (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 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (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
115.71 (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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (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
115.71 (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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (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 agency does not provide a basis for terminating an investigation?	yes
115.71 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c) Reporting to inmates		
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate'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
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (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
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (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
115.76 (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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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
115.77 (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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (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
115.83 (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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (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
115.83 (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
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate 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 inmates 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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates 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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (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
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (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
115.87 (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 inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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	yes

	to § 115.87 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?	
115.88 (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
115.88 (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
115.88 (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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 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.)	no
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 inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates 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.)	na