

# PREA Facility Audit Report: Final

**Name of Facility:** Northern Oregon Regional Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 04/17/2017

**Date Final Report Submitted:** 11/13/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Johnnie L. Wallace	<b>Date of Signature:</b> 11/13/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Wallace, Johnnie
<b>Address:</b>	
<b>Email:</b>	johnnie.wallace@alaska.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	03/18/2017
<b>End Date of On-Site Audit:</b>	03/19/2017

FACILITY INFORMATION	
<b>Facility name:</b>	Northern Oregon Regional Correctional Facility
<b>Facility physical address:</b>	201 Webber St, The Dalles, Oregon - 97058
<b>Facility Phone</b>	541-298-1576
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input checked="" type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Prison <input checked="" type="radio"/> Jail

Primary Contact			
<b>Name:</b>	Dan Lindhorst	<b>Title:</b>	Admin. Lt.
<b>Email Address:</b>	dlind@norcor.co	<b>Telephone Number:</b>	541-506-3111

Warden/Superintendent			
<b>Name:</b>	Bryan Brandenburg	<b>Title:</b>	Administrator
<b>Email Address:</b>	dbrandenburg@norcor.co	<b>Telephone Number:</b>	541-298-1576

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

Facility Health Service Administrator			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Facility Characteristics		
<b>Designed facility capacity:</b>	250	
<b>Current population of facility:</b>	130	
<b>Age Range</b>	Adults: 18-65	Youthful Residents:
<b>Facility security level/inmate custody levels:</b>	min/med/max/close	
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	37	

AGENCY INFORMATION	
<b>Name of agency:</b>	Northern Oregon Regional Correctional Facility
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	201 Webber St, The Dalles, Oregon - 97058
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Dan Lindhorst	<b>Email Address:</b>	dlind@norcor.co



## AUDIT FINDINGS

### **Narrative:**

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

On March 18th and 19th of 2017, a audit team composed of two certified DOJ PREA auditors, Johnnie Wallace and Floyd Lee Sherman conducted an audit of the Northern Oregon Regional Correctional Facility (NORCOR) located in The Dalles, Oregon. This was the first Prison Rape Elimination Act audit for the facility. On March 18, 2017, a tour for the facility was conducted with the Administrator and the PREA compliance manager.

During the tour of the facility, it was noted that camera coverage of areas was very good, with only one blind spot detected. The facility related that this area had already been identified and had security restriction on access and requirements for occupying the area.. The facility utilizes technology for rounds and unannounced rounds which documents the areas, date and time of inspections. The primary auditors address was posted prior to the audit date. However, it was noted during the on site audit that these postings had been removed by the prisoners. Staff placed the address posts behind glass during the inspection, with the posting remaining until the completion of the corrective action period.

Prior to the on-site visit supporting documentation, policies and records were supplied to the auditors, before the information was uploaded to the online audit site. Additional documentation and clarification was provided during the on site visit which supported the facilities compliance with the standards. Interviews of inmates and staff members were conducted in as confidential setting as possible. A total of 5 random security staff and 9 specialized staff interviews were conducted. A total of 10 prisoners were randomly chosen for interviews which included inmates who were limited English proficient and prisoners who had reported prior sexual victimization during intake.

## AUDIT FINDINGS

### Facility Characteristics:

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

Northern Oregon Regional Correctional Center, (NORCOR) located at 201 Webber Street, The Dalles, Oregon opened new in September 1999 and is owned and operated by four counties in north central Oregon, Hood River, Wasco, Sherman, and Gilliam county. The Administrator is a Mr. Bryan Brandenburg.

The design capacity is 250 prisoners with the current staffing model set to a maximum capacity of 130 prisoners. The average prisoner population during the audit period has been 116.93. The number of prisoners admitted over 12 months was 3,266, of which 341 stayed more than 30 days. The average length of stay was 13 days, with a recidivism rate of over 60%. The staffing plan is reviewed annually or whenever there are any considered changes to the prisoner component. The last staffing review was February 23, 2017. The facility is a one story building and handles all custody levels with a total staff of 37 and maintains an in-house medical clinic.

The security staffing complement consists of the following; 1-8 hour Administrative Lieutenant, 1-8 hour Operations Lieutenant, 1-24 hour Shift Supervisor, 1-24 hour Booking Deputy, 2-24 hour Deputies, 1-24 hour Control Deputy, 1-12 hour Court Deputy, and 2- 12 hour Swing Shift Rover Deputies (Activity Schedule indicated additional coverage) minimums of :1- (Sergeant) and 3- (Booking Floor Deputies), and 1- Control Deputy for a total of 5 per shift. All security staff are sworn law enforcement officers with the State of Oregon.

The facility is designed in a horseshoe shape with a central control room which monitors by video and direct observation all prisoner occupied areas (14 housing units, 9 of which are open dorm style) with the exception of a kitchen storage room which is required to be locked at all times except when stocking or removing items, prisoner showers and bathrooms, and the single cells in protective custody and segregation.

Having a prisoner population of approximately 50% of capacity has given NORCOR the ability to distribute male and female prisoners in worker units, protective units, general housing and segregation units (12 cells) in such low numbers that there is little pressure on the prisoner population. This results in a low incidence of prisoner to prisoner issues. The "norm" in a general housing unit is that each prisoner has the ability to shower independently of others.

The facility provides indoor recreation daily and contracts all meals with the contractor supervising prisoners in meal preparation.

NORCOR has multiple programs available to the prisoner population including the following:

Substance Abuse; Living in Balance: SAMHSA endorsed evidenced-based treatment program consisting of a 12 session core program (completed within 30 days), 21 aftercare or additional core management sessions (provided to augment the core sessions), and a 10 session co-occurring disorders program (for those who are dual diagnosed, completed within 30 days).

The Criminal Attitudes Program: A comprehensive evidenced-based cognitive-behavioral program, that focuses specifically on criminal attitudes, values, beliefs and rationalizations.

Anger Management: A 12 session Anger management system utilized to address offenders self-regulation, interpersonal coping and anger expression skills.

Parenting; Inside/Out Dads: A 12 session parenting program for incarcerated fathers.

Active Parenting Today: A 6 session parenting program for incarcerated moms.

Job readiness and Reentry program/group: Teaches money management, resume writing, interviewing and career enhancement skills.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

Prior to the audit of NORCOR the auditors were provided with documentation in an effort to support compliance with the DOJ PREA standards. A pre-audit briefing was conducted with the Administrator and the Administrative Lieutenant explaining the process and methodology for the physical audit. During the course of the physical audit, staff were polite, courteous and professional. The facility was found to be clean and orderly with prisoners displaying polite and courteous behaviors. All inmates relating feeling safe and secure in the facility with no concerns over retaliation. Private interviews of staff and inmates were accomplished along with an inspection of the entire facility. At the conclusion of the audit, an out briefing was held with the Administrator and the Administrative Lieutenant relating the issues noted in the report and the establishment of initial recommendations to begin prior to the audit report being accomplished.

Listed below are 12 areas of concern that have been addressed for corrective action with the Administrator and PCM and are outlined in the Interim Report.

#### 115.15- Limits to Cross Gender Viewing and Searches

\* Housing units provide no privacy for changing of clothing

(Corrective action required with handbook change, rule change and a location within the housing units which affords privacy for changing)

\* Cross gender pat searches and transgender and Intersex search requirements require staff to be trained

(Corrective action required with training on subject matter)

#### 115.31- Employee Training

\* Staff training doesn't meet the requirements for training points

(Corrective action requires a training curriculum be developed which included all of the training points in 115.31(a).)

#### 115.33- Inmate Education

\* Comprehensive inmate education is not conducted on prisoners incarcerated for more than 30 days (Corrective action will require inmates receiving education that will address their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and

regarding agency policies and procedures for responding to such incidents.)

\* All inmates have not received education within 1 year of the effective date of the standards  
(Corrective action requires training all inmates who have been at the facility for more than 30 days with the proper training requirements. All inmates that transfer from this facility to a state agency will receive training.)

\* Must maintain documentation of inmate receiving training  
(Corrective action requires inmates to sign an acknowledgment form specifically for the comprehensive education.)

#### 115.35- Specialized Training: Medical and Mental Health Care

\* All medical and mental health staff shall receive a specialized training relating to the requirements in 115.35 (a).  
(Corrective action requires this training be separate than the normal training requirements of 115.31 (a), furthermore documentation must be maintained for the training.)

#### 115.41- Screening for risk of victimization and abusiveness

\* Within 30 days of the initial arrival the prison shall be re-assessed for risk of victimization or abusiveness  
(Corrective action is required for all prisoners incarcerated over 30 days. This shall be accomplished with verification of current housing roster comparing intake date and date of assessment and re-assessment. The facility will show continuing compliance with multiple months of data)

#### 115.51- Inmate Reporting

\* Need multiple ways for inmates to report retaliation by staff or inmates and staff neglect or violation of responsibilities.

(Corrective action requires for inmate handbook and inmate education, to explain these requirements and the prisoners ability to utilize the hotline, kites, or the kiosk to report such behaviors.)

\* Need a way for inmates to report sexual abuse and sexual harassment to an agency outside of the facility.

(Corrective action will require an outside reporting agency. The facility is currently working with a local sheriffs office to fulfill this requirement. The facility will need to have a MOU or MOA to outline requirements and will need to detail these reporting options within their handbook and inmate education. )

#### 115.54- Third Party Reporting

\* The facility will need to address the publication of the third party reporting options.

(Corrective action may be achieved by addressing these options in the inmate handbook, posting friend and family information with a pamphlet in the lobby, posting friend and family information for reporting on the web site with options for calling into a hotline or mailing in communication or email options. )

#### 115.67- Agency Protection Against Retaliation

\* Policy requirement for inmate and staff protection for those who report sexual abuse.

(Corrective Action will require the facility to add language to policy which addresses an inmates and staff's rights against retaliation for those who report sexual abuse and sexual harassment. The current provisions in the employee handbook are not specific enough and there is no mention for an inmates rights. Furthermore, the policy should establish a staff member who will be responsible for retaliation monitoring.)

\* 90 day monitoring requirements.

(The facility will need to address the monitoring requirements for inmates and staff who do report sexual abuse and harassment. This will require policy and practice implementation.)

\* Periodic status checks

(Corrective action shall include period status checks included with the language for the monitoring requirements.)

115.72- Evidentiary Standard for Administrative Investigations

\* Evidentiary standard not specific for PREA findings relating to sexual abuse and sexual harassment.

(Corrective action requires that a standard of proof be added to the language of the PREA policy which details that a report of sexual abuse or sexual harassment have a finding made as to it's Investigation. The facility is relying on the standard of proof from a discipline process to justify this standard which is not appropriate, as these should be separate.)

115.73- Reporting to Inmates

\* Policy language for notification

(The facility demonstrated that they have informed prisoners of the out come of investigations. However, the extent and requirements of 115.73 are more than just findings of the investigation. Language development in policy needs to be accomplished that meets all of the standards requirements along with a formal process for notifying the inmates.)

115.86- Sexual Abuse Incident Reviews

\* Sexual Abuse Review reports are not accomplished

(Corrective action requires the development of a report and format that will address all of the requirements of 115.86(d).)

\* Recommendation follow through

(Corrective actions require the recommendations of the Sexual Abuse Report to be implemented or documented as to the reason why it wasn't.)

115.88- Data Review for Corrective Action

\* Sexual abuse review data is reviewed and corrective action implemented with a yearly report detailing the facilities findings and actions.

(Corrective action will require the enacting of sexual abuse reviews and reports so the data can be reviewed. Individually, a Sexual Abuse Review can generate corrective actions for the facility as a whole. The implementation of reports and corrective action recommendations need to occur with a period of compliance for review for certification.)

\* The yearly report shall compare prior year reports.

(Corrective action will not accomplish this requirement as data has not occurred in prior years. Therefore, the yearly report shall need to address the missing data and the reason for the inability to not compare data.)

\* The yearly report may redact information and will indicate if this has occurred.

(Corrective action will require the yearly report to follow this requirement.)

Number of standards exceeded: 0

Number of standards met: 29

Number of standards not met: 12

Number of standards not applicable: 4

Verification of Corrective Action since Audit:

After completion of the onsite audit the facility entered into the corrective action period and began to immediately correct its deficiencies with the compliance requirements. The facility began doing sexual abuse incident reviews and began to gather information that is pertinent for its yearly reports. The facility addressed the 12 areas that are addressed above with the following corrective actions. These actions are summarized as the final report contains more details of the compliance:

115.15-- Changes in facility rules for changing of clothing while providing inmates with a privacy area for this to occur that is outside of camera viewing. Training in pat searches for transgender and intersex inmates.

115.31-- The facility developed a training protocol and lesson plan that meets the requirements of the standard and have trained all staff and support staff to the requirements.

115.33-- The facility developed a new training for inmate education which meets the requirements and all inmates who have been incarcerated for more than 30 days receive the in-depth PREA training with documentation maintained. While the initial inmate education was in compliance the facility improved the delivery of this with not only pamphlets but also video education.

115.35-- All medical and mental health care staff have now been trained to the requirements for specialized staff utilizing the available training through the National Institute of Corrections.

115.41-- The facility was performing the initial screening of inmates upon arrival. However, did not have a procedure or practice in place for follow up screening within 30 days or upon any new information. The facility has now institutionalized this practice and have placed the requirements into policy.

115.51-- The facility has multiple ways for inmates to report sexual abuse and retaliation to include several outside reporting agencies that meet the requirements of the standard. Furthermore, MOU's have been established with these agencies.

115.54-- The facility now is proactive with 3rd party reporting utilizing their website, posters and pamphlets to relate options for friends and family with the reporting of sexual abuse and sexual harassment.

115.67-- The facility has successfully meet the requirements of protection against retaliation for inmates and for staff through policy changes, reporting measures, monitoring and documentation of the process. The facility had begun after the initial audit to institutionalize this process into their practice shortly after the initial audit. The facility provided documentation that supported this institutionalization of the requirements. Furthermore, it was supported with follow-up interviews with the facility administrator and the PCM.

115.72-- Policy changes and requirements were begun that formalized the process for administrative findings and the burden of proof.

115.73-- Policy requirements have now formalized the process for notification of findings and was supported with interviews and with documentation.

115.86-- After the initial audit the facility began the process of sexual abuse reviews which utilized forms

and processes that meet the requirements of the standards.

115.88-- The facility has been collecting data for a few years regarding sexual abuse and sexual harassment. The facility was able to redact information and provide a yearly report which meets the requirements of the standard.

Final report summary of standards:

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 4

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has a written policy that all staff, contractors and volunteers shall receive training regarding prevention, detection, reporting and response to sexual abuse and sexual misconduct. All staff must read and sign acknowledging their understanding of and agreement to follow the policy. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy also includes sanctions for those found to have participated in in such behavior. The policy does include the facility’s strategies and responses to reduce and prevent sexual abuse and sexual harassment of prisoners. The agency has a PREA coordinator who is also the administrative Lieutenant. The LT. has recently been given the authority to take whatever time is necessary for the facility to be PREA compliant. The facility PREA policy and Policy 2.105 sexual conduct with prisoners support the above and stipulates to staff, volunteers, visitors and contract employees that failure to report is considered prohibited conduct. Interviews with staff and inmates show that everyone in the facility was aware of the zero tolerance policy. The facility is found to be in compliance with this standard.</p> <p>Materials Reviewed:  Prea Audit Questionnaire  Staff interviews  PREA Coordinator Interview  NORCO Policies 2.105 and J309</p>

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The standard is N/A to the facility as they do not contract for the housing of inmates at other facilities.

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility uses accepted detention practices as approved by the Oregon State Sheriff's Association. There have been no findings of judicial inadequacy, or findings by federal agencies or internal or external oversight bodies. All components of the facility including prisoner composition, number and placement of supervisory staff and physical plant were considered in the staffing plan, as well as programs and movement on particular shifts. The administrator added two "swing shift" staff to accommodate a heavier work load and the average daily number of prisoners. The staffing plan (J222) which is based on 130 prisoners has been complied with at all times during the reporting period. The staffing plan which is evaluated at a minimum of yearly was provided and reviewed by this auditor. Interviews with line staff, administrative staff and review of rosters confirms this. There are sufficient Deputies so that if one calls in sick, they are able to bring in replacement coverage. The facility has formal and informal staffing discussions on a regular basis. The operations LT/PREA coordinator is an integral part of these meetings. The last meeting was Feb. 23rd, 2017. The agency recently obtained an emergency funding to upgrade their video monitoring/recording system. Intermediate and higher level staff do make unannounced rounds to observe prisoner safety, facility security and cleanliness and observe staff interactions with prisoners. These are recorded in the JMS system. The facility has been found to be found in compliance of the standard.</p> <p><b>RECOMMENDATION:</b> It is recommended that documentation of staff meetings in which staffing issues are discussed to address the requirements in this standard, be documented formally. The auditors spent a great deal of time on this subject with interviews and alternative staffing plans that were white boarded and not officially documented. This process could be easily supported with better documentation.</p> <p><b>Materials Reviewed:</b> Policy J134 Oregon Jail Standards C-1-A01 Prea-Audit Questionnaire Administrator Interview PCM Interview Staffing plan options which included pictures of white board plans.</p>

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard is N/A to the NORCO facility.



115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>There were no cross gender strip or cross gender visual cavity searches of prisoners during the reporting period. Medical staff do not perform these types of searches. The facility has policies 4.100 and 4.110 that prohibits cross gender strip searches or cross-gender visual body cavity searches. No cross-gender pat-down searches are allowed and none have been conducted in this reporting period. Interviews with multiple security and administrative staff confirmed this. If there is not a female officer available they either wait or call one in. Female prisoners are not restricted from programming to comply with this provision. This was confirmed in multiple interviews with staff and prisoners. While all interviews with staff and prisoners support compliance with this standard, the facility doesn't conduct formal training with cross gender pat searches and transgender searches. Policy provides the requirements for this to be documented if it would occur.</p> <p>The facility has implemented policy 4.095 that enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Furthermore, policy and procedures require staff of the opposite gender to announce their presence when entering an inmate housing area. When conducting the facility audit it was observed that staff of either gender are able to see prisoners in the open (dorm style) housing units when officers are in the unit or in the control room. Prisoners changing clothes or not completely clothed will be seen. The facility has agreed to institute a rule for the prisoner handbook that prohibits any partial nudity or changing in the open dorm. Changing will only be allowed in the shower area or bathrooms.</p> <p>The facility has a policy 4.096 that prohibits staff from searching or physically examining transgender or intersex prisoners for the sole purpose of determining their genital status. Compliance was confirmed in multiple staff interviews. The facility is not currently compliant with the requirements in 115.15 (d) with staff being able to observe inmates in a state of undress in the housing units. Furthermore, the facility is not compliant with the requirements in 115.15 (f) with training staff to conduct searches of transgender and intersex inmates and cross gender pat searches.</p> <p><b>RECOMMENDATIONS:</b></p> <p>1) It is recommended that the facility provide documentation that supports compliance with the ability that inmates be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This can be addressed with a change to the requirements in the inmate handbook and facility rules.</p> <p>2) It is recommended that cross gender pat searches training and transgender / intersex searches training begin immediately which address the requirements of being completed in a professional manner, and in the least intrusive manner possible, consistent with security needs. There are current resources available on line which can complete this requirement.</p>

Materials Reviewed:

Prea-Audit Questionnaire

Staff Interviews

Prisoner Interviews

Policy 4.100, 4.110, 4.095, 4.096

Training Records

Verification of Corrective Action Since the Audit:

The facility provided documentation that the housing modules have been modified so that showering areas have a provided changing area. The facility also changed their policy in regards to inmates changing of clothing and dress code while in housing areas, which require inmates to change their clothes in the shower areas.

The facility conducted training for all security staff in regards to cross gender and transgender/intersex pat searches. Documentation was provided with signed acknowledgment and attendance roster along with the curriculum utilized for the training. Training was conducted from the BJS guidance.

The facility is now considered compliant with the requirements of 115.15.

Materials Reviewed:

Photos of facility modification

Inmate Handbook

Pat Searches Training Roster and Curriculum

New Policy 515 in regards to searches

115.16	<p data-bbox="245 91 1347 129"><b>Inmates with disabilities and inmates who are limited English proficient</b></p> <p data-bbox="245 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="245 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="245 327 1477 741">NORCOR takes appropriate steps to ensure prisoners with disabilities or with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility also has a policy, 2.115 that requires jail staff to comply the ADA as it relates with access and reasonable accommodation. Procedures and policies (6.040) are in place to assist offenders with any form of disability. The facility has multiple bi-lingual deputies with Spanish being the prevailing alternate language. PREA handouts and prisoner handbooks are in English and Spanish. The facility also utilizes a language/interpreter phone line for those who cannot read or understand English. For prisoners who are not able to read, the PREA information and prisoner handbook is read to them.</p> <p data-bbox="245 757 1477 875">The facility does not have a policy that prohibits the use of prisoner interpreters. However, staff interviews supported compliance with this requirement. During the reporting period there were no cases where a prisoner was used for interpreting.</p> <p data-bbox="245 927 544 960"><b>RECOMMENDATION:</b></p> <p data-bbox="245 972 1477 1090">It is recommended that NORCO policy have language added that prohibits the use of prisoner interpreters and outlines the process for utilizing of staff during emergencies with a transition to the language line for interpreting.</p> <p data-bbox="245 1142 517 1176"><b>Materials Reviewed:</b></p> <ul data-bbox="245 1182 564 1473" style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> <li>Staff Interviews</li> <li>Inmate Interviews</li> <li>Policy 2.115</li> <li>PREA Pamphlets</li> <li>Language Line</li> <li>Inmate Handbooks</li> </ul>
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115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. NORCOR policy J134 mandates background checks on all potential employees, and contractors. Anyone convicted of sexual abuse in any form described in this standard is not eligible to hire. Any failure to disclose is also grounds for immediate termination. Policy J134 requires the agency to consider any incidents of sexual harassment when considering promotions and before enlisting the services of contract employees. Furthermore, contractors are subjected to criminal background checks before their services may be enlisted in the facility. This is covered in policy J134 and substantiated by interviews with staff and sample background checks. Resolution 14-15-8 requires background checks annually. During interviews this was substantiated by administrative staff.</p> <p>The facility asks all applicants and employees about engaging, being convicted or civilly/administratively adjudicated for engaging in sexual abuse in facilities, or sexually activities in the community as defined in 115.17a of this standard. NORCOR policy J134 mandates that materially false information shall be grounds for termination. NORCOR administrative staff stated they would provide information about any former employee regarding substantiated allegations of sexual abuse or harassment were involved upon receiving a request from an institutional employer for whom such an employee applied to work. The facility is found to be in compliance with the requirements of this standard.</p> <p><b>RECOMMENDATION:</b></p> <p>The facility made several references to the employee handbook being the way that the majority of the announcements and policy understanding is related to staff. It is recommended that the handbook have a separate acknowledgment form which identifies a staff members acknowledgment and understanding of the contents.</p> <p><b>Materials Reviewed:</b></p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> <li>Employee Handbook</li> <li>Staff who conduct hiring interviews</li> <li>Resolution 14-15-8</li> <li>Policy J134</li> <li>Policy 2.110</li> <li>Hiring packets</li> <li>Background packets</li> </ul>

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The facility is exempt from this standard as they have not installed or updated any video monitoring / monitoring technology etc. and have not acquired a new facility or made any expansion to their existing facility.

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR facility is responsible for administrative investigations only. The Wasco County Sheriff's department conducts all criminal investigations. Any forensic examinations are done at Mid-Columbia Medical Center due to the facility not having any Safe or Sane trained staff. The facility offers any inmate who may experience sexual abuse with forensic medical examination without financial cost. In the past 12 months there have been no examinations required.</p> <p>The facility's policy is to make available to prisoners, a victim advocate from a community based organization (Center for living, or Haven center for domestic violence). This victim advocate may accompany and support the victim at their request through the forensic examination. Interviews with line staff, administration and medical all were knowledgeable of this process. The facility did not have a written agreement with Safe Haven. However, there was clear evidence that staff and inmates were aware of this option and features of the victim advocacy group. The outside investigative authority is responsible for providing victim advocacy services which meet the requirements of this standard. The facility is found to be in compliance with the requirements of this standard.</p> <p>RECOMMENDATION: It is recommended that if a contract, MOU or MOA cannot be entered into with Safe Haven that email communication/written communication be preserved to document your efforts to comply with this standard.</p> <p>Materials Reviewed: Pre-Audit Questionnaire Staff interviews Medical staff interview PCM interview Policy J309</p>

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. This was supported by policy, interviews and reviews of documentation. During the reporting period, NORCOR had 10 complaints. All were investigated with one being referred for criminal investigation. The facility's policy and practice is for the WASCO County Sheriff's Department to conduct all criminal investigations. The facility policy for regarding the referral of sexual abuse or sexual harassment for criminal investigation is published on the website with the publication of the PREA policy. NORCOR maintains complete records on all investigations of this nature. The facility is in compliance with the requirements of this standard.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Investigator Interview  Administrator Interview  NORCO Policies  Website review</p>

115.31	<b>Employee training</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1485 875">NORCOR conducts annual training in regards to PREA. A review of the lesson plan/training curriculum indicates that the facility is not training to the requirements of a prisoner and employees right to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with prisoners; and how to communicate effectively and professionally with prisoners, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates. The facility incarcerates both male and female prisoners and thus their training is geared to encompass both considerations. New officers transferred to the facility would be retrained for this facility and their requirements upon the intake/OJT process. The facility conducts yearly in service training with an acknowledgment form which documents a staff members compliance and understanding of the training and the requirements.</p> <p data-bbox="252 927 1437 1043">While the facility meets the majority of the training requirements of the standard, the facility doesn't pass this standard as the training that is conducted doesn't meet the content requirements of the standard.</p> <p data-bbox="252 1099 544 1133"><b>RECOMMENDATION:</b></p> <p data-bbox="252 1189 1406 1305">It is recommended that a lesson plan and presentation be prepared that addresses the components in 115.31 (a). This can be accomplished before the yearly training date and before the end of any corrective action period.</p> <p data-bbox="252 1357 823 1391"><b>Verification of Corrective Action Since Audit:</b></p> <p data-bbox="252 1447 1453 1563">The facility has provided a lesson plan and materials which meet the requirements in 115.31 a(1-10) and have provided documentation that all staff have received this updated training since the initial audit was accomplished. The facility now meets the standard.</p> <p data-bbox="252 1615 520 1648"><b>Materials Reviewed:</b></p> <ul data-bbox="252 1659 1031 1944" style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> <li>Interviews with random staff</li> <li>PREA training PPT(jail command ppt. is too large to upload)</li> <li>PREA Acknowledgment forms</li> <li>Training records</li> <li>Revised Lesson Plan and Presentation</li> <li>Training Roster with staff signatures</li> </ul>

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All volunteers and contractors are required to watch the PREA volunteer program power point which includes the facility's zero tolerance policy, duty for contractors or volunteers to report, and that all allegations of sexual abuse or sexual harassment will be investigated. They are then required to sign that they have read and understand the PREA acknowledgement statement. There are 57 volunteers and 6 contract employees at NORCOR 100% have received orientation and training, NORCOR provided samples of training records. The level of training provided to volunteers and contractors is based on the services they provide and level of contact they have with prisoners. Interviews with staff and with contract medical support this as well as their awareness of the zero tolerance policy and how they can report. NOCOR maintains documentation confirming that volunteers and contractors understand the training they have received. The facility is found to be in compliance with this standard.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Volunteer orientation  Training files and documentation  Contractor Interview</p>

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>At NORCOR, prisoners receive information at intake in the form of a prisoner manual. This “manual” list all facility rules, the zero tolerance policy, what is sexual abuse and sexual harassment and how to report incidents. Prisoners have several ways to report including the phone number for an anonymous hot line posted in all housing units, the prisoner kiosk, and addresses to send written communication. Prisoners sign for delivery of the prisoner manual during the intake process, the form “delivery and review of inmate manual” is read to the prisoners during intake and prisoners are then asked if they understand before signing. NORCOR admitted 3,300 prisoners during the reporting period. Samples of the prisoner’s signing for delivery of the manual were reviewed, the manuals are also posted in all housing units.</p> <p>Within 30 days of intake the facility is to provide comprehensive education to prisoners either in person or by video regarding their rights to be free of sexual harassment or sexual abuse. Approximately 10% of NORCOR’s population (or 300) during the reporting period were incarcerated over 30 days. No prisoner received any continuing PREA education. The inmate manual is available in English and Spanish which represents the vast majority of NORCOR’s population. NORCOR utilizes a language translation service as needed. Staff at NORCOR were aware of their responsibilities regarding any ADA requirements to ensure prisoners would receive information on PREA. If the facility had provided a comprehensive inmate education program the facility would be able to provide this education in the requirements for 115.33 (d). The facility doesn't maintain documentation of an inmate receiving PREA information or education at intake or any time after. The facility does maintain key information regarding PREA reporting, available throughout the facility in various forms.</p> <p>The facility is not compliant with the requirements of this standard.</p> <p><b>RECOMMENDATIONS:</b></p> <p>1) The facility provides key information regarding PREA during it's initial booking/intake. Prisoners sign an acknowledgment of receiving the handbook, which does contain pertinent PREA related information. It is recommended that a specific acknowledgment form be provided to inmates when this information is provided. A PREA pamphlet with all the pertinent requirements can be provided at intake with an acknowledgment signature form.</p> <p>2) Comprehensive inmate education must be provided within 30 days of intake. This can be accomplished with an in-person or video training with follow up with staff answering specific conditions to NORCO. Prisoner's acknowledgment of this training must be maintained and is separate from their initial intake education.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Inmate Interviews  Staff interviews</p>

Inmate Handbook  
 PCM Interview  
 PREA posters  
 PREA handouts  
 PREA Pamphlets

Verification of Corrective Action Since Audit:

The facility provided a new PREA Class lesson plan which meets the requirements of a 30 day education. They provided rosters showing inmates dates of initial education and the 30 day training. The facility initiated this practice two months after the initial audit and have institutionalized this practice into their normal operational functions. Furthermore the facility has now incorporated a video for initial orientation which has expanded on their rights for PREA and for the facility rules. Signed acknowledgments of the inmates training now occurs and is documented in the inmates files. The facility is compliant with the requirements of 115.33.

Material Reviewed:

30 day PREA training outline  
 PREA log of inmates receiving initial and 30 day training  
 Signed Acknowledgments of training

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>LT. Lindhorst the facility PREA coordinator, Sgt. Scott Williams of Wasco County Sheriff's Department, and Detective Lori Rosebaugh of the Oregon State Police have attended specialized training in sexual abuse investigations in a confinement setting. The training for LT. Lindhorst included a two day American Jail Association class instruction, and Sgt. Williams and Detective Rosebaugh per State Statute 115.34 received specialized training on conducting sexual abuse investigations in a confinement setting. They all received training on the dynamics of sexual abuse in confinement settings, techniques for interviewing sexual abuse victims, proper Miranda and Garrity warnings, sexual abuse evidence collection and legal requirements required to substantiate a case for administrative action or prosecution referral. The facility maintains records of the training and was reviewed by this auditor. The facility meets the requirements of this standard.</p> <p>Materials Reviewed:          Pre-Audit Questionnaire          Investigator interview          Training documentation          Training curriculum</p>



115.35	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1477 741">An Interview with the medical staff available, supported they were aware of how to detect and asses signs of sexual abuse and sexual harassment and also knew how to preserve physical evidence, how to respond effectively and professionally to victims and their duty to report and how to report. All five medical staff have read and signed the PREA acknowledgement statement and attended a facility held PREA class. The current facility class does not meet the standard for PREA training. Furthermore, while the medical staff were aware of their responsibilities, they do not receive a specialized training. The facility does document the training of medical and mental health staff. However, the facility is not compliant with this standard as the original training to meet the requirements in 115. 31 is not appropriate and the staff members do not receive specific specialized training for their PREA responsibilities.</p> <p data-bbox="252 797 560 831"><b>RECOMMENDATIONS:</b></p> <p data-bbox="252 842 1477 1043">All medical and mental health staff need to be retrained on the basic requirements in 115.31 signing their acknowledgement as to their understanding. This training will need to be accomplished within the corrective action period. After completion of this training a specialized training can occur through a local facility or state certified agency providing PREA training for medical personal or through the National Institute of Corrections.</p> <p data-bbox="252 1099 517 1133"><b>Materials Reviewed:</b></p> <p data-bbox="252 1144 564 1178">Pre-Audit Questionnaire</p> <p data-bbox="252 1189 564 1223">Training Documentation</p> <p data-bbox="252 1234 504 1267">Training curriculum</p> <p data-bbox="252 1279 544 1312">Medical staff Interview</p> <p data-bbox="252 1323 440 1357">PCM interview</p> <p data-bbox="252 1413 823 1447"><b>Verification of Corrective Action Since Audit:</b></p> <p data-bbox="252 1491 1477 1693">The facility provided documentation of all medical and mental health staff attending/viewing the NIC course in regards to specialized training for either medical health or mental health professionals in a correctional setting. The facility has also provided documentation that all staff had been retrained on the requirements of 115.31. The facility is now in compliance with the requirements of 115.35.</p> <p data-bbox="252 1749 596 1783"><b>Documentation Reviewed:</b></p> <p data-bbox="252 1827 823 1861">Training documentation for specialized staff</p> <p data-bbox="252 1872 772 1906">Training Curriculum for specialized staff</p> <p data-bbox="252 1917 887 1951">Training Curriculum for employee training 115.31</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>All prisoners at NORCOR are assessed during intake for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. NORCOR uses a screening tool titled "PREA Risk Assessment." All Deputies at NORCOR are trained utilizing this assessment tool. This auditor has reviewed the tool and found it to be comprehensive and to comply with the standard. The screening tool is an objective tool for risk assessment which considers a prisoners' mental, physical and developmental capacity, their age, physical build, previous incarcerations, history of violence, prior sex offenses, prisoners' perception of gender, previous victimization, prisoners' perception of vulnerability and whether prisoner is detained solely for civil immigration purposes. The tools also considers prior history of institutional violence and prior convictions for violent offenses.</p> <p>Intake assessments are done within 24 hrs. of initial booking. However, a re-assessment is not accomplished within 30 days. Prisoners at NORCOR are reassessed whenever there is an incident of sexual abuse or harassment or upon any receipt of information that bears on the prisoners' risk of victimization or abusiveness.</p> <p>Current NORCOR policy does not address that prisoners may not be disciplined for refusing to answer or for not disclosing complete information in response to (d-1,7,8,&amp;9) of this section. However, interviews related compliance with the requirements. All security staff at NORCOR are deputies and all take turns doing intake assessments. All security and administrative staff interviewed were very cognizant of the sensitivity of information in the prisoner's intake paperwork. Other staff at NORCOR do not have access to sensitive information.</p> <p><b>RECOMMENDATIONS:</b></p> <p>1) It is recommended that NORCO policy include language that prohibits disciplining an inmate for refusing or not answering questions in regards to the risk assessment. Furthermore, it is recommended that policy language includes the requirements to re-assess a prisoner within 30 days and upon learning of new information, requests and report of sexual abuse incident.</p> <p>2) It is recommended that all inmates be re-assessed who have been incarcerated for more than 30 days.</p> <p><b>Materials Reviewed:</b>  Pre-Audit Questionnaire  Staff Interviews  PCM Interview  Inmate Interviews  Risk Assessment Tool  NORCO Policy J135  Oregon Jail standards B-107, 208, and 306.</p> <p><b>Verification of Corrective Action since the Audit:</b></p>

The facility provided documentation that the risk screening is accomplished within 72 hours of an inmates intake and again within 30 days as a re-assessment of any additional, relevant information received by the facility since the intake screening. The facility provided an updated PREA policy training policy which addresses the recommendations given during the audit. Policy 309 now includes languages for assessment requirements and prohibitions for disciplining inmates who refuse to answer questions. The facility is now in compliance with the requirements of this standard.

Materials Reviewed:

Inmate assessment logs

Policy 309

Telephonic interview with PCM

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR institutional procedures require the use of the “PREA Risk Assessment” to determine housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. NORCOR has a thorough system (JMS) which includes classification matrix and the PREA Assessment tool for collecting this information and providing re-assessment and follow-up services if needed. Housing and program assignments are made on a case by case basis for every offender and they are not placed in housing units or given program assignments based solely on their sexual identification or status. Interviews with staff showed that placement and programming for transgender and intersex offenders are assessed frequently and include considerations of their safety. Staff all stated that a transgender or intersex prisoner own views with respect their safety are given consideration and even gave a recent example.</p> <p>The shower units at NORCOR have only two shower heads per housing unit and it is the “norm” for prisoners to shower one at a time. The average housing unit occupancy is 12-15 offenders. Furthermore, staff related that transgender and intersex inmates would be offered the opportunity to shower separately with access to the intake and booking area for private showers. The NORCO facility is found to be in compliance with the requirements of this standard.</p> <p><b>RECOMMENDATION:</b></p> <p>It is recommended that the inclusion of policy language for Risk Assessment be added to the current policy that specifically addresses the re-assessment of transgender and intersex inmates to be completed twice yearly. This is not considered a sexual safety issue as the average stay of an prisoner at NORCO does not exceed a year, and statistically is much less. Therefore, this recommendation is a preemptive effort to address the standard.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Staff Interviews  PCM Interview  Administrator Interview  Policy 4.096  Risk Assessment tool  Policy J309</p>

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR has a policy 8.050, which provides a procedure for offenders who require protective custody without segregation from all general population offenders. NORCOR had one prisoner in the last 12 months held in involuntary segregation for less than 24 hours while waiting for assessment, while no prisoners at risk of sexual victimization were assigned to involuntary segregation for longer than 30 days (not longer than 24 hrs.) in the last 12 months. Prisoners who would be placed into involuntary segregation due to a high risk of sexual victimization would by policy required to be re-assessed and evaluated every 7 days. The facility has supported compliance with this standard.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Policy 8.050  Classification documents  Administrator Interview  Staff Interviews</p>

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility has multiple internal ways for inmates to report sexual abuse and sexual harassment. This was demonstrated by the handbooks, pamphlets, hotlines, and computer generated reports through the kiosks, throughout the facility. However, these reporting options are not considered private, as inmates must utilize a pin number or their prison identification number in order to generate a report via the automated system. While writing this report, the facility changed their telephone options and inmates are now able to report privately via the phone system without having to enter their pin number.</p> <p>In reference to 115.51(b) the facility doesn't have an outside agency in which inmates may report to, that would meet the requirements of this standard. The facility is working on an agreement with a local sheriffs office that would abide by the requirements. NORCOR has policy and practice which allows for staff to accept reports made verbally, in writing, anonymously and from third parties with staff following up immediately with such reports. The facility reports and staff supported that they have a way to report incidents privately though the shift Sgt's. All security staff, mental health and medical are first responders and thus have a statutory requirement to report offenses against state law. The facility is not found to be in compliance with the requirements of this standard.</p> <p><b>RECOMMENDATION:</b></p> <p>1) The computer generated PREA Report can be utilized as an method for reporting sexual abuse and sexual harassment, but should have a disclaimer that it is not confidential. In order to provide a confidential method for inmate reporting that involves writing, an explanation in the inmate handbook indicating that a paper document may be produced and placed into a sealed lock box within the housing mods or a common area such as the library. During the writing of this report the facility provided this method of confidential reporting with the development of a form and drop box within the library. The facility will still need to address how it will inform inmates of this reporting option.</p> <p>2). Staff are Sworn Deputies with First Responder duties as well as the medical and mental health staff. In issues such as suspicious behaviors or concerns, staff should still have a method for reporting sexual abuse and sexual harassment which would allow privacy and confidentiality. This can be accomplished with the PREA hotline from staff phones. The employee handbook would need to be modified detailing their first responder duties and the ability for the staff to report confidentially via the hotline.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Staff Interviews  Inmate Interviews  NORCOR Policy J309  Inmate Handbook  ICE Handbook</p>

Consolute list

Verification of Corrective Action Since Audit:

The NORCO facility has updated their inmate pamphlet and received numerous outside agencies that inmates can now report to anonymously. The facility developed MOU's with outside reporting agencies such as the center for living and with the local Sherriff department. It is indicative of the commitment to the standard. The local Sheriffs office has also been placed as an anonymous reporter with a phone number which allows privacy for the inmate. This phone number was tested and demonstrated the ability of an outside agency being able to receive calls from inmates which allows they to remain anonymous if they wish to do so.

The facility provided a section in their employee handbook which addresses whistleblowing and protection against retaliation for staff. The ability for staff to internally and externally report sexual abuse and harassment privately was confirmed during the initial audit. Clarification was sought with the PREA Resource Center in regards to this subject and determined the facility does have these methods available for staff and staff were aware of them. Therefore, the facility is compliant with the requirements of the standard.

Materials Reviewed:

MOU's with outside reporting agencies

Staff Interviews

Inmate Pamphlet

115.52	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Facility is exempt from this standard as they do not have a specific policy in regards to grievances.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility provides inmates with victim services through a contract with the Center for Living. Inmates may communicate with the facility through the phone, through mail or directly, as regular visits to the facility occurs. Consulate information is provided for inmates held for civil immigration purposes relating to victim services. The facility has made telephonic communication with the Center for Living private and while the facility advertises to their prisoners that all communication is recorded, this type of communication is confidential. The facility is found to be in compliance with the requirements of this standard.</p> <p>RECOMMENDATION:</p> <p>It is recommended that in the prisoner handbook and PREA posters, a section be added that informs the prisoners that their communication with the victim service provider will be confidential. This should be along side of the phone numbers and addresses to the victim service provider.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Inmate Interviews  Prisoner Handbook  PREA posters  Victim Services Contract  ICE handbook  Consulate list</p>

<b>115.54</b>	<b>Third-party reporting</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1469 528">The NORCO facility provides one method through the PREA pamphlet, in which inmates are advised of third party reporting options. However, this method doesn't meet the totality of the requirements, as how and where to report are missing in the pamphlet. Furthermore, the facility doesn't publicly distribute information in regards to this reporting option. Therefore, the facility doesn't meet the requirements of this standard.</p> <p data-bbox="252 584 544 618">RECOMMENDATION:</p> <p data-bbox="252 669 1461 875">1) It is recommended that the pamphlet be modified to include a mailing address for friends and family to write to the administrators of NORCOR to report incidents of sexual abuse/sexual harassment and that a phone number of the administrator or PCM be provided within the pamphlet. This will set a clear reporting path for friends and family to 3rd party report.</p> <p data-bbox="252 927 1469 1088">2) It is further recommended that the web site be modified to include 3rd party reporting for family and friends with a mailing address and direct line to the PCM or to the administrator, so that the requirement of distributing public information on how to report sexual abuse/sexual harassment may be met.</p> <p data-bbox="252 1144 517 1178">Materials Reviewed:</p> <p data-bbox="252 1184 564 1218">Pre-Audit Questionnaire</p> <p data-bbox="252 1225 461 1258">PREA pamphlet</p> <p data-bbox="252 1265 505 1299">Prisoner Handbook</p> <p data-bbox="252 1305 456 1339">Facility Website</p> <p data-bbox="252 1395 820 1429">Verification of Corrective Action since Audit:</p> <p data-bbox="252 1480 1485 1603">The facility has modified their PREA Pamphlets and their web site to reflect options for friends and family to report sexual abuse and sexual harassment on the behalf of their confined family members. The facility is now in compliance with the requirements of this standard.</p> <p data-bbox="252 1659 517 1693">Materials Reviewed:</p> <p data-bbox="252 1744 464 1778">PREA Pamphlet</p> <p data-bbox="252 1785 368 1818">Web Site</p>

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR's PREA Policy J309 meets the mandates of this standard. All staff who were interviewed were aware of the requirements of the standards and their obligations for reporting and for maintain confidentiality of information relating to sexual abuse/sexual harassment. Victims under the age of 18 was not applicable in this facility. However, staff indicated their responsibility under a vulnerable adult would be fulfilled as to reporting to outside agencies. All reports of sexual abuse and sexual harassment are forwarded to the facilities designated investigator. The facility meets the requirements of this standard.</p> <p>Materials Reviewed:  J309  Pre-Audit Questionnaire  Interviews with staff  Interview with Administrator  Interview with PCM</p>

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR PREA policy mandates this standard. Interviews with staff overwhelmingly supported this requirement. The staff indicated through interviews and through the provided documentation that the victim and alleged aggressor would be immediately separated. Staff indicated the procedures in their checklist and requirements for protection of the victim. While the facility had only 1 example in the last 12 months, it demonstrated through it's practice the commitment to this standard. The facility is found to have meet the requirements of this standard.</p> <p>Materials Reviewed:  NORCO Policy  OIC Checklist  Staff Interviews  Administrator Interview</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR facility does not have a policy which addresses the notification of another facility after receiving a report that an inmate was sexually abused/sexually harassed at the other facility. However, NORCOR was able to provide documentation that this had occurred in the past and they had properly addressed it within the required time frames. The Administrator interview supported compliance with the facilities responsibility to, once contacted by another facility to follow up with appropriate services and with investigation. The facility is found to be in compliance with this standard.</p> <p>RECOMMENDATION:</p> <p>While the requirements of this standard were demonstrated with documentation and with interviews. It is recommended that NORCOR's policy relate the specific responsibilities of staff and administration for incidents that are reported for prior sexual abuse/sexual harassment occurring at other facilities and upon learning from another facility that a prisoner had reported sexual abuse/sexual harassment occurring at NORCOR.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Investigation documentation  Administrator Interview</p>

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR facilities PREA Policy J134 meets the requirements of this standard. All of the staff who were interviewed were very knowledgeable concerning their first responder duties and responsibility upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the offenders, secure the scene and would not allow offenders to destroy evidence. Non-Security staff and their responsibilities under the standard are addressed in policy with a vague definition of staff which does include non-security staff. There was one example provided in the last 12 months which meets the requirements set forth in NORCOR policy and the federal requirements. There were no examples of non-security receiving a report of sexual abuse within the last 12 months. Staff interviews as well as an examination of documentation, support compliance with this standard.</p> <p>Materials Reviewed:          PREA policy J134          Pre-Audit Questionnaire          Staff Interviews          Investigation documentation</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy J309 and Policy J134 relates staff, medical and mental health responsibilities in their coordinated effort to respond to incidents of sexual abuse and sexual harassment. This is supported with their OIC checklist for response to incidents. Interviews with staff and specialized staff related their responsibilities in the coordinated response to sexual abuse and sexual harassment. An interview with the facilities Administrator related a thorough understanding of all staff and their responsibilities for the coordinated response. The facility is found to be in compliance with this requirement.</p> <p>Materials Reviewed:          Pre-Audit Questionnaire          Staff interviews          Administrator Interview          OIC checklist</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Collective Bargaining agreement between NORCO and their employees union complies with this standard and doesn't prohibit the removal from alleged staff sexual abusers from contact with inmates. The interview with the Administrator further supported this and indicated there are options are available to move staff to local jails as an option for the separation of alleged staff and alleged victims.</p> <p>Material reviewed:  Collective Bargaining Agreement  PRE-Audit Questionnaire  Interviews with Bryan Brandenburg and Dan Lindhorst</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR facility has an Employee Handbook which addresses retaliation on a generic basis, that could be construed as addressing sexual abuse/sexual harassment and reporting. However, this is not specific to the needs of the federal requirement. Furthermore, there was no supporting documentation/policy for the protection of inmates who reported. A review of reported retaliation practices through interviews, revealed that retaliation monitoring, when reported would be addressed appropriately. This was supported by staff indicating that inmates would have housing changes occur to eliminate issues surrounding retaliation and available options for staff members who reported. The facility did not have a staff member who was responsible for retaliation monitoring and did not have the practice or policy to support the requirements for monitoring of inmates/staff with periodic status checks. The facility is not found to be in compliance with the requirements of this standard.</p> <p>RECOMONDATION:</p> <p>Policy development for retaliation monitoring with a designation of the PREA Compliance Manager as the assigned staff member to this task. Period status checks built into policy with the requirement for documentation on a retaliation monitoring form. Policy development should include language which includes staffs protection for reporting incidents of sexual abuse/sexual harassment.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  Employee Handbook  Inmate Handbook  Inmate PREA Handout  Staff Interviews</p> <p>Verification of Corrective Action since the Audit:</p> <p>The facility provided a newly signed PREA policy 606, which addresses the concerns of retaliation and monitoring. However, this policy is new and the audit indicated that many of the requirements were not being addressed such as, periodic status checks, monitoring negative performance reviews of staff and housing changes, to name a few. The facility provided documentation that retaliation monitoring began shortly after their audit and has been utilized in all reported cases of sexual harassment and sexual abuse. The only exception being those inmates who had been released prior to monitoring. An interview was conducted with the PCM who is responsible for retaliation monitoring and he related that all of the standards requirements such as a minimum of 90 days, monitoring against housing, discipline, work and program changes are monitored. This was a standard that the facility had not been accomplishing prior to the audit. However, the changes in policy and the application of the standards requirements indicated through the provided documentation and with interviews of the administrator and PCM are compelling to indicate that the facility has institutionalized this practice into their facilities normal operations. Therefore, the facility is now compliant with this</p>

	<p>standard.</p> <p>Materials Reviewed:  Policy 309  Policy 606  PREA logs  Interviews with PCM and Administrator</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>A review of NORCOR's policy on segregation meets the requirements of this standard. Furthermore, interviews with staff and an examination of the facility indicated that there are housing options available to staff for the placement of offenders, as related to protection and separation. In the past 12 months there was 1 example of an inmate who was held in involuntary segregation pending investigation. This time frame was very short and mainly for the investigation/interview process. Policy requirements is for 5 day reviews for inmates that would be housed in this situation. However, this inmate did not remain in this area. The facility demonstrated compliance with these requirements.</p> <p>Materials reviewed:  NORCOR policy 8.050  Pre-Audit Questionnaire  Staff Interviews  Interview of PCM</p>

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>NORCOR Policy J134 requires staff to immediately respond to and investigate allegations of sexual abuse and sexual harassment. The facility interviews with staff demonstrated compliance with these requirements as well as the need to do investigations thoroughly and objectively for all allegations, to include reports made by a third-party. The facility investigator is trained in the requirements mandated within 115.34 and the documentation provided for investigators who are outside of the facility such as the local sheriffs or state police are also trained in these requirements. Investigators follow a uniform evidence gathering criteria which requires the gathering and preservation of circumstantial evidence along with proper interview requirements and review of prior incidents.</p> <p>NORCOR policy requires that all staff sexual misconduct and sexual abuse cases be referred</p>

to the Oregon State Police or local law enforcement for investigation. These outside investigative units are required to conduct investigations in compliance with the requirements of the federal standards. This was supported by a document provided from the state police in regards to their requirements for meetings the federal requirements. The facility is required by policy and was supported by documentation and interviews that they will cooperate with outside investigation and endeavors to remain informed about the progress of investigations.

The requirement of maintaining documents/reports in reference to investigations for a minimum of five years after the date an alleged abuser is released from incarcerated, was found to have been met for this facility. NORCOR policy requires these documents be maintained for a minimum of 10 years after collection or the start of an investigation. Since this facility is a jail and not a long term facility, with the length of stay primarily under 30 days, the time frames of an alleged abusers files being maintained for 5 years after release would be satisfied with a 10 year requirement.

**RECOMMENDATION:**

It is recommended that the language in NORCOR policy be modified to reflect the requirements of 115.71 (i) in which very specifically documents/investigations/reports be maintained for 5 years after the release of an alleged abuser from incarceration. Furthermore, it is recommended the language requiring data be maintained on sexual abuse for 10 year of the initial collection be modified. This auditor believes the intent of this requirements was to reflect data for the Department of Justice and/or yearly reports. The language of the policy should reflect this specifically.

**Materials Reviewed:**

NORCOR Policy J134  
Investigation Curriculum  
Interview with Investigator  
Pre-Audit Questionnaire  
Training Documents  
Completed Investigations

115.72	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="248 170 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="248 327 1485 741">The facilities PREA policy states that each case shall be carefully evaluated on its merits, considering all evidence and circumstance and whether there is any possibility that the alleged incident could have occurred. The disciplinary policy states that: "After the board hears all the witnesses, and has reviewed all the evidence relative to the case, the inmate if present, shall be returned to his/her cell. The board shall then discuss the merits of the case to the satisfaction of each member. The chairman shall then calls for an receives a vote of the members giving their decision as to the guilt or innocence of the inmates. A guilty decision must be supported by a majority of the board members. After scrutinizing the discipline policy, a Standard of Proof section was found which does properly address the Preponderance of Evidence.</p> <p data-bbox="248 797 1477 1043">The language of the PREA policy is not specific to the level of proof and while the discipline policy was eventually found to have the component of preponderance of evidence. There are circumstances in which an investigations finding would not rise to discipline, therefore a case would not go to discipline and the level of proof would never be addressed. Due to this reason and the missing language within the PREA policy the facility is not found to be in compliance with this requirement.</p> <p data-bbox="248 1099 544 1133"><b>RECOMMENDATION:</b></p> <p data-bbox="248 1189 1422 1391">It is recommended that the language of the PREA policy be changed to indicate that the administrator or designee must review all investigations and make a determination as to a finding. This is were the standard of proof can be addressed. Furthermore, it will allow a neutral party other than the investigator to make a determination as to the investigation, evidence and ultimately the finding.</p> <p data-bbox="248 1447 568 1648"><b>Materials Reviewed:</b> Pre-Audit Questionnaire NORCOR Policy J309 Policy 7.010 Investigator Interview</p> <p data-bbox="248 1704 871 1738"><b>Verification of Corrective Action since the Audit:</b></p> <p data-bbox="248 1794 1477 2029">Prior investigation into the handing of case dispositions revealed that there was a process for determining a finding. However, it was not directly reflected in the facilities PREA policy. The discipline policy was difficult to navigate and did not directly relate to cases which never made it to discipline. The facility has corrected this policy issue and have placed the requirements of the standard into Policy 606. The facility is now in compliance with the standards requirements.</p> <p data-bbox="248 2085 520 2119"><b>Materials Reviewed:</b></p>



<b>115.73</b>	<b>Reporting to inmates</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1469 618">The NORCOR facility was able to relate their compliance with their requirements to inform a prisoner as to the finding of an investigation, results of a conviction of an alleged abuser, staff member conviction, indictment and whether a staff members was no longer posted within the facility. Compliance with these standards were indicated with interviews of the PCM/Investigator and the Administrator. Documentation for informing the victim was not evident in any of the case files/investigations. Documentation was only found to exist if an abuser received discipline. Therefore, the facility does not meet the requirements of 115.73.</p> <p data-bbox="252 667 544 701"><b>RECOMMENDATION:</b></p> <p data-bbox="252 752 1469 1043">It is recommended that in the PREA policy or an Investigation Policy, language be added that requires the notification of the alleged victim of the finding that the administrator or designee makes. This notification can be made verbally or with a memo. If the facility chooses a memo, it be very short and to the point with the original being placed into the case file for preservation. If the facility believes this to be cumbersome, a verbal notification can be made to the prisoner. Once this has been done the officer relating the notification should annotate the time and date with a signature on the final report.</p> <p data-bbox="252 1095 517 1128"><b>Materials Reviewed:</b></p> <p data-bbox="252 1140 564 1301">NORCOR Policy Staff Interviews Pre-Audit Questionnaire Investigation Reports</p> <p data-bbox="252 1352 874 1386"><b>Verification of Corrective Action Since the Audit:</b></p> <p data-bbox="252 1438 1477 1729">The facility provided documentation on several incidents in which notification was given to the victims. These notifications occurred over the span on three months since the audit and are indicative of the facility implementing this requirement and practice into their process for follow with allegations. Furthermore a new PREA policy has been signed and put into place which addresses the requirements of reporting back to the inmate. While the notification memos address the requirements of 115.73, a recommendation has been included and related to the agency that they use the language of Substantiated, unsubstantiated and unfounded.</p> <p data-bbox="252 1780 1222 1814">The facility is now considered compliance with the requirements of 115.73.</p> <p data-bbox="252 1865 544 1899"><b>Documents Reviewed:</b></p> <p data-bbox="252 1951 504 2029">Policy 309 Notification memos</p>

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR PREA policy addresses disciplinary and criminal prosecution and referral, for sexual abuse and sexual harassment allegations. There are no reported cases of these incidents to report in the last 12 months. Interviews with the PCM and the Administrator support compliance with termination of staff who have engaged in sexual abuse. Furthermore, investigation and interviews support compliance that if disciplinary sanctions would have been imposed for violations of sexual abuse or sexual harassment, the discipline would have been commensurate with the nature and circumstances of the act. In situations which would have resulted in terminations or resignations of staff who were alleged to have committed sexual abuse or sexual harassment, staff indicated that the investigation would continue and not be closed due to the resignation or termination of the staff member. All relevant licensing bodies would be informed and addressed appropriately. Documentation and interviews support compliance with this standard.</p> <p><b>RECOMMENDATION:</b> It is recommended that the definitions for staff misconduct be expanded in the Staff Handbook that relates to discipline and prosecution, so that it includes staff on inmate sexual harassment/ sexual abuse. The handbook is vague and indicates violation of laws. While this is appropriate in a generic sense, it should be very specific to sexual abuse/sexual harassment and especially specific to staff on inmate offenses.</p> <p>Materials Reviewed: NORCOR PREA Policy Pre-Audit Questionnaire Staff Handbook Expanded Staff Interviews</p>

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCO policy and practice requires separation of alleged victim and alleged aggressor. Compliance with this standard is supported by policy and interviews, which indicated it would not matter if the alleged aggressor was an inmate, staff, contractor or volunteer, the separation would occur. Any violation would result in the removal of a contractor or volunteer from any contact with an offender. The facility did not have any occurrences of this type of allegation which could be supported with proper notification of licensing authorities. However, the interview with the Administrator related compliance would have occurred under this type of situation. The staff interviews and policy review all support compliance with this standard.</p> <p>Materials Reviewed:  NORCO Policy J134  Pre-Audit Questionnaire  Staff Interviews  Administrator Interview</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR policies address and mandates the requirements of this standard. The facility wouldn't require an prisoner to participate in interventions as a condition of access to programing or other benefits unless court ordered to do so. The Administrator indicated that prisoner are subject to in-house disciplinary sanctions for engaging in prisoner on prisoner sexual abuse. Criminal charges would be filed if determined to be appropriate during the course of an investigation. Any disciplinary sanctions imposed would be similar to those imposed on other prisoner having committed similar offenses. Staff interviews demonstrated a deep understanding of mental health issues and compliance with whether a prisoners mental disability or mental illness contributed to their behavior when determining sanctions.</p> <p>NORCO policy states, "However, no prisoner reporting sexual abuse, sexual harassment or sexual misconduct shall receive an incident report for making a false report based solely on the fact their allegations could not be substantiated or that the prisoner later recanted his allegation. Each case shall be carefully evaluated on its merits, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred. " Furthermore NORCO policy's prohibit all consensual or non-consensual acts. The facility is found to be in compliance with these requirements.</p> <p><b>RECOMMENDATION:</b></p> <p>It doesn't appear that policy 7.010 contains language which identifies, sexual harassment as a violation of institutional rules. This is perhaps covered in the Inmate Code of Conduct. In any case, it is recommended that it is addressed in the discipline policy.</p> <p><b>Materials Reviewed:</b></p> <p>NORCO Policy J1309 and 7.010  Interview with PCM and Investigator  Inmate Handbook  Pre-Audit Questionnaire</p>

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The facility utilizes a screening tool which meets the requirements of 115.41 for assign an inmates risk of sexual victimization and sexual violence/predation. In doing this when an inmate identifies as having experience prior sexual victimization, they are referred to medical/mental health. This occurs on the next day or the next day that medical/mental health is present within the facility. Due to the small facility size and staffing plan, all security floor staff have access to this information as they are required to complete the risk assessment tool with the inmates upon intake. The facilities policy and practice along with confirming interviews support compliance with this requirement.</p> <p>RECOMMENDATION:</p> <ol style="list-style-type: none"> <li>1. Statistical support as indicated in the audit tool was not supported by the facilities data base. While this is not a component of the standard, it is a component of the audit tool and helps support compliance in this area. It is recommended that he screening tool be adapted to the NORCO offender management system with restrictions to staff for access. Once this accomplished a tracking mechanism with report generation could be possible.</li> <li>2. While the facility demonstrated informed consent for inmates, medical protocol and policy did not state this requirement. It is recommended that both medical protocol and policy be modified to include language which addresses the requirements in 115.81 (e).</li> </ol> <p>Materials Reviewed:</p> <p>NORCOR Policy Pre-Audit Questionnaire Staff Interviews</p>

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR policies require timely access to medical and crisis intervention services. Policy and checklists require that victims be protected at the time a report is made. This was further supported by staff members who indicated that this would be accomplished in a setting that protected the victim and separated them from the alleged abuser. Housing options could include segregation if requested, but was not the normal housing option. Checklists and interviews of staff related compliance with immediate notification of appropriate medical and mental health practitioners. Treatment is provided at no cost to the victim and is supported by policy and with staff interviews. The facility meets the requirements of this standard.</p> <p>Materials Reviewed:  NORCO Policy J309  Pre-Audit Questionnaire  Interview with Nursing Supervisor  Interview with PCM  Interview with Facility Administrator</p>

115.83	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>NORCOR policy requires prisoners who have experienced prior sexual misconduct while incarcerated to be offered a follow-up meeting with mental health staff for further evaluation within 14 days of screening. The facilities screening tool takes into consideration all former sexual victimization for referral to medical/mental health for further evaluation. Further treatment is offered through a contracted agency for services, which was described as above the community level of care. Medical staff at the facility related compliance with providing prisoners with pregnancy services if an incident occurred, to include treatment and testing for sexually transmitted infections in a timely and comprehensive manner. Staff indicated and was supported by policy that these services would be provided at no cost to the prisoners. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.</p> <p><b>RECOMMENDATION:</b></p> <p>While medical staff were very aware of their responsibilities and procedures for compliance with this standard, they did not have medical procedures for sexual abuse issues or with mental health treatment. It is recommended that medical protocols be developed so that staff have a way to document, track and follow in a step by step manner.</p> <p><b>Materials Reviewed:</b></p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> <li>Interview with medical supervisor</li> <li>Interview with mental health professional</li> <li>NORCOR policy</li> <li>Interview with PCM</li> <li>Interview with Investigator</li> </ul>
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115.86	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>NORCOR currently conducts a sexual abuse review in an unofficial manner. This review is performed by upper management, the PCM, line staff and medical and mental health staff. However, no formal report is generated. Staff interviews support compliance with a review occurring within 30 days of the conclusion of the investigation. However, the elements of whether the facility needed to consider the following: Whether policy or practice to better prevent, detect, or respond to sexual abuse and whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility, or examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; are not addressed. Therefore, culmination of an appropriate year-end report is also affected along with the facilities ability to address any such issues relating to sexual safety of the facility. Therefore, the facility is found not to be in compliance with the standard.</p> <p><b>RECOMMENDATION:</b></p> <p>It is recommended that Policy include language which addresses the requirements for reviews to occur within 30 days of the conclusion of an investigation and that a formalized report be generated. This report shall need to address the requirements in 115.86(d) 1-5. Furthermore, the report shall need to address any recommendations for improvements to the sexual safety of the facility.</p> <p><b>Materials Reviewed:</b>  Pre-Audit Questionnaire  PCM Interview  Administrator Interview  NORCOR Policy J309</p> <p><b>Verification of Corrective Action Since Audit:</b></p> <p>The NORCO facility provided documentation of sexual abuse reviews which began shortly after the on site audit. The facility is accomplishing the reviews using the criteria required by the DOJ with staff members pertinent for making such decisions and determinations. Policy recommendations have not been addressed. However, the practice is in place to instill institutionalization of this practice. Documentation and telephonic interviews of staff establish confidence that these requirements are being fulfilled. The facility is now compliant with these requirements.</p> <p><b>Materials Reviewed:</b>  SA Review forms  Telephonic interviews *  Case listing of all PREA incidents. *</p>

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR facility gathers data through its incident reports and investigations through a standardized set of definitions. The facility aggregates the data yearly to complete the DOJ survey and to address information required for the American Jail Association. The facility doesn't contract with other agencies for the confinement of inmates, therefore no requirement for obtaining data from these agencies. NORCOR completes their yearly request to the Department of Justice for statistics related to sexual abuse and sexual harassment. The facility is found to be in compliance with these requirements.</p> <p>Materials Reviewed:  Pre-Audit Questionnaire  DOJ Surveys  AJA data</p>

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR facility doesn't review it's data in order to generate a report that would evaluate and improve it's effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The facility has one year of prior data, which doesn't meet all of the requirements. Therefore, no comparison has been made to prior years data and corrective actions. Through interviews staff related that a report would be approved by the administrator and information/material would be redacted that presented a clear and specific threat to the security of the facility. The facility doesn't comply with the requirements of this standard.</p> <p>RECOMMENDATIONS:  In order for the facility to compile data that would address it's effectiveness for sexual abuse prevention, detection, and response policies and practices and training it will need to begin conducting formal sexual abuse reviews which meet the requirements of 115.86 (d). Once this has been accomplished, a yearly report can be prepared which addresses the aggregated data information for publication and the comparison citing the facilities progress in addressing sexual abuse.</p> <p>Materials Reviewed:  Pre-audit questionnaire  PCM Interview  Administrator Interview</p>

Web Site Information  
AJA data

Verification of Corrective Action since Audit:

The facility provided statistics for reported cases of sexual abuse and sexual harassment. Furthermore it provided a yearly report that is generated for the region for all jails reporting to the Oregon Sheriff's Jail Command Council. The agency provided a review/report of data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: • Identifying problem areas; • Taking corrective action on an ongoing basis. The facility has posted this report and its findings on its website at: <http://www.norcor.co/adult/info/>. The facility is now compliant with the requirements of this standard.

Materials Reviewed:

OSJCC Report  
New Statistic report for 2016  
New Statistic report for 2017  
Yearly Report  
Web site information  
Interview with PCM

115.89	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The NORCOR Facility has policy and practice concerning data and it being maintained securely. The facility doesn't publicly place it's aggregated sexual abuse data on their web site. However, they do publicize how to obtain information through a request for information. An Interview with the PCM and with documentation of the report supports compliance with the aggregated data that has had all personal identifying information removed. NORCOR policy requires that this data be securely retained for 10 years. Therefore, the facility is found to be compliant with this standard.</p> <p>RECOMMENDATION: It is recommended that unless local or state laws prohibit the placement of aggregated data on the facilities website, that this be placed on the site for easy reference.</p> <p>Materials Reviewed: Pre-Audit Questionnaire PCM Interview Web Site data Aggregated data report</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR is a multi county operated jail that essentially operates for the federal standard requirements as the Agency and Facility. This is the facilities first audit since the requirements in 2013. Therefore, the requirements for 1/3 of the facilities would not be applicable. This facility/agency would have a requirement to be audited once every three years of the auditing cycles. This would meet the requirement for the 2nd cycle of audits.</p> <p>Auditors were allowed confidential private interviews of inmates. Posting of the audit announcements were not initially present in the facility. Investigation revealed that the inmates had removed the posting, thinking the audit had already occurred. The postings were re-posted on the opposite side of a glass window so inmates could not remove them. These posting will remain during the time frame that the corrective action period is in place.</p> <p>Materials Reviewed:  On site inspection  Staff Interviews  Inmate Interviews  Pre-Audit Questionnaire</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>NORCOR would be exempt/ N/A for this consideration under 403 F given they are a single facility agency and have never had an audit accomplished. The facility will upon a final report, publish the findings on their website.</p>

## Appendix: Provision Findings

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

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

115.11 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)	na

115.13 (a)	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ?	yes

<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes

<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)	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 here for facilities with less than 50 inmates before August 20,2017.)	yes

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?	yes

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

115.16 (a)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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	yes

	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?	
	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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: 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?	no

115.17 (a)	<b>Hiring and promotion decisions</b>	
	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 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
	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)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with 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

<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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

<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

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)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	no

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

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

115.21 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.)	na

115.22 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes

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

115.32 (a)	<b>Volunteer and contractor training</b>	
	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)	<b>Volunteer and contractor training</b>	
	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

<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	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

<b>115.33 (b)</b>	<b>Inmate education</b>	
	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

<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received such education?	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

<b>115.33 (d)</b>	<b>Inmate education</b>	
	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

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

<b>115.33 (f)</b>	<b>Inmate education</b>	
	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

<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (b)	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of 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)	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

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

<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	na

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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) Whether the inmate is detained solely for civil immigration purposes?	yes

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, when 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, when 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, when 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 a: Incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: 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

<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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

<b>115.42 (b)</b>	<b>Use of screening information</b>	
	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 present management or security problems?	yes

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?	no

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?	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?	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?	yes

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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	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

<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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

<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	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 anonymous upon request?	yes
	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?	yes

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.	yes

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.)	na
	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.)	na

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 this standard.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

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.)	na

115.53 (a)	<b>Inmate access to outside confidential support services</b>	
	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, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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)	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of 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 abuse or sexual harassment or retaliation?	yes

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

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (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 response to an incident of sexual abuse?	yes

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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 residents 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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any 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

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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

<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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 a 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 posted within the inmate's unit?	yes
	Following a 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 a 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 a 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 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?	yes

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

115.78 (a)	<b>Disciplinary sanctions for inmates</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	yes

<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	yes

<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

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

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

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

<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(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.)	yes

<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

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

<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na

<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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 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?	yes

<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)	no

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, 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?	no

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

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

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

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

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