

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** June 9, 2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Kirk Widmar			
<b>Address:</b> PO Box 7011, Carson City Nv, 89701			
<b>Email:</b> kwidmar@doc.nv.gov			
<b>Telephone number:</b> 775-887-3142			
<b>Date of facility visit:</b> May 11, 12 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Warner Creek Correctional Facility			
<b>Facility physical address:</b> 20654 Rabbit Hill Rd. Lakeview, OR 97630			
<b>Facility mailing address:</b> (if different from above) PO Box 1500 Lakeview, OR 97630			
<b>Facility telephone number:</b> 541-947-8200			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Steve G. Brown			
<b>Number of staff assigned to the facility in the last 12 months:</b> 102			
<b>Designed facility capacity:</b> 406			
<b>Current population of facility:</b> 487			
<b>Facility security levels/inmate custody levels:</b> 1-2			
<b>Age range of the population:</b> 19-61			
<b>Name of PREA Compliance Manager:</b> Trevor Stancliff		<b>Title:</b> CRM / PREA Compliance Manager	
<b>Email address:</b> Trevor.Stancliff@doc.state.or.us		<b>Telephone number:</b> (541) 947-8303 or (541)-219-2887	
<b>Agency Information</b>			
<b>Name of agency:</b> Oregon Department of Corrections			
<b>Governing authority or parent agency:</b> (if applicable) <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 2575 Center Street Salem, Oregon 97301-4667			
<b>Mailing address:</b> (if different from above) <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 503-947-9950			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Collette S. Peters		<b>Title:</b> Director	
<b>Email address:</b> Colette.s.peters@doc.state.or.us		<b>Telephone number:</b> 503-945-9090	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Ericka Sage		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> Ericka.R.Sage@doc.state.or.us		<b>Telephone number:</b> 503-947-9950	

## AUDIT FINDINGS

### NARRATIVE

On May 11, 2016 an on-site National PREA audit was conducted at Warner Creek Correctional Facility(WCCF) in Lakeview Oregon. This audit was conducted by Kirk Widmar, a certified US Dept. of Justice PREA auditor. Also assisting with the on-site audit was Deborah Striplin a certified PREA auditor. Some agency level interviews were also conducted by Darin Baker, a certified PREA auditor via telephone prior to the arrival of the audit team to WCCF.

Six weeks prior to the on-site audit notification was posted at WCCF and a total of 5 inmates wrote to the auditor. Also during this timeframe Trevor Stancliff the PREA compliance manager for WCCF provided the pre-audit questionnaire and supporting documents. The audit team reviewed these documents in the following weeks and corresponded several time via email with question and did receive clarification to all question in a timely manner. Documents were prepared in an easy to review format and made the document review portion of the audit seamless and very efficient.

On May 11, 2016 the audit team arrived at WCCF and began the on-site audit. Complete tours of all buildings were inspected. This included Administration, Operations, Culinary, Physical plant, Laundry, Education/Programs, Medical, Housing Units, Industries and Warehouse. 16 specialized interviews were conducted with staff and 25 random interviews were conducted with staff covering all three shifts from both security and non-security staff .

On May 12, 2016 27 interviews were conducted with inmates for the random and specialized portion of the audit. Also the 5 inmates that corresponded with the auditor were interviewed. At the conclusion of the on-site audit an out briefing was conducted with the executive team of WCCF, PREA Coordinator Ericka Sage and Captain Rasmussen, and via video conference Eastside Institutions Administrator, Steve Franke. A minor recommendation for addition information posters and window blinds removal was made. Information gained from the inmate interview process was deemed to be relevant to WCCF ongoing effort to prevent and detect sexual harassment and was shared during the out briefing. In this case the location of the unit microwave has been requested to be moved away from the current location of some of the inmate sleeping area and moved to a more central location possibly closer to the officer's primary work station, with the hope that comments between inmates could be more closely monitored by staff. These recommendations were well received by the executive team and in many cases implemented prior to the completion of the on-site audit.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

At the time of audit Warner Creek Correctional Facility (WCCF) is a 487-bed minimum security facility which opened in September 2005. All inmates housed at WCCF are scheduled for release within four years. Programs and work assignments are designed to facilitate successful reentry into Oregon communities. The facility employs 102 correctional professionals.

The prison site comprises 91 acres, but the facility itself occupies less than 15 acres and utilizes approximately 117,000 sq. ft. of building space which includes areas for 4 open dorm inmate housing units, work and education programs, health services, food services, religious services, physical plant, warehouse and storage, vehicle maintenance, a laundry facility, recreational activities, administration and various other functions.

A unique feature of WCCF is its use of natural energy for providing heat to the facility. Heat is collected from water that has been warmed by natural geothermal sources deep inside the Earth. The geothermally heated water is pumped up through a well and piped into a heat exchange unit where the heat is then transferred to the prison's water-loop system. Once the heat has been transferred and the water has cooled, the water is re-injected back into the ground.

The combination of the heat exchange unit and the heated water-loop system delivers natural and efficient energy to the facility where it is used to provide hot water for domestic and space heating purposes. However, WCCF is not completely reliant on geothermal heat. The facility is also fitted with a propane fired back-up boiler system that is capable of providing 100% of the required heat under the most extreme conditions, should problems ever arise with the geothermal system.

## **SUMMARY OF AUDIT FINDINGS**

After extensive document review both prior to and during the on-site audit, interviews as required by the audit process with both staff and inmates, to include outside advocate and medical services, and the totality of the on-site tour and audit, it is the finding of the auditor Warner Creek Correctional Facility has met full compliance with all the PREA Standards for this audit cycle.

Number of standards exceeded: 2

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 0

**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- 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 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.**

Standard 115.11 has 3 elements required to meet this Standard. ODOC clearly presented a Zero tolerance policy and has outlined the agency's approach to prevention, detection, and responding to incidents of Sexual Harassment or Abuse. This is primarily spelled out in the agency's DOC policy 40.1.13. The ODOC currently employs an agency wide PREA Coordinator Ericka Sage. Her interview as well as the overall implementation of PREA to the ODOC indicates she has the time and authority to develop implement and oversee the agency's efforts to comply with the PREA Standards. WCCF has assigned Tevor Stancliff as the institution's PREA Compliance Manager. His position is part of the WCCF executive team and as indicated in his interview he has been given enough time to oversee the implementation of PREA at WCCF.

**Standard 115.12 Contracting with other entities for the confinement of inmates**

- 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)

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(a) Currently Oregon DOC has one (2) contract for the confinement of inmates related to this standard. WCCF compliance manager provided a copy of the contract IGA #4712 and IGA #5059, signed April, 2014, and February 24, 2015 which reflects the amendment for PREA. Verbage found in both IGA reads COMPLIANCE WITH PREA. Sheriff shall adopt and comply with the Department of Justice Prison Rape Elimination Act (PREA) standards set forth in 28 CFR 115.5 et seq. Sheriff shall provide information concerning compliance with the PREA standards, upon request to ODOC. ODOC shall monitor the Agreement to ensure that the Sheriff is complying with the PREA standards.

4/7/16 Specialized interview Agency Contract Administrator was conducted with Jamie Bryman, Administrator, Office of Population Management, during the interview Ms. Breyman clarified and confirmed compliance with the standard. As of 4/7/16 ODOC has not requested for the temporary placement of an inmate at the Grant County Jail within the last twelve months. ODOC primarily will only request to place an inmate within the Grant County Jail for emergencies or exigent circumstances. Ms. Breyman further reported to the auditors, Grant County is working on compliance for PREA by completing policies and an pre internal audit. ODOC Contract Administrator and Grant County Sheriff are in frequent communication regarding PREA updates and compliance.

Ms. Bryman was very knowledgeable on PREA and provided additional information on the interstate compact agreement to ensure ODOC only sends inmates to states who's Governor has signed assurance and are in compliance with PREA standards.

(b) ODOC only has 2 contract which falls into this category and meets the requirements of this element.

### 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)

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Standard 115.13 has four elements required to meet this Standard. Interviews with Agency Head designee Craig Prins and Brian Belleque, Agency Coordinator Ericka Sage, WCCF Superintendent Steve Brown WCCF PCM Trevor Stancliff all supported meeting the requirements of this standard. Policies 40.2.2 and 40.1.13 as well as external and internal staffing analysis were also provided to support compliance. Daily shift rosters further supported adherence to policy. Shift Command for all three shifts were interviewed and are conducting unannounced tours. Documentation from unit log books supported tours being completed. Line staff interviews also further supported tours being done.

### Standard 115.14 Youthful inmates

- 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)

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Standard 115.14 has three elements required to meet this standard. ODOC provided documentation in the form of A joint letter to all Sheriffs with the Oregon Youth Authority indicating inmates under the age of 18 will not be transported to or housed within the ODOC. Furthermore House Bill 4037 is currently being discussed to modify Oregon law to further support ODOC's efforts. WCCF was able to generate an inmate roster for 2013-2016 indicating no inmates under the age of 18 were housed at WCCF. Interviews with staff further supported compliance with this standard.

### Standard 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)

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Standard 115.15 has six elements required to meet this standard. Policy review of Rule 041, Nonconforming gender Division 210, and DOC Policy 40.1.13 all contained verbiage in support of this standard. Training curriculum for pat searches as well as specific to transgender inmates and training rosters were provided to the auditor. Interviews with staff supported an understanding of the ODOC policies. Cross gender announcements are being made via a door bell chime in each of the housing unit. Inmates and staff interviewed identified this was the only use for the bell. Bathroom shower and toilets all had appropriate privacy screens and staff interview indicated cross gender strip search are not allowed.

Best Practice Recommendation: The bathroom in the program building has appropriate privacy screens in place as well as the outer window had been frosted part way up the glass. The Auditor who is 5'10" struggled to see over the frosted area causing a blind spot in the far back corner of the bathroom. It is recommended the area be evaluated and possibly part of the frosted area removed. This will allow patrolling staff the ability to identify how many inmates are in the bathroom at a time but still allow appropriate privacy for the inmates that are behind the privacy screens.

### Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

- 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 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.**

Standard 115.16 has three elements required to meet this standard. Several documents were provided to the auditor in support of this standard. Contact information and Instruction on how to use outside interrupter services have been established. Differential pay is also used for staff with multiple language skills. During tour signage and information pamphlets in Spanish were observed. Interviews with limited English proficient inmates were conducted using staff interpreter. These interviews supported ODOC and WCCF are making appropriate efforts in educating inmates with various needs.

## Standard 115.17 Hiring and promotion decisions

- 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)

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On April 27, 2016, PREA certified auditor Darin Baker conducted a telephonic interview with Daryl Borello, the Human Resource Director with the Oregon Department of Corrections. The interview with Mr. Borello was pre-scheduled and he was advised of the purpose of the interview. Mr. Borello's responses indicated a great understanding of the PREA requirements. Mr. Borello's was able to speak articulately to how the ODOC has implemented the PREA requirements into the recruitment, hiring, and promotional process.

Prior to conducting the telephonic interview with Mr. Borello and while on-site at the Mill Creek Correctional Facility located in Salem Oregon, Darin Baker and Shannon Moyle visited the Oregon Department of Corrections office where the background and human resource files are located to review proof of practice. Ms. Katrina Esquivel, a Background Investigator with the ODOC Human Resources Operations division met with the audit team providing applicant, current employee, and promotional employee files at random. The audit team reviewed employees and contractor backgrounds checks, and hiring practices from the Mill Creek Correctional Facility, Eastern Oregon Correctional Facility, Two Rivers Correctional Facility, South Fork Fire Camp, Warner Creek Correctional Facility and the Shutter Creek Correctional Institution. Esquivel was asked specific questions from the auditor specialized questions and other questions not on the HR-Administrative staff questions showing an impressive knowledge of the PREA standards and how they incorporate into the hiring practice. The ODOC has policy 20.4.5 and on page 3, stating, "Hiring managers will complete a thorough reference and/or background checks on all final applicants prior to making an offer of employment. Hiring managers shall conduct employment reference checks, criminal background, enforce the PREA zero tolerance for sexual abuse and harassment, and other work-related background investigation on department (employees) applicants and new applicants to secure further information concerning the applicants and new applicants to secure further information concerning the applicant's qualifications and to verify statement contained in an application or a statement made in an interview."

ODOC policy 20.4.2 incorporates all the elements under 115.17(a&b).

ODOC does meet the criteria under 115.17(c). Documents were provided prior to arrival and met the elements of the standard. While on site Ms. Esquivel was able to show how the background investigations utilize the multiple processes to meet the standards. ODOC provided documentation implementing PREA hiring components on each job announcement. Secondly the ODOC puts several questions meeting the elements of the standard on the job application on "NEOGOV". ODOC then looks specifically at those PREA questions. During the process the background investigators will look at each PREA question and contact previous employers seeking specific information related to any sexual abuse or sexual harassment allegations against the applicant. Background investigator Esquivel added the background investigation includes contacting friends and family, and could include driving to an applicant's previous employment locations. The background investigation includes using the "LEDS" criminal data base and the "OJIN" criminal database which is specific to the state of Oregon. In addition to the criminal data base systems, ODOC will utilize the "Contractors Data base" looking for any negative information about the potential contractor. ODOC also conducts an in person interview with the applicants again asking in person if the applicant has ever engaged in any sexual abuse or sexual harassment. ODOC also contacts previous confinement facilities upon learning the applicant was previously employed. Ms. Esquivel said each applicant receives approximately 30 hours of background investigation before being hired by the ODOC.

The ODOC also requires current security employees to sign the PREA acknowledgment form (CD 1623) every year advising employees of the agencies zero tolerance policy (40.1.13) and makes each employee sign the acknowledgment form. Non-security staff signs the PREA acknowledgment form every 3 years.

ODOC promotional applicants will also have a criminal background check (LEDS) completed prior to any promotional considerations. ODOC policy 40.1.13 requires all employees to have background checks done at a minimum every five years. Agency policy also includes omissions of misconduct could include possible termination.

After reviewing policy and documentation before and while on-site, the ODOC exceeds standards based on the totality of investigation conducted into each applicant and contractor.

### Standard 115.18 Upgrades to facilities and technologies

- 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)

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Standard 115.18 has two elements required to meet this standard. Policy 40.1.13 clearly requires considerations of the elements of this standard when making improvement to facilities and technology. WCCF provided an ongoing building project for security cameras installation. WCCF also provided documentation to support consideration of the requirements of this standard as they move through this new installation project. The interview with Superintendent Steve Brown also supported his understanding of the requirements of this standard.

### Standard 115.21 Evidence protocol and forensic medical examinations

- 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)

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Standard 115.21 has eight elements required to meet this standard. Oregon State Police have ultimate jurisdiction when investigating sexual abuse and assault cases within the ODOC. WCCF provided a copy of the MOU between OSP and ODOC. Also Policy 70.1.3, 40.1.13 HS-P-B-05, MH-B-04 outline the ODOC response for evidence protocol, forensic medical examination, and victim advocacy. Lists of the locations statewide that provide forensic medical exams were provided to the auditor. Interviews with community base administration of SANE Nurses were conducted further supporting ODOC's efforts in complying with this standard. The interviews with Facility SART members further supported compliance with this standard. MOU with Lake county crisis center Victim Advocacy was provided. Also education bulletins for the inmates on how to contact the crisis center was provided. Interviews with the inmates demonstrated they had knowledge on how to contact the crisis center. ODOC has a dedicated position for victim advocacy as well at the Agency level. Training and position justification documents were reviewed. It is the opinion of the auditor these efforts exceed the requirements set forth in this standard.

### **Standard 115.22 Policies to ensure referrals of allegations for 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)

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Standard 115.22 has 5 elements required to meet this standard. Policy 40.1.13, 70.1.3, and 70.1.4 show the integration of this standard into ODOC policy. An Investigation Decision flowchart was also provided to demonstrate how various allegations are investigated. Interviews with SIU Investigators Claude Schultz, PCM, Shift Commander, Line Staff, HS Staff, and Superintendent demonstrative the knowledge of the policies and requirement to refer all allegations for investigations.

### **Standard 115.31 Employee training**

- 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)

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Standard 115.31 has four elements required to meet this standard. Lesson plans with power point, online training, and class rosters were provided for WCCF staff. Upon review of the training topics covered it was determined by the auditor requirements for current security and non-security has been met. New hire security staff training covered in the ODOC academy also was found to be compliant with this standard. Non- security staff receives the required training as part of the recruitment process. Interviews with several staff from various disciplines further supported training had been completed and understood.

### Standard 115.32 Volunteer and contractor training

- 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)

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Standard 115.32 has three elements required to meet this Standard. The auditor was able to review the lesson plan along with the PowerPoint used to train Volunteers and Contractors. The training material outlines the zero tolerance and mandatory reporting obligations of volunteers and contractors. Interviews conducted during the WCCF audit of contractors were found to support the requirements of this standard. Verbiage found in Policy 40.1.13 along with Memorandums and email directives further supported the ongoing efforts of ODOC to be compliant with this standard.

### Standard 115.33 Inmate education

- 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)

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Standard 115.33 has six elements required to meet this standard. Policy 40.1.13 outlines the requirement for inmates to be trained. Posters, handbooks, and videos are used to meet this standard. Follow up announcement in the form of newsletters to the inmate populations were also being made as new information comes forward. Interviews with several inmates also supported they were being educated. Information in Spanish as well as staff reading the material to the inmates ensured a greater understanding by the various types of inmates housed at WCCF.

### **Standard 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)

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Standard 115.34 has four elements required to meet this standard. Policy 40.1.13 governs the requirement for specialized training for investigators. Lesson plan and PowerPoint used meet the requirements of the standard. Training rosters indicated applicable staff have completed the training. Interviews with Investigators supported their knowledge and understanding related to conducting investigations of sexual abuse. Oregon State Police are the primary investigators into criminal acts and a good working relationship between WCCF and OSP appears to exist. ODOC SIU Investigators are the primary investigators for matters related to administrative violations.

### **Standard 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)

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Standard 115.35 has four elements required to meet this standard. The auditor was able to review lesson plan and screen shots of online training. Student rosters were also provided indicating 100% completion. The requirements of element (a) were covered in this training. Interviews with HS staff at WCCF indicated ODOC staff do not conduct forensic medical exams, However exams are conducted at local hospitals by certified SANE Nurses. HS staff interviews went very well with a clear indication they understood policy and training provided to them.

### **Standard 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)

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Standard 115.41 has nine elements required to meet this standard. Samples of both the intake and transfer victimization screening tool (form #1625 and 1619) were provided to the auditor and found to be in with the requirements of this standard compliant. Documentation and interview with the Agency Coordinator indicated inmates for the sole purpose of civil immigration are not housed within the ODOC. Policy 40.1.13 governs the use of the screening tool to include six month reviews with transgender and intersex inmates. Interviews with intake staff further supported the use of the screening tool in a manner compliant with the standard. Interviews with random inmates and those that have reported during screening also supported ODOC use of the screening tool. Samples of completed screening tools were also reviewed by the auditor for inmates housed at WCCF.

### **Standard 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)

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Standard 115.42 has seven elements required to meet this standard. Policy 40.1.13 and Rule 291-210 are the primary policies used to meet this standard. The Offender Management System (OMS) data base is used to monitor inmates to ensure work, housing, and programming assignments do not place inmates at risk for victimization. Showers at WCCF are individual stalls with privacy screens meeting the requirements of element (f). At the time of audit inmates that identify as transgender where not assigned to WCCF. With that said, there is no evidence to support during the entire audit of the six facilities conducted by this audit team that ODOC houses LGBTI inmates in a manner contrary to the requirements of element (g).

### Standard 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)

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Standard 115.43 has five elements required to meet this standard. Policy 40.1.13 and Rule 291-046 are the primary policies used to meet this standard. Interviews with staff assigned to the segregation unit demonstrated knowledge of the policy related to victims of sexual abuse. Tour of the unit did not identify any victims of sexual abuse being placed in involuntary segregation. Interviews with inmates that had reported sexual abuse supported WCCF efforts in meeting compliance with this standard.

### Standard 115.51 Inmate reporting

- 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)

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Standard 115.51 has four elements required to meet this standard. Interviews with inmates demonstrated knowledge of multiple ways to report. Posters and well as automated prompts on the inmate phone system were witnessed during the tour. Contact information for the Governor's office was displayed meeting element (b). Staff interviews demonstrated understanding of obligations to accept inmate reports in compliance of element (c). A review of the ODOC website showed information related to third party reporting as well as requirements of element (d) Rule 291-109 and Policy 40.1.13 also support compliance with this standard.

### Standard 115.52 Exhaustion of administrative remedies

- 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 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.**

Standard 115.52 has seven elements required to meet this standard. Rule 291-109 and Policy 40.1.13 are the primary policies that govern the inmate communication and grievance review system related to this standard. Verbiage to support the elements of this standard have been integrated into the ODOC policies. Interviews with inmates did not produce any contrary information related to the handling of inmate grievances. Interviews with the grievance coordinator demonstrated an understanding of the requirements of this standard and the ODOC policy.

### Standard 115.53 Inmate 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 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.**

Standard 115.53 has three elements required to meet this standard. The Auditor recognizes the difficulty in establishing outside victim advocacy for inmate victims due to the conflict of funding within the DOJ. ODOC was able to present documentation provided to the inmates with various contacts for support. This information was also available to inmates' families via visiting rooms and online. Interviews with inmates indicated they understood the various ways to seek support. The ODOC recognizing the difficulty to maintain outside support has established through grant funding at this time, a full time Victim Advocate within the central administration, Office of the Inspector General. This person has received training equal to that of community standards and is expected to provide service throughout the ODOC. Also starting in December of 2015 ODOC was successful in establishing a MOU with Lake County Crisis Center for outside confidential support. This information was shared with the inmate population at WCCF further supporting compliance with this standard.

### Standard 115.54 Third-party reporting

- 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 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.**

Standard 115.54 has one element required to meet this standard. WCCF provided printed materials for the public, inmates, and staff to use as third party reporters. Online instructions and contact information is provided. Interviews with staff and inmates demonstrated knowledge in various ways to report including third- party.

### Standard 115.61 Staff and agency reporting 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 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.**

Standard 115.61 has five elements required to meet this standard. Policy 40.1.13 is the primary policy for meeting the elements of this standard. A standardized form (1620) was developed to assist staff with uniform reporting responsibility. Interviews with staff, Officer in Charge, PCM, and Superintendent all supported the mandatory reporting requirements of this standard.

### Standard 115.62 Agency protection 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 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.**

Standard 115.62 has one element required to meet this standard. Interviews with line staff as well as command staff supported the knowledge and authority to take immediate action. WCCF line staff use form 1620 as a guide to assist in a uniform response to the agency protection duties. Policy 40.1.13 also provides instruction consistent with WCCF efforts to meet this standard.

### Standard 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 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.**

Standard 115.63 has four elements required to meet this standard. Policy 40.1.13 is the primary authority followed to meet this standard. Interview with PCM demonstrated knowledge of the requirements of this standard. Interview with Agency Coordinator also supported compliance with this standard. Examples from the Agency of how the notification process works were shared with the auditor.

### Standard 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 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.**

Standard 115.64 has two elements required to meet this standard. Policy 40.1.13 is the primary policy used to comply with the elements of this standard. WCCF has developed Procedure #63 to further enhance their efforts. A uniform department wide response checklist has also been developed (form 1621) to ensure the elements of this standard are met. Interview with security and non-security staff also supported an understanding of responsibility when acting as a first responder.

### Standard 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 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.**

Standard 115.65 has one element required to meet this element. Interviews with Agency Designee, Superintendent, Agency Coordinator, PCM and Investigators demonstrated compliance with this standard. Agency Flowcharts for reporting, response, and notifications all demonstrated a coordinated facility and agency response.

**Standard 115.66 Preservation of ability to protect inmates 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 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.**

Standard 115.66 has two elements required to meet this standard. WCCF provided 3 collective bargaining agreements. All agreements were presented to the auditor for review. The auditor did not find any provision of the agreement that would prevent the ODOC from protecting inmates from possible staff abuse. Interviews with Agency Designee and Superintendent did not provide any contrary information related to ODOC's ability to meet this standard.

**Standard 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 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.**

Standard 115.67 has 6 elements required to meet this standard. Policy 40.1.13 is the primary authority in meeting the requirements of this standard. Interviews with PCM and SART members responsible for monitoring against retaliation did explain how and ways to ensure retaliation is not occurring. Examples of inmates that are being monitored were reviewed by the auditor. The use of the OMS data base to assist in monitoring also gives ODOC an agency wide overview of the inmate population. Interviews with inmates being monitored also supported ODOC's efforts in meeting this standard.

### **Standard 115.68 Post-allegation 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 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.**

Standard 115.68 has one element required to meet this standard. Rule 291-046 and Policy 40.1.13 are the primary authority for meeting the requirements of this standard as well as standard 115.43. WCCF does not have protective custody housing and there was no evidence during tour or interviews with staff assigned to segregation that indicates ODOC uses this housing in a manner contrary to the requirements of this standard.

### **Standard 115.71 Criminal and administrative agency 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 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.**

Standard 115.71 has twelve elements required to meet this standard. Policy 70.1.4, 70.1.3, and 40.1.13 are the primary authority in meeting this standard. Oregon State Police (OSP) conducts the criminal investigations within the ODOC. The Memorandum of Understanding (MOU) with OSP was provided to the auditor for review and found to meet the requirements of this standard. Interviews with facility investigators and SIU investigators demonstrated knowledge of conducting interviews, collections of evidence and other specialized training as required in standard 115.34. SIU Investigators work closely with OSP to stay informed of the progress of an investigation. Policy requires administrative investigations be completed regardless of separations of service of the accused staff.

### Standard 115.72 Evidentiary standard for administrative 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 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.**

Standard 115.72 has one element required to meet this standard. Rule 291-105 included verbiage related to inmate discipline hearings compliant with this standard. Interviews with the Agency Coordinator and SIU investigators indicated this was the practice being followed for staff investigations.

### Standard 115.73 Reporting to inmates

- 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 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.**

Standard 115.73 has six elements required to meet this standard. Policy 40.1.13 is the primary authority outlining ODOC's compliance with this standard. Form CD1622 is used to document the reporting to inmates as required by this standard. Examples of reports to inmates were provided and determined to meet the requirements of this standard.

**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 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.**

Standard 115.76 has four elements required to meet this standard. Policy 20.1.2, 20.1.3, and 40.1.13 outline the ODOC's compliance with this standard. These policies were review and found to meet the four elements. Oregon Revised Statute 163.452 Custodial Sexual Misconduct also supports the ODOC's efforts in meeting this Standard. Interviews with staff demonstrated an understanding of the severity of possible discipline sanctions for staff.

**Standard 115.77 Corrective action for contractors and volunteers**

- 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 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.**

Standard 115.77 has two elements required to meet this standard. Policy 20.1.13, 40.1.13, and 70.1.4 all outline the ODOC's authority and ability to take corrective action against a contractor or volunteer for violations of ODOC's zero tolerance policy. Form CD 1623 documents a contractor or volunteer acknowledgement of the zero tolerance and Policy 40.1.13. Interview with the Superintendent indicated they could immediately take action and prohibit contact between contractors or volunteers and inmates if a violation is reported.

### Standard 115.78 Disciplinary sanctions for inmates

- 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 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.**

Standard 115.78 has seven elements required to meet this standard. Rule 291-105 and Policy 40.1.13 are the primary authority used to meet this standard. In review of Rule 291-105, ODOC has an established formal disciplinary process for the inmate population. Sanctions for inmate on inmate sexual abuse or attempts of such actions can be addressed through this process. Sexual harassment could also be address on various levels through the charges of Disrespect I-III. Rule 291-105 also contained a violation sanction grid for Hearing Officers to use to apply sanction in a uniform manner considering the requirements of the elements of this standard. Rule 291-105 section 0026 also requires Hearing Officers to consult with BHS prior to conducting disciplinary hearings. Interviews with staff that conduct disciplinary hearings demonstrated knowledge of ODOC's policy and the requirements of this standard.

### Standard 115.81 Medical and mental health screenings; history of sexual abuse

- 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 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.**

Standard 115.81 has five elements required to meet this standard. Policy 40.1.13, MH-E-02, MH-E-03, PE-02, PB-05 are used as the primary authority to meeting the five elements of this standard. Interviews with HS staff supported understanding of these policies. Interviews with inmates that had reported sexual abuse indicted they had been offered BHS and appropriate health services. MH-H-02 specifically addresses the requirements of element (e). Although BH services are not provided at WCCF, an inmate needing or requesting BHS would be moved in a timely manner to a facility with BHS services.

**Standard 115.82 Access to emergency medical and mental health 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 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.**

Standard 115.82 has four elements required to meet this standard. Policy 40.1.13, P-B-04, and P-B-05 are the primary authority to meeting this standard. Interviews with HS staff indicated they can provided care and develop treatment plans based on their professional judgment and equivalent to that of community standards. The tour of the medical facility at WCCF also supported the physical ability to provide this standard of care. Inmate victims of sexual abuse while incarcerated are provided treatment services without financial cost as outlined in Policy 40.1.13. Policy 40.1.13 also requires inmates be provided information in a timely manner in compliance with element (c).

**Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and 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 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.**

Standard 115.83 has eight elements required to meet this standard. Policy 40.1.13, MH-B-04, and P-B-05 are the primary authority in ODOC's efforts in meeting this standard. WCCF is a male inmate population and therefore certain elements of this standard do not apply. Interviews with HS staff demonstrated their ability to continue ongoing treatment as needed. Examples of treatment files were reviewed and found to be compliant with this standard. Interviews with inmates during the ODOC audit supported the department's efforts to in meeting the requirements of this standard.

### Standard 115.86 Sexual abuse incident reviews

- 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 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.**

Standard 115.86 has five elements required to meet this standard. WCCF provided Form #1677 PREA incident review which was found to meet the requirements of element (d). Information and explanation was found to be compliant with this standard. The PREA Compliance Manager guidelines gave clear instructions on how and when to conduct an Incident review. Interviews with members of the incident review team demonstrated their knowledge of how and what needs to be considered during the review. Examples of completed reviews were provided and found to meet time frames.

### Standard 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 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.**

Standard 115.87 has six elements required to meet this standard. Policy 40.1.13 is the primary authority in meeting compliance with this standard. The 2013 and 2014 Annual report was provided to the auditor. This report was broken down by institution for inmate on inmate and staff on inmate sexual abuse with respective finding of investigation. This report addressed all the required elements of this standard. Also included for the auditor to review was the BJS SSV-IA and BJS SSV-2 reports that were submitted to the Department of Justice. Interviews conducted with the Agency Coordinator and the PCM demonstrated knowledge on how the ODOC collects uniform data from every allegation of sexual abuse in a manner compliant with this standard.

**Standard 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 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.**

Standard 115.88 has four elements required to meet this standard. The ODOC's 2013 and 2014 PREA annual report breaks down the aggregated data by institution. Also found in this report were the recommendations for improvement to training, policies, physical plant, and surveillance technology. The report also had a total of three years comparison data for each institution and the department as a whole. The auditor was able to access this same report on the ODOC's public website.

**Standard 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)

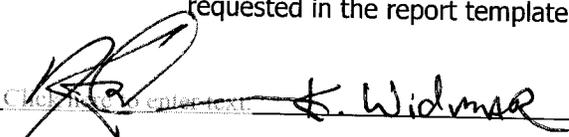
**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These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

Standard 115.89 has four elements required to meet this standard. Policy 40.1.13 is the primary authority that spells out the ODOC's efforts in complying with this standard. The Agency Coordinator provided documentation indicating this type of data is stored electronically and therefore maintained in compliance with element (d).

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

  
Click here to enter text

June 9, 2016

Auditor Signature

Date

PREA Audit Report