

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:	Oregon Department of Corrections - Powder River Correctional Facility		
Physical address:	3600 13 th Street, Baker City, Oregon 97814-1346		
Date report submitted:	January 7, 2015		
Auditor Information			
Address:	PO Box 999, Canon City Co. 81212		
Email:	Doug.Wilson@state.co.us		
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Date of facility visit:	August 20-21, 2014		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	541-523-6680		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Frank Horton		Title: PREA Compliance Manger
Email address:			Telephone number: 541-523-9553
Agency Information			
Name of agency:	Oregon Department of Corrections		
Governing authority or parent agency: (if applicable)			
Physical address:	2575 Center Street Salem, Oregon 97301-4667		
Mailing address: (if different from above)			
Telephone number: 503-947-9950			
Agency Chief Executive Officer			
Name:	Colette S. Peters		Title: Director
Email address:	Colette.S.Peters@doc.state.or.us		Telephone number: 503-945-9090
Agency-Wide PREA Coordinator			
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Email address:	Ericka.R.Sage@doc.state.or.us		Telephone number: 503-947-9950

AUDIT FINDINGS

NARRATIVE:

This final report summarizes audit procedures that took place at Snake River Correctional Institution over August 18-20, 2014. This facility is administered by one Superintendent.

The audit team was comprised of Colorado Department of Corrections staff including Department of Justice certified PREA auditor and Colorado Administrative Services Manager Doug Wilson, Colorado Administrative Services Manager Dave Cotton and Colorado Administrative Services Manager Rosa Frayre. Specific procedures and instruments utilized for this audit were obtained from the PREA Resource Center.

An extensive tour of the entire facility was completed. All areas of the facility were viewed and interviews of staff and offenders were conducted at various areas throughout the facility as outlined in the PREA interview protocol. Select specialized staff interviews were conducted on site and also prior to arrival of our team via phone arrangements. Offender interviews were completed including offenders that were randomly selected utilizing facility rosters and all offenders who had written requesting or expressing an interest in speaking with the team regarding reported sexual abuse were also interviewed in order to further review their cases in more detail. Offender interviews took place in private offices in the administration building. A large amount of collateral electronic documentation was collected by the team throughout this process and will be retained for 12 months from the end of this audit's conclusion, then destroyed.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Powder River Correctional Facility (PRCF) was opened on November 9, 1989. PRCF is a re-entry facility for the department that provides selected minimum security offenders with the opportunity to participate in residential alcohol and drug treatment, institution-based and/or community-based work programs, and in transitional programming prior to their release.

The Powder River Correctional Facility is a 286-bed adult male minimum-security facility; current population at time of audit was 355. Offenders assigned to the facility are involved in residential alcohol and drug treatment and/or assigned to institution or community-based work projects and transition programs offered at the Facility. The Department of Correction's Mission is to promote public safety by holding offenders accountable for their actions and reducing the risk of future criminal behavior. The Facility contributes to the Department's Mission by engaging in safe and orderly operations, through insuring the high quality of its corrective and treatment programs, by training and engaging offenders in meaningful work programs, and helping offenders to plan for successful transition back into their respective communities. All offenders at Powder River are expected to participate in and successfully complete transition programming designed to address their individual needs as part of their correctional plan.

SUMMARY OF AUDIT FINDINGS:

The audit team was impressed with the level of readiness and culture displayed at PRCF. This facility is very creative with offender programs and has a very safe a warm atmosphere for staff, offenders and visitors. The staff and offender moral and attitude was extremely positive. Communication between administration and line staff was seamless. Communication

between staff and offenders was motivating, professional and positive. All staff interviewed were familiar with PREA, their reporting obligations and proper response. Offenders interviewed were familiar with PREA and even one offender response included that he had been orientated about PREA but thought that those kind of things only happened in the movies; further emphasizing the sense of safety the offenders feel at this facility. The sound of a bell was utilized when cross gender staff entered the living units, although this procedure had not been in place long all staff and offenders knew what it meant and the teams' observations showed consistent utilization. The team observed that PREA posters and information were visible in all living units and throughout the facility.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has a PREA policy, 40.1.13 which emphasis zero-tolerance. ODOC has a state-wide PREA coordinator and a compliance manager is assigned to the facility. The compliance manager coordinates the facility's effect to comply with the PREA standards.</p> <p>The facility provided an agency organization chart and a facility organization chart which illustrated the hierarchy and who the PREA Coordinator and PREA Compliance Manager report to. The job description for the PREA Compliance Manager was also provided.</p>	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF OFFENDERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	

The agency's contracts for the confinement of offenders were provided and they did meet the standard.

115.13 SUPERVISION AND MONITORING

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

Auditor comments, including corrective actions needed if does not meet standard

A staffing plan was provided and it met the components of the standard. The coordinator stated that she was able to tour and meet with the facilities. She reviewed all components of the facilities physical plan, composition of the offender population, the number and placement of supervisory staff, institutional programs that occur and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The facility has a camera mapping plan for future needs. Additional cameras and/or video monitoring are recommended as budget permits.

115.14 YOUTHFUL OFFENDERS

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

Auditor comments, including corrective actions needed if does not meet standard

No youthful offenders are housed at the facility.

115.15 LIMITS TO CROSS GENDER VIEWING AND SEARCHES

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

Auditor comments, including corrective actions needed if does not meet standard

The agency does not allow cross-gender strip searches or cross-gender visual body cavity searches. Body cavity searches are only conducted by medical staff.

The facility provides offenders the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them.

Cross-gender pat searches training were recently implemented and security staff were trained.

An audio alert was installed a few weeks before the audit. The audio alert was used to announce the presence of opposite gender staff when they entered the unit. Both staff and offenders were aware of what the audio alert meant.

115.16	OFFENDERS WITH DISABILITIES AND OFFENDERS WHO ARE LIMITED ENGLISH PROFICIENT
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility provides a PREA informational brochure to offenders after their intake.

Offenders with disabilities and offenders who are limited English proficient can be provided with access to interpreters or staff who will provide the information in a language or format so that the offender can understand the information being provided.

It was recommended that the brochure provided during the offender orientation be available in Spanish as well.

115.17	HIRING AND PROMOTION DECISIONS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency conducts background checks for new employees and on all promotions. In addition, the background checks are to be conducted at least every five years for current employees and contractors.

The PREA policy states that every employee, new hires, contractors, volunteers, and interns and all promotions shall have a background conducted every five years. Random checks were made and all background checks were conducted less than

nineteen months prior.

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

No substantial expansions or modifications were made since August 20, 2012.

115.21	EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Once the SART response determines that a sexual abuse incident the SIU is notified. The Oregon State Police is notified. The facility follows the 7-steps of just cause for their uniform protocol to maximize forensic evidence collection and obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The Oregon State Police are statutorily mandated to investigate crimes within the facility.

At PRCF the offenders are transported to the local hospital for a forensic medical exam which is conducted by a sexual assault nurse examiner and tested for STD's. The victim is offered victim advocate during the exam. The offenders are referred to Behavioral Health Services for counseling.

ODOC was working on a memorandum of understanding with Lifeway, Inc. to provide services for victims of sexual abuse. However, ODOC was awarded a grant and it will allow them to hire a fulltime victim advocate. A phone number where offenders can call the victim advocate will be established. Offenders will be provided contact information on how to report sexual abuse or sexual harassment incidents. The new staff person will also provide victim advocacy during sexual abuse investigations as well as crisis intervention follow-up.

Once the victim advocate is hired and the process established, all staff and offenders

will be notified of the victim advocate services and contact information to receive or request services. Victim advocates will also be available for emotional support after the forensic medical exam and investigatory interview.

This standard was initially determined not to be compliant. Corrective action was implemented which required the agency to provide a victim services which include an advocate that will be offered during forensic exams, investigatory interview and as follow up for emotional support.

A victim advocate was hired with federal PREA grant funds. The PREA Coordinator verified that all staff and offenders were notified of the victim advocate services, contact information to receive or request services and role of the advocate. The offenders were notified through the offender news bulletin and the information will be available in the offender handbook, pamphlet and posters. The victim advocate will also be available for emotional support or accept reports through the use of a dedicated 800 number as well as accepting written reports of sexual abuse or sexual harassment. The victim advocate will ensure community victim advocates are available to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals if a community victim advocates from a rape crisis center is not available.

ODOC did the following to comply: ODOC received a federal PREA grant and a PREA Advocate position was hired and will ensure there is 24/7 response capability for community victim advocates to respond to institutions or a hospital for forensic medical exams to support, investigatory interviews or follow up for emotional support to offenders victims of sexual abuse.

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility conducts the initial investigation to determine if the allegations are criminal or administrative. If the elements of the allegation are administrative, it is investigated based on the determination of type of investigation needed.

If it determined to be criminal, it is referred to the Oregon State Police for investigation. The responsibilities of both the agency and the Oregon State Police are outlined in the PREA policy which is available on the agencies website.

The policy governing the conduct of these investigations is covered in the ODOC's Investigations policy 70.1.4.

115.31	EMPLOYEE TRAINING
<input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Employees are trained in all the required elements of the standard. Employees are required to demonstrate an understanding of the training they received by answering a questions during the training.</p> <p>There is a 2-hour on-line training that all employees need to pass.</p> <p>New employees are required to attend a one hour in-person basic PREA training and then take the two hour on-line PREA training. All employees must answer all questions correctly to pass the training.</p>	

115.32	VOLUNTEER AND CONTRACTOR TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Contractors and volunteers are trained in all the required elements.</p>	

115.33	OFFENDER EDUCATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Offenders go through an orientation which includes a video about the agencies zero-</p>	

tolerance policy, their right to be free from retaliation and ways to report incidents of sexual abuse and sexual harassment. The video is available in Spanish. The offenders receive a PREA brochure.

Posters were viewed throughout the facility which provided information on how to report to the Inspector General or Governor's office.

115.34

SPECIALIZED TRAINING: INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

Investigators are trained in all the required elements.

115.35

SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

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

Auditor comments, including corrective actions needed if does not meet standard

The facility Health Services and Behavioral Health Services staff receive training. The staff were able to demonstrate that they had been trained in each of the elements of the standard. PRCF shares some of these resources with SRCI.

115.41

SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

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

Auditor comments, including corrective actions needed if does not meet standard

Offenders sentence to the ODOC, receive an initial assessment for sexual

victimization and sexual abusiveness at the agencies intake prison. When an offender is received at the facility, a screening for risk of being sexually abused or sexually vulnerable is conducted using the previous assessment, talking with the offender and looking to see if there is new information. An offender is reassessed when warranted based upon a referral, request, and incident of sexual abuse or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

115.42

USE OF SCREENING INFORMATION

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

Auditor comments, including corrective actions needed if does not meet standard

The assessment information is added to an overall computerized system that considers risk and vulnerability. Then a facility staff member uses the computerized system to determine housing, bed, work, and education and program assignments for offenders.

Offenders who identify as transgender or intersex are reassessed at least twice a year.

Transgender and intersex offenders are offered the ability to shower separately.

At the time of the audit there had been no requests from offenders to shower separately.

115.43

PROTECTIVE CUSTODY

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

Auditor comments, including corrective actions needed if does not meet standard

Policy 40.1.13 PREA Elimination Act states that offenders for high risk for victimization shall not be placed in administrative housing unless an assessment of all available alternatives determines that there is no available alternative means of separation from likely abusers. Offenders at high risk for sexual victimization or who report sexual abuse are interviewed within 24 hours and if not comfortable with being held in protective custody can be moved to the infirmary until a scheduled move to

another facility can be arranged. Through interviews with the facility PREA Compliance Manager and viewing documentation it was determined that policy was being followed.

115.51	OFFENDER REPORTING
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency provides multiple ways for offenders to report sexual abuse and sexual harassment. The different ways are to write to the Governor's office, hotline to the Inspector General's Office, write an offender communication, report to a staff, report in writing, and ask a family member to contact ODOC.

Policy says that staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any reports. Kites can be anonymously reported internally. Anonymous reports can be made to the Governor's Office.

ODOC was not compliant with this standard and was required to develop a process and policy for an offender to report sexual abuse or sexual harassment anonymously. ODOC established an agreement with the Governor's Office of Constituent Services to receive reports anonymously. Offenders can call or write to the Governor's Office of Constituent Services. If the offender requests to remain confidential, all personal identifiable information will be redacted prior to scanning into their database or before forwarding the information to ODOC PREA Coordinator. Once the ODOC PREA Coordinator receives the information; she will refer it for investigation. Information allowing the offender to remain anonymous upon request was on the PREA website and distributed to by positing a notice and included in the offender newsletters. The phone number and address of the Governor's Office of Constituent Services is already available to offenders in posters and the PREA offender pamphlet; however the information about how to remain anonymous will be added to these materials.

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 291-109-0200 states grievances alleging sexual abuse must be submitted to the functional unit grievance coordinator. Policy does state the grievance coordinator may not refer a grievance alleging sexual abuse to a staff member who is the subject of the grievance.

115.53

OFFENDER ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC provides offenders a pamphlet during orientation that lists advocacy groups they can call or write to. The pamphlet states that the phone numbers will not be monitored by ODOC but may be subject to monitoring/recording from receiving organizations.

Subsection (c) of the standard requires that the ODOC maintain or attempt to enter into a MOU or other agreement with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. Documentation provided indicates that Lifeways, Inc. will provide these services once the draft is signed. The intent is for Lifeways Inc. to provide ODOC offenders an option for reporting sexual abuse and sexual harassment by phone or in writing, advocacy during a sexual abuse investigation and crisis intervention follow up.

This standard initially received a corrective action to allow ODOC the opportunity to finalize the MOU with Lifeways. After the audit was conducted, ODOC was awarded a PREA grant on September 3, 2014, and will not pursue the MOU with Lifeways, Inc.

As part of the federal PREA grant that was awarded, ODOC hired a victim advocate for 24-months to establish victim advocacy services and provide victim advocacy for offenders over the phone. The victim advocate will have a dedicated phone number that offenders can call. The calls will be confidential. Offenders will be able to write to the victim advocate and the victim advocate contact information will be made available on brochures and posters.

In addition, the victim advocate will work closely with the Sexual Assault Task Force and will work on developing agreements with outside victim advocate organizations.

115.54	THIRD-PARTY REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>ODOC provides several methods of ways for third-parties to report on behalf of an offender. Provided documentation included: PREA Staff Reporting Form, PREA Web page, and PREA visiting room pamphlet. Information is also available on the ODOC Website.</p> <p>Recommend that the pamphlet is also available in Spanish.</p>	

115.61	STAFF AND AGENCY REPORTING DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Policy meets the criteria of the standard. During interviews staff were aware of their responsibility to report. Staff understand they are not to reveal any information to anyone other than to those who have a need to know. Medical/Mental Health staff also understand their responsibilities to report to include the limitation of confidentiality. Staff interviews confirmed their knowledge to report all allegations of sexual abuse and sexual harassment.</p> <p>PREA policy states that PREA information collected during investigations or intake assessments is considered sensitive and should only be shared with those with need to know. Best practice would be to add PREA reports to the policy to ensure the report is kept confidential and only shared with those with a need to know.</p>	

115.62	AGENCY PROTECTION DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

Auditor comments, including corrective actions needed if does not meet standard

PREA Procedure 39 contains require elements.

115.63

REPORTING TO OTHER CONFINEMENT FACILITIES

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

Auditor comments, including corrective actions needed if does not meet standard

PREA Policy 40.1.13 contains required elements.

115.64

STAFF FIRST RESPONDER DUTIES

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

Auditor comments, including corrective actions needed if does not meet standard

The PREA policy provides an outline of the first responder duties. OSP's Responding to Sexual Abuse and Sexual Harassment Allegations, Procedure 39, provides facility process and procedures which incorporates all the requirements of the standard. In addition, the OIC PREA Checklist obtains all the baseline facts, timeframes of who to contact as well as evidence collection procedures.

Staff interviews conducted proved knowledge of PREA reporting and response procedures.

115.65

COORDINATED RESPONSE

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

Auditor comments, including corrective actions needed if does not meet standard

PRCF has an institutional plan that directs a coordinated response to an incident of sexual abuse that includes notification to specific staff members or facility leaderships. Sexual Assault Response Team (SART) implementation was an example of exceeding the standard with their coordinated response.

115.66

PRESERVATION OF ABILITY TO PROTECT OFFENDERS FROM CONTACT WITH ABUSERS

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

Auditor comments, including corrective actions needed if does not meet standard

Policy and response from interviews prove no collective bargaining limits the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending investigation outcomes.

115.67

AGENCY PROTECTION AGAINST RETALIATION

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

Auditor comments, including corrective actions needed if does not meet standard

The PREA policy ensures that offenders and staff who report sexual abuse or sexual harassment or cooperate with these investigations are protected from retaliation by other offenders or staff. A designated staff member is charged with monitoring for retaliation. The facility PREA compliance manager is responsible for monitoring and acting to remedy any retaliation.

PRCF has a process in place to keep reports confidential. All reports that are received go through the PREA Coordinator, to the Superintendent and are then referred for investigation. Limited staff have access to the information.

All actions taken to monitor retaliation are done by the facility Sexual Assault Coordinator and then forwarded to the PREA compliance manager and PREA coordinator. The PREA compliance manager or their designee monitors retaliation for at least 90 days. The monitoring includes periodic status checks.

Interviews with staff and documentation indicated they understood the policy and were following procedure.

115.68	POST-ALLEGATION PROTECTIVE CUSTODY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
PREA Policy 40.1.13 contains required elements. Segregated housing only occurs involuntarily if there is a need to protect the offender when no other alternative housing is available.	

115.71	CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The facility SART responds quickly to all allegations. The Oregon State Police conducts all cases that appear to be criminal in nature. Good communication exists between this agency and the state police.	
Interviews with specialized staff indicate familiarity with the PREA policy. The Investigations Policy 70.1.4 describes the investigative responsibilities. Different parts of this standard are in the PREA policy 40.1.13, Investigations policy 70.1.4 and Criminal and Administration Handling policy 70.1.3.	
ODOC provided PREA specialized training rosters for investigators who conduct investigations at OSP. The Oregon State Police investigate criminal allegations.	

115.72	EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the	

standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Oregon Administrative Rule 291-105-0005 imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.73

REPORTING TO OFFENDERS

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Following a sexual abuse investigation, offenders are provided the information required in the standard. The PREA Compliance Manager provides information to the offender verbally and then documents it.

Interviews with Sexual Assault Coordinator and PREA Compliance Manager indicate cases are followed up with on a regular basis. Completed ODOC PREA reporting to offender forms reviewed demonstrate compliance with this standard.

115.76

DISCIPLINARY SANCTIONS FOR STAFF

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 20.1.3 Code of Conduct policy states that inappropriate relationships with offenders could result in appropriate disciplinary action, up to and including dismissal.

The PREA policy 40.1.13 does not include actions for staff involvement for these types of behaviors.

115.76 (d) requires that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated

if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PREA Coordinator provided an example where a staff member had communicated inappropriately with an offender and the appropriate licensing body was notified of the ODOC investigation.

115.77	CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

According to staff, all guidelines apply to contract staff and volunteers alike. The PREA policy requires that an offender allegation against staff (employees, contract service providers and volunteers) that has committed sexual harassment will be investigated by the department manager or designee at that institution or location.

The Investigation policy was also provided for compliance with this standard. It identifies Oregon State Police as having the primary authority in certain types of criminal investigations. Contractors and volunteers can be compelled to answer questions relating to matters under investigation.

ODOC provided a case example to prove that they prohibit employees, contractors and volunteers from contact with offenders, report the allegations to law enforcement and also report the information to relevant licensing bodies when applicable. ODOC will also add this standard into the PREA policy.

115.78	DISCIPLINARY SANCTIONS FOR OFFENDERS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Oregon Administrative Rule 291.105-0005 establishes disciplinary action for offenders who violate and are found guilty for violating offender on offender sexual assault, sexual coercion, non assaultive sexual activity and sexual solicitation. Offenders receive a handbook for rules of prohibited conduct.

ODOC does not offer therapy, counseling or other interventions to the offenders who demonstrate aggressive sexual behavior unless that behavior would be addressed as part of another mental health diagnosis.

Documentation was provided to demonstrate that offenders are not disciplined for reporting sexual abuse or sexual harassment.

The PREA policy state that offenders who allege sexual abuse by staff or other offenders, and whose allegations are proven by investigations to be false will be held accountable through all means available to the ODOC. Standard 115.78 (f) requires that "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." For this reason and for clarity purposes ODOC may want to add this subsection of the standard to their policy.

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

If an offender discloses being sexually abused or sexually aggressive/predatory, a referral it made to Behavior Health Services (BHS). BHS conducts an initial screening at the Oregon State intake facility. Initial screening at this facility is completed within 14 days of arrival. Offender interviews indicate this happens. The facility's Behavioral Health Services screening asks the offender about sexual vulnerability and sexual predatory behavior in the community and in an institutional setting.

Documentation was provided to demonstrate that offenders who have experienced prior sexual victimization are offered a follow up meeting with medical or mental health practitioners within 14 days of the intake screening at the facility. Offenders who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening at the facility according to Health Service Behavioral Health Services Policy and Procedures #MH-E-02.

Behavioral Health Services asks the offender about previously perpetrating sexual abuse in the Victimization Screening Tool and they are referred to BHS. ODOC does not have sex offender treatment program, but the offender is referred to BHS for a screening to determine if there is a need for ongoing care and to get more

information on the sexual abuse.

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Health Services Section Policy and Procedures as well as the PREA policy meet the criteria of the standard.	

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
Medical care and mental health services are provided at no cost to the offender. Follow up care is provided.	
The standard states "All prisons shall attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." State wide evaluations and treatment for sexual predatory behavior is not completed unless addressed in other mental health diagnoses. Unless there is another mental health diagnosis, mental health practitioners would not deem sexual abuse treatment appropriate for the offender.	

115.86	SEXUAL ABUSE INCIDENT REVIEWS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Incident reviews are conducted on investigations in which allegations are found to be substantiated or unsubstantiated. There had been no incidents in the last 12 months.

115.87

DATA COLLECTION

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

ODOC collects the required data to complete the survey of sexual violence and submit required data to the DOJ. Documents were provided to support compliance with this standard. Data collections and requirements to comply with this standard are in the PREA policy.

115.88

DATA REVIEW FOR CORRECTIVE ACTION

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

ODOC 's annual PREA report was provided. To be compliant with the standard, it needs to be approved by the agency head and made available to the public through its website.

This standard required a corrective action period to allow the agency head to review the report and approve it. The annual report was approved by the agency heard and placed on the agency's website. Since the document is not signed by the Director, the PREA Coordinator confirmed that everything on the ODOC's website requires the Director's approval.

115.89

DATA STORAGE, PUBLICATION, AND DESTRUCTION

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

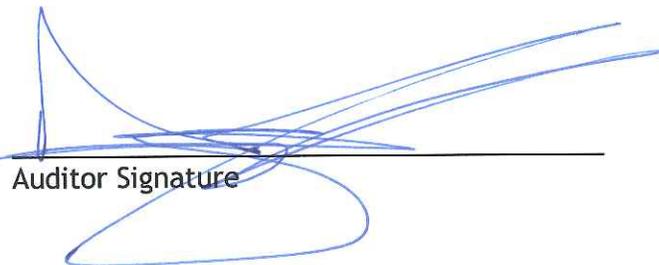
Auditor comments, including corrective actions needed if does not meet standard

ODOC ensures data collected is securely retained. The agency provides general statistical information on their website. More details will be provided in the annual PREA report when it is published.

ODOC maintains their data for at least 10 years after the date of the initial collection.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of agency under review.


Auditor Signature

7 Jan 2015
Date