

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: June 16, 2016

Auditor Information			
Auditor name: Deborah Striplin			
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Telephone number: 775-887-3142			
Date of facility visit: 5-8-16 thru 5-9-16			
Facility Information			
Facility name: Shutter Creek Correctional Institution			
Facility physical address: 95200 Shutters Landing Lane, North Bend, OR 97459			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 541-756-6666			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Superintendent Kimberly Hendricks			
Number of staff assigned to the facility in the last 12 months: 93			
Designed facility capacity: 402			
Current population of facility: 291			
Facility security levels/inmate custody levels: fenced minimum			
Age range of the population: 20-74			
Name of PREA Compliance Manager: Julie Martin		Title: PREA compliance manager	
Email address: Julie.r.martin@doc.state.or.us		Telephone number: 541-751-2243	
Agency Information			
Name of agency: Oregon Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2575 Center Street, Salem, OR 97301-4667			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 503-947-9950			
Agency Chief Executive Officer			
Name: Colette Peters		Title: Director	
Email address: Colette.s.peters@doc.state.or.us		Telephone number: 503-945-0927	
Agency-Wide PREA Coordinator			
Name: Ericka Sage		Title: PREA Coordinator	
Email address: Ericka.r.sage.@doc.state.or.us		Telephone number: 503-947-9950	

AUDIT FINDINGS

NARRATIVE

Nevada Department of Corrections certified PREA audit team were selected to conduct a PREA audit for the Oregon Department of Corrections (ODOC) Shutter Creek Correctional Institution (SCCI). Auditor began communication with ODOC PREA Coordinator approximately 4 months in advance, preparing the Memorandum of Understanding (MOU) and Statement of Work (SOW) and scheduling onsite audit dates to ensure no conflicts with auditor schedules.

7 weeks prior to the onsite visit, audit announcement notifications were sent to meet the auditor requirements and provide time for inmates and staff to write to the auditor. Notifications listed the date of the onsite audit and auditors contact information to include the requirement of noting on envelopes for SCCI audit to ensure letters were handled and sent the same a legal mail. Auditor did not receive any written correspondence from inmate(s) prior to, or after return from SCCI onsite audit.

4 weeks prior to the onsite visit auditor received the pre audit questionnaire, policies, documentation supporting the policies from ODOC PREA Coordinator. All information was briefly reviewed; a more thorough review of SCCI policy and procedures was conducted after auditor returned from onsite audit to include reviewing notes auditor had taken.

Sunday, May 8, 2:00 p.m. PREA audit team arrived at SCCI and were met by the Superintendent, PREA compliance manager (PCM) and Lieutenant and received an overview of SCCI and had a brief discussion of the audit schedule which had been provided to SCCI PCM and the agency PREA coordinator a week prior to scheduled onsite visit

At approximately 2:15 p.m. the audit team and SCCI staff began the on-site tour of the institution and included viewing all areas inmates are authorized and are able to access.

Administration building: This area is for DOC administrative staff and the only inmates who are authorized to be in this area are those who have been assigned as orderlies (porters) to clean the area and are always under direct supervision and at no time are they authorized to be in the area if there is only one staff member working. Auditor did observe the PREA internal audit notification posted, the notifications were printed on blue paper and laminated. Auditor was very impressed to the time and attention the PCM had taken to ensure the signs were clearly visible.

Tech support work office: The office space was very clean and the PREA on site audit notification flyer was visible for any person to see when entering the area. This area is an unauthorized area for inmates with the exception for those inmates who are assigned as orderlies to clean the area and no inmate is ever allowed when there is only one staff member working in the office space.

Medical: Entering the medical building it is very open and lead into the inmate waiting area. PREA reporting posters and the PREA internal audit notification were clearly visible for all inmates and staff. There is a camera in the Medical area and should an inmate require an unclothed medical exam there is a privacy screen used to block the camera view during the exam and ensuring privacy. Security staff is in the area to ensure the safety and security of staff and inmates and at no time will opposite gender staff view inmates in undress unless they are medical staff or if there is an exigent circumstance. Auditor viewed the dental area and will it does have areas of concern, this auditor inquired as to if dental staff are ever alone (one on one), security staff and medical staff on site advised this auditor at no time are the dentist/dental tech ever alone with an inmate. Dental staff are part time and when onsite to conduct dental check/procedures they stay in the area and do not leave unless security staff is in the area providing supervision. Security staff is required to conduct frequent tours within the area when staff is working.

Program Services building: When entering the building PREA audit reporting posters and PREA on site audit notification were visible for any person entering the building to view. This area does contain the inmate files and is behind a locked door and is only accessible to staff who are authorized. Auditor was informed at no time will a staff member be one on one with an inmate in the building and if an inmate is present they are required to have a minimum of 2 staff members within the building.

Temporary Holding Area (bldg. 10): SCCI has a temporary holding area (not to exceed 14 days) for inmates who have received a disciplinary infraction and are in the process of being transferred to another institution. Prior to entering the building the opposite gender door bell was visible, working and staff are only able to enter by using an authorized key. Security staff is not posted/assigned to this area however 15 minute tour checks by security staff are required. Upon entering the building there is a 4 man cell, the cell has a clear plexi class type of wall which the auditor was concerned with as there is no privacy for inmates showering, using the toilet or changing clothes. Auditor discussed concerns and was informed the video monitoring in the staff area had been addressed to ensure inmates were able to shower and use the toilet; auditor did view this and found it was compliant and inmates did in fact have privacy for showering and using the toilet. With the opposite gender doorbell on the outside and a key needing to be used for enter, this allows inmates to have ample time to cover themselves if in an undressed to ensure compliance with opposite gender viewing standard. Showers are only authorized at set times and the water is only able to be turned on during those times to further ensure privacy. Auditor also viewed two (2) other cells which are in the building just down from the 4 man cell, these cells have a full length door with window for staff to view and ensure the inmates are safe. During the tour, there was only one inmate housed in the area pending transfer for a disciplinary infraction.

Wellness center: This area is for staff only and at no time are inmates authorized to be in this area.

Food warehouse: Very clean and auditor did not observe any blind spots or areas of concern. The only inmates authorized to be in this area are those who are assigned and are under security supervision. Auditor did request PREA reporting posters be placed in the area.

Green house: The green house is located within a high traffic area of movement by staff, the only inmates authorized to go into the green house are those who have been assigned. There were no areas of concern, the green house is not large and inmates are in and out of the building during working hours as they have other assigned duties within the area.

Pump house: Door is locked and can only be opened by authorized staff and at no time are inmates authorized unless under direct supervision of security staff.

Receiving and Discharge Building (R&D): PREA reporting posters were visible and areas not authorized to inmates are clearly marked.

Freedom Hall/Visiting: PREA reporting information was available the only suggestion for this area was to have the doors to the storage room clearly marked.

Dining Hall: PREA reporting information was view for inmates and staff. No areas of concern observed or reported by staff or inmates.

Control: No areas of concern, this area is only authorized for staff.

Physical plant, maintenance and carpentry: PREA reporting posters were observed by auditor, the only area of concern was in the electrical shop. After receiving clarification and additional information the area of concern is locked when staff does not need access and is unauthorized to inmates. Based on receiving the information, this is no longer a concern which would need to be addressed.

Computer lab building: The only area of concern was the windows in the staff office. SCCI has submitted a work order to address the concern and ensure the window is fixed to ensure staff can view when instructor and students (inmates) are in the class room.

Proper Hall and Courtney Hall: PREA reporting information was in areas for inmates and staff to view. No areas of concern observed or reported by staff or inmates.

Fire truck garage: No area of concern, this area is only authorized for staff.

Lower tool crib: PREA reporting information was in areas for inmates and staff to view. No areas of concern observed or reported by staff or inmates.

Sewage plant locker: No areas of concern, this is a very small locker and is only open when needed.

Vehicle Maintenance: PREA reporting information was visible in areas for inmates and staff to view. No areas of concern observed or reported by staff or inmates.

Dorm A: This is an incentive housing unit, 2 floors and 50 inmates assigned per floor. PREA posters were visible and the shower/ latrine area had privacy to meet standards, while still allowing security staff to view for safety of the inmates.

C-1, C-2, C-3 building: PREA posters were visible and the shower/ latrine area had privacy to meet standards, while still allowing security staff to view for safety of the inmates.

Audit team scheduled to stay on site upon completion of the institution tour as Sunday evening was the best opportunity for PREA auditors to interview inmates, volunteers and staff from the first and second shift.

Audit team interviewed fifteen (15) random inmates in addition to the random interviews specialized inmate interviews was completed with one (1) LEP, one (1) disabled/hearing, one (1) Bi-sexual, one (1) gay inmate. At the time of the onsite audit SCCI did not have any inmates who identified as transgender. Upon completion of an Alcohol Anonymous (AA) meeting on Sunday evening, auditors interviewed three (3) volunteers. All had received PREA training and understood how to report and who to report to should an inmate advise them of a sexual abuse or sexual harassment allegation.

Audit team also interviewed a total of fourteen (14) random staff which were selected from each shift in addition to three (3) staff were interviewed during onsite tour. PCM manager and shift supervisors were interviewed related to specialized questions required for the audit.

Monday, May 9, 2016, 8:30 a.m. audit team arrived at SCCI and sat in for the Monday staff briefing. During this briefing audit team observed how SCCI reviews inmates who have been identified as possible victim or aggressors have staff had any issues or concerns which need to be addressed or monitored, this included discussing current work, program assignments and housing. Observing this process this auditor feels SCCI exceeds in this area ensuring there is good communication between the inmates and staff and addressing any concerns before there is an issue or possible incident.

Upon completed of the morning meeting the audit team completed interviews with staff to include receiving a follow up related to areas of concern or had recommendations from the previous day. All recommendations for poster or posters to be relocated to a more visible area had been corrected with the exception of the warehouse as they had ran out of posters and will put them up as soon as the agency PREA coordinator shipped the poster to them. SCCI out brief was completed on Monday with the PREA audit team with SCCI management team/staff and the Westside Institutions Administrator.

Friday, April 29, 2016 this auditor conducted telephonic interview with the Agency Head designees Inspector General (IG) and Westside Institutions Administrator. ODOC recently hired a new IG and at the time of the interview only completed his second week. Westside Institutions Administrator has worked in Corrections for over 30 years with a wealth of correctional knowledge and was able to provide thorough knowledge PREA implementation into ODOC policy. IG has expressed an understanding of PREA, and how the ODOC policies and procedures are incorporated into practice within the ODOC.

DESCRIPTION OF FACILITY CHARACTERISTICS

Shutter Creek Correctional Institution (SCCI) is a 260-bed minimum security prison located on the Oregon Coast at North Bend. Prior to its conversion to a prison in 1990, the site was an Air National Guard radar station. The institution is staffed by 93 staff members and contractors who provide supervision, programming, and support for inmates housed at SCCI. Inmates are within four years of release and the facility is focused on cognitive programming, work programs and preparing inmates for return to the community. Inmates work on the institution site in the physical plant, kitchen and dining hall, warehouse, receiving and discharge, laundry and prison grounds. Inmates who meet certain classification requirements also work outside the fence crews, primarily with the Department of Forestry (ODF).

SCCI is also a regional re-entry facility for the counties of Coos, Curry, Douglas, Lane, Jackson and Josephine. Minimum-custody inmates who are nearing the end of their sentence and will be releasing to one of these six counties will typically be transferred to SCCI to participate in programming for release.



SUMMARY OF AUDIT FINDINGS

SCCI is very unique and reflects the creativity and resourcefulness of the State of Oregon to acquire buildings which were not originally designed or intended for the confinement of inmates/offenders. While touring the institution grounds it was very clear how much pride, not only the staff but the inmates take in maintaining the area. When conducting any onsite audit, not only am I looking for areas of concern, I observe how staff and inmates interact with each other, to include how staff interact with other staff and inmates with other inmates. While on site the interaction between staff and inmates was very professional and respectful to include staff interacting with each other. During an interview of a random inmate this auditor was surprised by how highly the inmate was speaking not only about SCCI but the staff. This inmate has been in and out of prison for many years and SCCI was the first institution in all his incarceration he had been assigned to which made a difference in his life. This inmate spoke very highly of a female security staff who was not only respected by staff but inmates alike, all inmates were treated the same, she was firm, followed the rules and no one was treated any different. While this may seem minor to some, as an auditor it is not often to hear an inmate speak positively about security staff which is a reflection of what I as an auditor observed during the tour and observing interactions when some may not have realized they were being watched. SCCI has done a phenomenal job with the implementation of PREA and there continued effort ensuring compliance.

Number of standards exceeded: 2

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

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.

(a) Oregon Department of Corrections Prison Rape Elimination Act policy and Shutter Creek Correctional Institution, Responding to Sexual Abuse and Sexual harassment allegations Procedure 37 was provided meeting the language and requirements of this element. Random staff and inmate interviews further confirmed compliance with this standard.

(b) Per Policy 40.1.3 DOC has appointed an agency wide PREA coordinator. The Nevada audit team was selected to conduct multiple institutional audits for ODOC during this last round of audits of the 1st DOJ PREA audit cycle. The Agency PREA coordinator specialized interview will be included in Two Rivers Correctional Institution audit report conducted by Auditor D. Baker.

(c) SCCI provided 40.1.3 Prison Rape Elimination Act policy and Prison Rape Elimination Act, compliance manager guidelines supporting compliance with this element.

Monday, May 9, 2016 auditor conducted interview with Superintendent Hendricks per auditor requirements. Not only was the superintendent knowledgeable of the PREA standards released in 2012, ODOC Rules and policies, she was the first ODOC PREA coordinator. Mrs. Hendricks was instrumental in the beginning foundation of PREA within ODOC; she applied for and was awarded DOJ grant funds which supported the agency in the infancy of PREA implementation. In addition, Ms. Hendricks entered into a collaborative grant between Oregon Department of Corrections and Just Detention.

Monday, May 9, 2016 auditor conducted interview with SCCI designated PREA compliance manager (PCM). SCCI PCM is very knowledgeable of the PREA standards and ODOC policies. SCCI PCM has done a phenomenal job in preparing and continuing SCCI efforts in PREA Compliance. The attention to detail, quality of work and organization of the SCCI PCM should be a model for other institutions to follow.

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)

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.

(a) Currently Oregon DOC has one (2) contract for the confinement of inmates related to this standard.

SCCI compliance manager provided a copy of the contract IGA #4712, Amend #1 Grant County Rental Beds which was signed and agreed by all parties April, 2014, which reflects the amendment for PREA. Section 2.1 – 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.

On Thursday, April 7, 2016 via telephonic interview, auditors Striplin and Baker conducted the specialized interview with the Agency Contract Administrator, ODOC Administrator, Office of Population Management. During the interview ODOC administrator 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 and ODOC primarily will only request to place an inmate within the Grant County Jail for emergencies or exigent circumstances. The administrator further reported to the auditors, Grant County is working on compliance for PREA by completing policies and an pre internal audit. DOC Contract Administrator and Grant County Sheriff are in frequent communication regarding PREA updates and compliance.

The ODOC Administrator is 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.

Also provided was a copy of the Intergovernmental agreement #5059 between the Oregon Department of Corrections and Lane County. This is an agreement with the County and ODOC inmates who meet the criteria for the Lane County 60-day re-entry program. On 5/18/15 the agreement was amended to include requirements for PREA and Lane County is scheduled for a PREA audit June, 2016.

(b) ODOC policy meets the requirement 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)

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.

(a) Oregon Department of Corrections (DOC) has policy 40.2.1(4) and policy 40.2.8 (B) which cover all the required components of this standard. SCCI included additional supporting documents, further supporting compliance with this element.

Copy of the 2015 staffing Analysis by Post and Shift and copies of daily rosters which reflected notation of deviations such as sick leave, vacations, in-service training etc.
SCCI staffing analysis by Post and Shift 2015-2017 biennium
SCCI staffing analysis reconciliation
Form CD 1434 – Security staffing standard review and exception request
PREA security staffing analysis of the Oregon Department of Corrections Summary and Facility Reports, completed by the Association of State Correctional Administrators (12/2014)
Staff Roster with any changes over a 5 day work week period
Population report (annual)

(b) Documentation provided compliance with this standard for calendar year 2015 up to date of audit (4/16)

(c) SCCI PCM provided a memo supporting this element. The Oregon Department of Corrections has established contract number 2013, this contract is for a 3rd party outside of the department to conduct a review of current security staffing level and video monitoring system for the purpose of being in compliance with federal PREA policy. PREA security staffing analysis of ODOC summary and facility reports dated December 10, 2014 was included for supporting documentation.

(d) DOC policy 40.1.13 III (c) meets the requirements of this element. Auditor reviewed logs while conducting institutional tour to include interviewing staff on post asking if the Officer in Charge (OIC) completed rounds for all shifts 1st shift (graveyard), 2nd shift (day) 3rd shift (swing).

SCCI provided a copy of the internal PREA audit which was conducted September 16-17, 2015. Reviewing the internal report SCCI supervisors were completing unannounced rounds, however internal auditor found the rounds were not being documented consistently in the unit log books. SCCI PCM took immediate action sending notification to supervisors advising them of the requirements.

Sunday, May 8, 2016 during onsite tour, auditor pulled and reviewed unit logs and found they are compliant with ODOC policy and the standard.

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)

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.

N/A – ODOC does not house youthful offenders.

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)

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.

(a) Oregon Administrative Rule (OAR), Department of Corrections, Division 41, 291-041-0020 Inmates (7) Skin Searches policy statement and DOC policy 40.1.13 Prison Rape Elimination Act reflects language meeting compliance with this element.

(b) This element is no applicable to ODOC / SCCI as they do not house female inmates.

(c) OAR, Department of Corrections, Division 41, 291-041-0020 Inmates (7) Skin Searches policy statement reflects language meeting compliance with this element. SCCI included a cross-gender un-clothed search log in the event of an exigent circumstance requiring cross gender search. SCCI has not had any incidents which cross gender searches were required.

(d) DOC policy 40.1.3 III Prevention Planning (D) and (E) reflect language meeting compliance with this element. During onsite audit, practice of this policy was observed and meets the element of this standard to include in addition, random interviews with inmates and staff further supported compliance with this element.

(e) SCCI provided a copy of Oregon Administrative Rules (OAR), Department of Corrections, Division 41, 291-041-0020 Inmates (7) skin searches (b) (c) and OAR division 210 and 291-210-0010 Nonconforming Gender (inmate) (4) skin searches (a-c) reflects language meeting compliance with this element.

(f) DOC policy 40.1.13 Prison Rape Elimination Act meet language requirements meeting this element. SCCI provided sample power point screen shots of staff training for cross-gender, transgender, intersex inmates and staff attendance rosters reflect date staff completed training.

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.

(a) SCCI provided DOC policy 40.1.13 Prison Rape Elimination Act and policy 40.2.11 Effective Communication for Deaf/Hearing Impaired Inmates reflecting language consistent in meeting compliance with this element. SCCI also included Collective Bargaining Agreement between The State of Oregon Department of Administrative Services on behalf of The Department of Corrections Security Employees and the American Federation of State, County and Municipal Employees.

(b) SCCI provided DOC policy 40.1.13 Prison Rape Elimination Act and policy 40.2.11 Effective Communication for Deaf/Hearing Impaired Inmates reflecting language consistent in meeting compliance with this element. SCCI also included Collective Bargaining Agreement between The State of Oregon Department of Administrative Services on behalf of The Department of Corrections Security Employees and the American Federation of State, County and Municipal Employees. In addition the ODOC policies and collective bargaining agreement SCCI included ODOC Employees Receiving Bilingual Differential, Shutter Creek Correctional Institution and sample of Facility transfer Victimization Screening Tool CD 1519 noting the Spanish language line was called for interpreter services.

(c) SCCI provided DOC policy 40.2.11 Effective Communication for Deaf/Hearing Impaired Inmates reflecting language consistent in meeting compliance with this element. In addition to the policy, SCCI provided a copy of ODOC Employees Receiving Bilingual Differential, Shutter Creek Correctional Institution.

SCCI included a copy of the contract with Western States Contracting Alliance (WSCA) Contract #03508 which is a telephone based interpreter service with Pacific Interpreters, Inc. This contract reflected an award period beginning February 16, 2011 not to exceed 6 years or February 15, 2015. Agency PREA coordinator was contacted to determine if this contract had been renewed or if another company had been awarded the contract. DOC has an open ongoing purchase order with recurring payments to have this service provided by Language Line Services. Agency PREA coordinator also provided a pamphlet of languages and the directions for staff on how to utilize this company for interpretation services is needed.

During specialized interview with an inmate with limited English proficiency (LEP) while on site, the language line service was not required.

Collective Bargaining Agreement between The State of Oregon, Department of Corrections Employees and the American Federation of State, County, and Municipal Employees reflects compliance to include staff used to assist with interpretation services is provided with a 5% differential pay.

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)

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.

- (a) (1-3) DOC policy 40.1.13, Prison Rape Elimination Act, policy 20.4.2 Applicants for DOC Position with Prior Criminal Convictions and policy 20.4.5 include language meeting compliance with these elements. SCCI provided additional documentation which provides auditor information of proof practice.
Staff and Contractor LED's Check Records
Copy of job announcement
- (b) DOC policy 40.1.13, Prison Rape Elimination Act, policy 20.4.2 Applicants for DOC Positions with Prior Criminal Convictions and policy 20.4.5 Recruitment and Selection Process was provided and include language meeting compliance with this element. SCCI included a sample job announcement which further supports compliance with this element.
- (c) (1-2) DOC Policy 40.1.13, Prison Rape Elimination Act, policy 20.4.2 Applicants for DOC Position with Prior Criminal Convictions and policy 20.4.5 Recruitment and Selection Process include language meeting compliance with this element. SCCI included a copy of recruitment announcement supporting proof of practice.
- (d) All contractors receive background checks which consist of LEDS (criminal history) and all contractors are required to sign and acknowledge CD 1623.
- (e) DOC policy 40.1.13 Prison Rape Elimination Act and Human Resources DOC policy 20.4.2 meet the language requirements of this element.
- (f) DOC policy 40.1.13 Prison Rape Elimination act, 20.4.2 Applicants for DOC Positions with Prior Criminal Convictions, policy 20.4.5 Recruitment and Selection Process and policy 20.1.3 Code of Conduct reflect language meeting compliance with this element. SCCI provided additional documentation further supporting policy and proof of practice.
Department of Corrections, Code of Ethics
Performance Evaluation Review Checklist
Sample recruitment notification
- (g) DOC policy 20.1.3 Code of Conduct. III. Policy B. (1) reflects language meeting compliance with this element.
- (h) DOC Human Resources policy 20.1.3 Code of Conduct and 20.5.13 Employment References reflect language meeting compliance with this element.

Nevada auditor Darin Baker conducted telephonic interview with ODOC Human Resources Administrator on behalf of all NDOC auditors conducting ODOC audits.

115.17

Agency interview with Daryl Borello, Human Resources

On April 27, 2016, PREA certified auditor conducted a telephonic interview with the Human Resource (HR) Director with the Oregon Department of Corrections. The interview with HR Director was pre-scheduled and he was advised of the purpose of the interview. HR Director 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 (EOCI), Two Rivers Correctional Facility, South Fork Forrest 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 DOC 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."

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

DOC 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. DOC provided documentation implementing PREA hiring components on each job announcement. Secondly the DOC puts several questions meeting the elements of the standard on the job application on "NEOGOV".

DOC 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" court 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.

DOC 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.

DOC promotional applicants will also have a criminal background check (LEDS) completed prior to any promotional considerations.

DOC 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)

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.

(a - b) DOC policy 40.1.13 Prison Rape Elimination Act, III. Prevention and Planning (G) reflects language meeting compliance with this policy. SCCI has not had any expansions since 2006 and there are no current plans for expansion.

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)

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.

(a) DOC policy 70.1.3 Criminal & Administrative Evidence Handling was provided and reviewed and meets requirements of this standard. SCCI included documentation CD 1621 OIC PREA checklist, which is a guide for supervisors when an allegation of sexual abuse is received.

(b) All Sexual Assault Forensic Exams are conducted outside the institution by a certified sexual assault nurse examiner. SCCI has a guide for staff to follow upon receiving a report of sexual abuse.

(c-d) DOC policy 40.1.13 IX. Medical and Mental Care A. 1 and 2. Reflect language required meeting this element of the standard. SCCI provided additional documentation supporting proof of practice.

Staff guide for SAFE/SANE

HS-1710 Hospital compliance PREA log

Health Services Section Policy and Procedure #P-B-05

(e) SCCI provided DOC policy 40.1.13 IX. Medical and Mental Care A. 1-6 and B. 1-3 which reflect compliance with this element. SCCI included additional policies and documentation further supported compliance with this element.

Health Services Section Policy and Procedure #P-B-05

ODOC shutter Creek Correctional Institution and Women's Safety and Resource Center MOU.

(f - h) DOC policy 40.1.13 reflects language meeting compliance with this element. OSP conducts all criminal investigations for ODOC.

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)

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.

(a-e) SCCI provided a copy of DOC policy 40.1.13 supporting compliance with the language for meeting the standard. In addition to the policy, SCCI further supported compliance with this standard by providing supporting proof of practice documentation.

Policy 70.1.4 Investigations, (F) General Provisions
Policy 70.1.3 Criminal and Administrative Evidence Handling
Distribution Request form
Copy DOC Investigative Referral Sheet via SIU CD1616
Two (2) copies of investigation reports
Inspection Division Hotline Investigation Assignment form
Copy of email from Agency PREA coordinator to SCCI PCM
ODOC Investigations Decision Chart
PREA Reporting flow chart
State of Oregon State Police Interagency Agreement IAA-247-2014

Telephonic interview with Inspector III further confirmed staff knowledge, training and compliance meeting this standard.

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)

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.

(a-d) DOC policy 40.1.13 Prison Rape Elimination Act IV. Training and Education A. Staff training meets the all elements of this standard. SCCI included additional supporting documentation which further supported compliance with this element.

New Employee Training Powerpoint
PREA 2014 annual online training lesson plan
PREA Reporting and Response, Reality Based Scenario 1, 2 and 3
LGBTI training power point – searches
Copy of ODOC online job recruitment which includes PREA information (*19.)

This auditor completed an ODOC PREA audit at another institution a few weeks prior to the audit of SCCI. In reviewing the New Employee training with the Captain who was our liaison on behalf of the Agency PREA coordinator the agency and SCCI meet this standard.

Auditor recommends ODOC PREA Coordinator provide information to future auditors to review training on site in addition to documents submitted to ensure the auditor has a full understanding of the PREA training provided to staff.

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)

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.

(a) SCCI provided DOC policy 40.1.13 Prison Rape Elimination Act IV. Training and Education (A) (3. &4) which reflects language consistent with and meeting the requirements of this standard. In addition to the policy, SCCI provided the following information further supporting compliance with this standard.

PREA and Boundaries for Volunteers and Contractors training Powerpoint
Copy of selfstudy guide PREA and Boundaries
CD1623 PREA acknowledgement statement
Visitor Authorization form CD 451
Copy of Volunteer master log

(b) All ODOC and SCCI volunteers and contractors are required to read the DOC PREA Policy and sign the PREA acknowledgment form CD 1623 and receive training based on the level of service and contact with inmates.

Sunday, May 8, 2016 audit team interviewed three (3) Alcohol Anonymous (AA) volunteers. All volunteer reported they had received PREA training and understood their obligation to report not only PREA allegations of sexual abuse and harassment but any other allegations which would need to be reported for the safety of inmates and staff.

(c) SCCI documentation of training is stored in volunteer and contractor files and well as on a Non-Employee Service Provider database.

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)

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.

(a) All inmates receive PREA education upon intake at Coffee Creek Correctional Facility, upon transfer to SCCI inmates receive additional follow up inmate education to include receiving an inmate handbook which includes PREA information on how to report, inmates right to be free from sexual abuse, sexual harassment and retaliation.

Internal audit completed September 2015 reported inmates were not clearly articulate regarding anonymous reporting. SCCI updated the inmate handbook and provided information to current inmates via the inmate newsletters and will continue on a quarterly basis.

While onsite the audit and random interviews with staff and inmate confirmed SCCI had met this element.

(b) SCCI meets compliance with this element. Auditor team toured SCCI intake building, Receiving and Discharge (R&D) and interviewed security staff assigned to this area. Audit team reviewed inmate information for proof of practice/documentation which further supported compliance in addition to interviews with random inmates who reported they had received PREA information.

(c) DOC and SCCI meet the element of this standard as all inmates who were in custody at the implantation of PREA received inmate education September, 2012 to include additional information and reminders sent to the inmate population through the year.

(d) SCCI meets this element not only in policy 40.1.13 (B. 5.) the institution has information readily available on PREA posters; inmate handbook and information sent on the inmate TV system. Information is available in English, Spanish, subtitles on the TV, TTY services and interpreter / translation services are available.

(e) Inmate education is maintained on a tracking form and signed documentation the inmate received training in inmate files.

(f) SCCI meets this element of the standard as PREA reporting posters and information was observed throughout the institution. Posters in Dormitory C2 and C3 were visible however auditor request they be moved to the Day Rooms as this area is where inmates spend more of their time. Auditor requested PREA poster be placed in the holding area, law library and warehouse, this was completed by SCCI staff on Sunday, May 8 and Monday, May 9, 2016.

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)

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.

(a-b) DOC policy 40.1.13 IV Training and Education A. Staff training 4. Reflects language meeting compliance with this standard. SCCI PCM provided additional documentation further supporting compliance with this element.

ODOC PREA investigations training for investigators.

Training covered evidence collection related to sexual assault allegation/investigation, trauma and victim response, how are sexual abuse in confinement settings unique, impact of sexual abuse. Interviewing victims, interviewing tips and techniques, gender and communication, interviewing LGBTI, developmentally disabled, limited language ability, mentally ill. Miranda and Garrity, what is interrogation, techniques for interviewing your suspect, past complaints – same staff, credibility assessment and systemic issues. Training also provided administrative action and prosecutorial referral requirements.

Print out of ILearnOregon Training progress by content

Title: DOC-ODOC-OIG-PREA Investigations

Report also reflected SCCI inspectors had completed the training lesson

PREA reporting flow chart

(c) Training is required by policy and ODOC western region investigator(s) assigned to SCCI have completed this training.

(d) Training has been provided to DOC investigators.

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)

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.

(a) DOC policy 40.1.13 IV. Training and Education A. 4. reflects language for mandatory/required specialized training related to this element. Medical and Behavioral health are required to have policy and procedures related to their specific responsibilities. SCCI provided ODOC Behavioral Health Services Policy and Procedure, BHS response to reports of sexual abuse, health services section policy and procedure #P-B-05 and screen shots of the specialized on line training required. Review of training meets all the elements required in this standard, the online training also includes knowledge check tests after each section. Auditor reviewed a copy of staff that completed training, in addition medical staff was asked about training during interviews.

(b) DOC medical staff does not conduct Sexual Assault Forensic Exams – this element is not applicable.

(c) ODOC/SCCI meet the element of this standard and copies of training received is maintained in a the training computer system.

(d) DOC policy 40.1.13 IV. Training and Education A. 4. reflects language for mandatory/required specialized training related to this element which also states this training is in addition to the general training provided to all employees, contractors and volunteers.

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)

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.

(a - b) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness, A. Inmates will be assessed at the intake center (Coffee Creek Correctional Facility) and again within 72 hours of transfer to another facility.

(c - d (1-10)) ODOC/SCCI utilize CD 1625 intake victimization screening tool for all inmates. CD 1625 contains required elements with the exception for number ten (10) as ODOC does not detain inmate for civil immigration. In addition, SCCI provided a copy of Nonconforming Gender (inmate) Rule 291-210-0010 related to (d-7).

(e) DOC policy 40.1.13 A. 1. reflects language meeting the standard of this element.

(f) DOC policy 40.1.13 C. reflects language meeting the standard of this element. Upon reviewing documentation provided by SCCI, the agency PREA coordinator found an area of concern related to this element and took immediate action requiring all facilities come into compliance with this element effective 9/15/15. Based on this information SCCI was placed into corrective action during the internal audit.

Auditor received and reviewed documentation which reflected SCCI took immediate action upon notification from Agency PREA coordinator. During onsite review of the Offender Management System (OMS) provided proof of practice had continued from September 2015 up to and including May 2016. SCCI took immediate actions and is compliant with this element of the standard.

(g) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness D. reflects language meeting the standard of this element which was further supported during interviews with staff. SCCI provided additional documentation further supporting compliance with this element.

Email for PCM to SCCI management staff, supervisors and counselors

SCCI inmate tracking summary

Email for PCM to SCCI management staff, supervisors and counselors related to bed assignment for inmate on watch list

(h) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness A. second paragraph reflects language consistent with this standard.

(i) DOC policy 40.1.13 VI. Reporting 2.b.2 & 3 reflect language meeting compliance with this standard.

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)

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.

(a) ODOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness F. reflects language meeting compliance with this element. SCCI provided additional documentation further supporting compliance with this standard meeting policy and proof of practice.

Memo from PCM which reflects the following information

transport lists are received and reviewed weekly by a number of staff including but not limited to:

Housing Assignment Assistant
Security Manager's Assistant
PREA Compliance Manager
Sexual Assault Liaison

Screen shot of OMS

SCCI Inmate tracking summary

Copy of emails from PCM to SCCI supervisor and counselors

Email from Agency PREA coordinator related to this standard

(b) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness E. reflects language meeting compliance with this element.

(c – g) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness 5. reflects language meeting compliance with these elements. Additional documentation was provided to this auditor which not only supports compliance with the elements of this standard but shows proof of practice.

ODOC has a rule for Nonconforming Gender (inmate), Division 210

291-210-0010: Authority, Purpose, and policy

291-210-0020: Definitions

291-210-0030: Identification, assessment, review, and management of inmate that present with non-conforming gender at intake.

ODOC has a Physical Gender Non Conformance committee that meets on an as-needed basis to determine the best housing and program assignments for transgender and intersex inmates.

ODOC has not only met this standard, this auditor finds ODOC exceeds this standard. ODOC has shown to be successful in policy and through the non-conforming gender committee review have taken in consideration and acted upon an inmate's own views while still ensuring safety and security of the agency and institutions.

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)

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.

(a) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness (3) and ODOC Division 46 Segregation (administrative) rule 291-046-0005 reflect language consistent with and meeting this element of the standard.

(b-c) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness 3 (a) and ODOC Division 46 Segregation (administrative) rule 291-046-0005 reflect language consistent with and meeting this element of the standard.

(d) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness 3 (b-d) and rule 291-046-0025 involuntary administrative housing, reflect language consistent with and meeting this element of the standard. As of the onsite audit, SCCI has not had any instances where involuntary segregation was required.

(e) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness 3 (d) reflect language consistent with and meeting this element of the 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)

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.

(a) SCCI PCM provided DOC policy 40.1.13 VI. Reporting A. inmate reporting (1-2) supporting this element, in addition to this policy SCCI PCM included the following supporting documentation.

ODOC Division 109 rule 291-109-0100 authority, purpose and policy.
Copy of ODOC Introduction to PREA intake video script
PREA visiting room pamphlet
SCCI Inmate Newsletters June 2014, August 2015 and December 2015
PREA inmate flyer
Copy of email with information of possible sexual harassment to follow up on
SCCI inmate handbook text page

Upon intake into DOC custody and upon transfer to another institution/facility inmate are provided with an inmate handbook which contains information on the multiple ways inmates are able to report allegations of sexual abuse, sexual harassment and retaliation. DOC has made information on how to report available on their website as well.

During interviews with random inmates while on site further supported compliance with this standard as inmates relayed they knew how to report and information was readily available on posters throughout the Institution. Information was also observed by the audit team in multiple areas.

(b) DOC meets compliance with this element as information on how to report to a public or private entity is provided to inmates within the inmate handbooks and PREA posters. Related to civil immigration portion of this element, this is not applicable as DOC does not detain inmates solely for civil immigration purposes. SCCI PCM provided additional documentation further supporting compliance with this element.

Oregon Department of Corrections/Oregon Youth Authority – Prison Rape Elimination Act (PREA) agreement with the Governor's office of constituent services.

PREA visiting room pamphlet
SCCI inmate newsletters, June 2014, December 2014, February 2015, June 2015 August 2015 and December 2015
SCCI inmate handbook text page
SCCI inmate information flyer

(c) DOC policy 40.1.13 VI. Reporting B. staff reporting (4) reflects language consistent with and meeting this element of the standard. DOC also has a form (CD 1620) Staff Reporting Responsibilities which is required to be filled out by reporting staff.

Compliance with this element was further confirmed during staff interviews by the audit team while on site at SCCI.

(d) DOC and SCCI meet the standard of this element as staff is provided with the same confidential private reporting methods as inmates. This was further confirmed during interviews on site with staff who all had knowledge of ways to report privately. Auditor recommends adding the private reporting for staff to ODOC 40.1.13, however is not required by the standard to be in policy.

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.

(a - f) SCCI PCM provided a copy of DOC Division 109 rule:
291-109-0100 authority, purpose and policy
291-109-0200 grievance regarding allegations of sexual abuse
Both which reflect the language required and meets this standard.

(g) DOC policy 40.1.13 VI. A (6) reflects language meeting compliance with this element.

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.

(a-c) DOC policy 40.1.13 VII. Official Response following an inmate report G. reflects language meeting compliance with this standard. SCCI provided additional information/documentation further supporting in compliance.

PREA advocacy Contact Information, Department of Corrections Institutions and Community Sexual Assault Advocacy Organizations contact list.

PREA Advocacy Support training – role of a victim advocate
ODOC/SCCI and Women’s Safety and Resource Center MOU
PREA visiting room pamphlet for family and friends
SCCI inmate’s handbook (PREA) page
Inmate Zero – Tolerance flyer

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.

DOC policy 40.1.13 VI. B. staff reporting (4) reflects language consistent with the element of this this standard. Onsite interviews provided audit team confirmation that staff and inmates were aware of and had knowledge of reporting to include third party. Auditors observed PREA reporting information is readily available on the DOC website, throughout the institution and in the visiting room pamphlets (What can I do to help keep my family and friends safe while in prison?). SCCI also included CD 1620 – Staff Reporting Responsibilities.

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.

(a - e) SCCI PCM provided the following documentation which provided policy and proof of practice meeting the elements for this standard.

DOC policy 40.1.13 VI. Reporting A. Inmate Reporting 2. (b) (2-3) and 3.

PREA reporting flow chart 40.1.13

DOC policy 70.1.4 C. Process for Reporting Misconduct , reflect language consistent with the elements in this standard.

DOC Staff Reporting Responsibilities form CD 1620.

SCCI interoffice memo – staff report.

SCCI interoffice memo – staff report follow up.

Copy of email from PCM to all staff regarding staff reporting responsibilities.

Onsite interviews of random staff and supervisors further supported SCCI compliance and staff knowledge 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.

SCCI PCM provided auditor with DOC policy 40.1.13 (I). Purpose A. and (VI) Reporting (B) staff reporting (1-2) reflect language consistent with and meeting the element of this standard. To further support compliance with this standard additional information was provided.

Copy of SCCI PREA Inmate Tracking Summary form
 Copy of SCCI PREA designator tracking form.

Monday, May 9, 2016 while auditors were on site, Superintendent Hendricks offered the audit team to attend the Monday morning staff meeting. During the staff meeting the auditors were able to observe supervisors discussing weekly concerns or issues, to include reviewing PREA concerns and updates related to inmates who are on the designator tracking form. This was very enlightening and provided auditor an insight to how much SCCI staff is engaged with the inmate population. Staff discusses those who have made improvements, making efforts to better themselves by obtaining jobs, programming or have improved behavior.

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.

(a - d) DOC policy 40.1.3, section VII. Official Response Following an Inmate Report (A) states:

“upon receiving an allegation that an inmate was sexually abused while confined at another facility, the PREA compliance manager that received the allegation shall notify the PREA compliance manager or appropriate official of the agency where the alleged abuse occurred within 72 hours after receiving the allegation and document the notification.”

Element (a) of this standard states: “Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.”

During this auditors PREA DOJ auditor training in January, 2014, which was conducted by DOJ training instructor's students were informed facility heads could designate an upper level management employee (PREA coordinator and compliance managers) to complete the notification and documentation requirements of this element. Based on this auditors training, ODOC meets compliance with this standard.

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.

(a b) DOC policy 40.1.3 (VI) Reporting (B) staff reporting and (VII) Official Response following an inmate report was provided by SCCI PCM supporting compliance with the elements of this standard. To further support SCCI compliance and proof of practice, the auditor was provided with additional documentation.

OIC PREA Checklist form CD 1621
Staff Reporting Responsibilities form CD 1620
PREA first responder card
Copy of Interoffice inmate separation memo
Copy of email to PCM related to inmate separation
Copy of email from PCM to SCCI staff related to steps staff takes if a first responder

Onsite interviews with random staff and supervisors supported knowledge of and how to respond to allegations and staff responsibilities.

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.

SCCI provided internal procedure 37, responding to sexual abuse and sexual harassment allegations. This procedure outlines the process for responding to, investigating, and reviewing all allegations of sexual abuse and sexual harassment reported at the institution. PCM provided additional documentation which further supports compliance with this standard.

OIC PREA Checklist CD 1621
Also included copy of 1621 form related to an incident.
PREA Reporting (inmate to inmate / staff to inmate) flow chart
PREA Response and Notification flow chart
PREA sexual assault liaison and sexual assault response team contact form
DOC sexual assault response team (SART) guidelines

Interviews with supervisors and staff while on site provided the auditor with information SCCI has policy and proof of practice.

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.

(a-b) SCCI provided two agreements which are related to and meeting compliance with this standard.

Collective Bargaining Agreement between the State of Oregon Department of Administrative Services on behalf of the Department of Corrections Security Employees and the American Federation of State, County and Municipal Employees.

Agreement between The Department of Administrative Services The state of Oregon on behalf of the Department of Corrections and Local 2376 and Board of Parole and Post-Prison Supervision and the American Federation of State, County, and Municipal Employees.

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.

(a - f) Auditor was provided with a copy of DOC policy 40.1.3 (VII) Official Response Following an Inmate Report (A) to include additional documentation supporting compliance with all the elements of this standard.

DOC PREA Retaliation form
CD 1709 Department of Corrections PREA Retaliation Check Sheet
Sample Retaliation Logs (prior to the Official DOC form being created)

Compliance with this standard was further supported while conducting specialized interview with staff that are responsible for retaliation monitoring at SCCI.

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.

(administrative) rule 291-046-0005 reflect language consistent with and meeting the elements of this standard.

SCCI does not have long term segregation housing and would only be used short term for exigent circumstances for safety of the victim.

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.

(a) SCCI provided documentation supporting this element of the standard.

DOC policy 40.1.13 (VI) Reporting (B) (4) Staff reporting
DOC investigations policy 70.1.4 (III) policy
 (B) Expectation of Persons Assigned to Conduct Investigations
 (D) Investigation Responsibility
 (F-7) Investigations regarding PREA allegations
PREA Reporting 40.1.13 flow chart

In addition to the above policies, SCCI provided supporting proof of practice documentation which further supports compliance with this element.

Copy of Inspections Division – Hotline investigation assignment
Email of status update from the Agency PREA coordinator to SCCI PCM
Copy of Investigative report (redacted areas for confidentiality)
Copy of DOC Inspector General's Office/Special Investigations Unit, Investigative Referral Sheet
Copy of Distribution Request (internal form)

(b) DOC policy 40.1.13 IV Training and Education A. Staff training 4. Reflects language meeting compliance with this standard.

Auditor was provided with a copy ODOC PREA investigations training for investigators, this training included the following topics.

evidence collection related to sexual assault allegation/investigation
trauma and victim response
how are sexual abuse in confinement settings unique
impact of sexual abuse
Interviewing victims
interviewing tips and techniques
gender and communication
interviewing LGBTI, developmentally disabled, limited language ability, mentally ill.
Miranda and Garrity
what is interrogation
techniques for interviewing your suspect
past complaints – same staff
credibility assessment and systemic issues.

Training also provided administrative action and prosecutorial referral requirements.

DOC has assigned regional inspectors II and III who are assigned to the Office of the Inspector General. Interview with inspector III further confirmed compliance with this element as she has received staff PREA training, Specialized training for sexual abuse investigations within confinement and has received continued staff in-service refresher training.

(c) DOC policy 70.1.3 Criminal & Administrative Evidence Handling (C) Crime Scene Preservation, Security and Processing, (D) Evidence packaging and sealing and DOC policy 70.1.4 (II) Definitions (G) Electronic Surveillance Devices and (E) Investigative Resources (2)

Investigative Electronic Surveillance reflects language and requirements meeting compliance with this element.

(d) ODOC does not conduct criminal investigations. Notification to the OSP, State Police Regional dispatch center per DOC policy 70.1.3 Criminal & Administrative Evidence Handling.

(e) DOC policy 40.1.13 (VI) Reporting (A-5) Inmate Reporting reflects language meeting the standard of this element. During on site staff interviews with supervisors further confirmed knowledge this policy.

(f) DOC policy 40.1.3 and policy 70.1.4 meet all the requirements of this element, in addition SCCI included ODOC Sexual Abuse Incident Review Form CD 1677 further supporting compliance with this element.

(g) DOC policy 70.1.4 (C) Process for Reporting Misconduct (2. A.) and (D) Investigation Responsibility reflects language and requirements meeting this element. SCCI provided additional documentation further supporting compliance with this element.

Copy of Inspections Division Hotline Investigation Assignment (redacted for confidentiality)
ODOC Office of the Inspector General Special Investigation Unit – Investigative Report (redacted for confidentiality)
Investigative Report
Distribution Request (internal form)

(h) DOC policy 70.1.4 (D) Investigation Responsibility (F) General Provisions (7.a.) reflects language meeting the standard of this element. SCCI included a copy of 40.1.13 PREA flow chart which provided additional supporting information.

(i) DOC policy 40.1.3 (VIII) Investigations and (X) (B, 3. D.) Data Collection and Review reflects language meeting compliance with this element.

(j) DOC policy 40.1.3 (VIII) Investigations (C, 6.) reflects language meeting the standard of this element.

(k) DOC policy 70.1.4 contains verbiage meeting the requirement of this element. SCCI provided additional documentation further supporting compliance.

Attachment A – DOC Policy 70.1.4 Investigation Assignment by type.
4 columns: Functional Unit Managers (FUM), Special Investigations Unit (SIU), Human Resources (HR) and Oregon State Police (OSP).
PREA Reporting flow chart 40.1.3.

(l) DOC policy 40.1.3 (VIII) Investigations (C. 2.) reflect language meeting compliance with this element.

SCCI also included the interagency agreement IAA-247-2014 between ODOC and OSP.

Tuesday, May 17, 2016 auditor conducted telephonic interview with the assigned inspector III. Inspector III has worked for ODOC for nineteen years and has been assigned to the Office of the Inspector General as an inspector for four (4) years. Inspector is very knowledgeable of ODOC and Investigator policies and has received all required staff training to include specialized PREA training for investigators.

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.

SCCI provided the following documentation supporting compliance with this standard.

DOC policy 40.1.3 (VIII) Investigations (7)

OAR, Department of Corrections, Division 105 Prohibited Inmate Conduct and Processing Disciplinary Actions
291-105-0028 Conduct of Formal Hearing on Major and Minor Violations (3) standard of proof: Rules violations(s) shall be found upon proof by a preponderance of the evidence. The term preponderance of the evidence means the greater weight of evidence (e.g., 51% vs 49%).

Interview with inspector III further confirmed her understanding and knowledge of the standard requirements and ODOC policy.

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.

(a) DOC policy 40.1.3 (VIII) Investigations (C.1.) reflects language meeting the standard of this element. SCCI provided additional documentation further supporting compliance with this element.

Oregon Department of Corrections, Prison Rape Elimination Act (PREA) Reporting to Inmates 115.73 form CD 1622.
Three (3) samples of CD 1622 which reflected proof of practice supporting compliance with this element.

(b) DOC policy 40.1.3 (VIII) Investigations (C. 2.) reflects language meeting the standard of this element.

(c-f) DOC policy 40.1.3 (VIII) Investigations (C.1 – 3. (a-d)) reflects language meeting the standard of this element. SCCI provided additional documentation further supporting compliance with this element.

Oregon Department of Corrections, Prison Rape Elimination Act (PREA) Reporting to Inmates 115.73 form CD 1622.

(d-f) DOC policy 40.1.3 (VIII) Investigations (C.3 (a-d) 4, 5) reflects language meeting the standard of this element. SCCI provided additional documentation further supporting compliance with this element.

Oregon Department of Corrections, Prison Rape Elimination Act (PREA) Reporting to Inmates 115.73 form CD 1622.

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.

(a) SCCI provided documentation supporting this element of the standard.

ORS 163.452 through 16.454, Custodial sexual misconduct in the first degree.
Progressive Discipline, Section E, HR Essentials
DOC policy 40.1.3 (VIII) Investigations (A).
Policy 70.1.4, Investigations

DOC Policy 70-1-4 Investigations Assignment by Type (attachment A)
DOC Policy 70.1.3, Criminal and Administrative Evidence Handling
PREA reporting flow chart

(b – d) While reviewing policy 40.1.13 the auditor found some language from the standard missing within the policy, at which time the auditor required policy 40.1.13 be updated to reflect verbiage contained within the standard. Agency PREA coordinator was very respectful and supported the auditors' recommendation by updating the policy, revised policy was provided to auditor and policy now meets the standard of these elements. No additional time needed for corrective action as staff interviews supported compliance.

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.

(a-b) SCCI provided documentation supporting this standard and elements. While reviewing policy 40.1.13 the auditor found some language from the standard missing within the policy, at which time the auditor required policy 40.1.13 be updated to reflect verbiage contained within the standard. Agency PREA coordinator was very respectful and supported the auditors' recommendation by updating the policy, revised policy was provided to auditor and policy now meets the standard of these elements. No additional time needed for corrective action as staff interviews supported compliance.

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.

(a - g) DOC policy 40.1.13 (2) a. – h. meets the requirements of the this standard. SCCI provided additional documentation further supporting compliance with this standard and elements.

ORS Department of Corrections Division 105, Prohibited inmate conduct and processing disciplinary actions.
Section 291-105-0015, Rules of Misconduct.
Sections 291-105-0026, Hearings Officers Responsibilities.
2013 ORS 163.452, Custodial sexual misconduct in the first degree.
ODOC Prison Rape Elimination Act/Senate Bill 89 Overview.
Oregon Youth Authority, Custodial Misconduct & Other Crimes.
Major Violation grid, inmates misconduct history scale (exhibit 1 and 2).
Disciplinary Hearing unofficial copy of Findings of Fact, Conclusions and Order.
PREA reporting flow chart.

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.

(a,b,c,d,e) SCCI provided this auditor with extensive information related to the elements of this standard. Included in this response is a list of all the documentation provided by the PREA compliance manager for review.

ODOC Behavioral Health Services and Health Services section Policies and Procedures:

#MH-B-04, MH-B-04A, MH-E-02, MH-E-03, MH-E-05, MH-E-06, MH-E-10.1, MH-G-01.1, MH-G-06.1, MH-H-02, P-B-04, P-B-05, P-E-02, P-H-02

BHS referral form

BHS on-call schedule

BHS Manager Monthly Report tracking report

Behavioral Health Services – Comprehensive Treatment Plan

Crisis Prevention Plan document

Health Services (HS) compliance PREA log

Behavioral Health Services – Informed Consent to Treatment (English & Spanish)

BHS Mental Health Evaluation form

ODOC Behavioral Health Services Release Planning Referral Form

Behavioral Health Services Suicide Risk Screening form

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.

(a - d) DOC policy 40.1.13 (IX) Medical and Mental Care and Health Services Section Policy, Health Services Section Policy and Procedure P-B-05, #P-B-04 reflect language consistent with and meets the element of this standard. SCCI provided additional supporting documentation further supporting proof of practice and compliance with the elements of this standard.

SCCI – Hospital Sexual Assault Info

Provides SCCI OIC and applicable staff information as to where inmate victims will be transported to for SAFE, approximate time frame for sexual assault exams to be conducted and the contact name and number for trained sexual assault advocates from the community.

Copy of progress notes related to follow up care of a victim from an incident July, 2014.
OIC PREA checklist CD 1621.

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.

(a - h) DOC policy 40.1.13 (IX) Medical and Mental Care & Behavioral Health Services reflect language consistent with and meets the element of this standard. Included in this section I have included a list of the applicable ODOC medical and mental health policies and procedures related to this standard.

Behavioral Health Services Division Policy and Procedure #MH-B-04
Behavioral Health Services Division Policy and Procedure #MH-B-04A
Behavioral Health Services Division Policy and Procedure #MH-E-03
Health Services Section Policy and Procedure #P-B-05

Email from SCCI Health Services staff member to PCM to provide follow up regarding referral for alleged victim of sexual abuse allegation from February, 2014.

Copy of progress notes related to follow up care of a victim from an incident July, 2014.

Elements d and e are not applicable to SCCI as they do not house female inmates.

Monday, May 9, 2016 an in person interview was conducted with SCCI medical staff. Medical and behavioral health staff has received not only PREA staff training but has completed the specialized training for medical and behavioral health staff. The RN is very knowledgeable in her field and responsibilities in reporting allegations and responding. She is aware ODOC does not conduct sexual assault forensic exams and the victims are transported out to a certified SANE to have the exam completed.

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.

(a -e) SCCI provided a (blank) and a completed review form CD1677 ODOC Sexual Abuse Incident Review Form. As of the date of the audit SCCI had not had an substantiated or unsubstantiated case for the last two years, however they did provided a copy of sexual abuse incident review from February and July, 2014.

Additional documentation was provided to further support policy and practice.

ODOC Prison Rape Elimination Act (PREA) Compliance Manager (PCM) guidelines, Incident Reviews.
ODOC Prison Rape Elimination Act (PREA) Sexual Abuse Response Team (SART) guidelines, Incident Reviews.

Specialized interview with staff while onsite confirmed staff had a clear understanding and knowledge of this standard and were able to articulate the process.

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.

(a - d) ODOC policy 40.1.13 (X) Data Collection and Review reflects language meeting the standard of this element. Auditor has previously reviewed the ODOC OMS which provides the PREA coordinator the information required to complete the report for the Department of Justice, Bureau of Justice Statistics annual report.

(e) This element is not applicable as ODOC does not contract with private facilities for the confinement of inmates.

(f) ODOC policy 40.1.13 Prison Rape Elimination Act (X) Data Collection and Review (B -6) reflects language meeting the standard of this element.

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.

(a) (1-3) ODOC policy 40.1.13 Prison Rape Elimination Act (X) Data Collection and Review (B -5- d) reflects language meeting the standard of this element.

(b) ODOC policy 40.1.13 Prison Rape Elimination Act (X) Data Collection and Review (B -5-a,b, and c) reflects language meeting the standard of this element.

(c) 2013 and 2014 annual report was provided by SCCI.

(d) ODOC policy 40.1.13 Prison Rape Elimination Act (X) Data Collection and Review reflects language meeting the standard of this element.

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.

(a) ODOC policy 40.1.13 Prison Rape Elimination Act (X) Data Collection and Review (B) reflects language meeting the standard of this element.

(b) ODOC policy 40.1.13 Prison Rape Elimination Act (X) Data Collection and Review (B-5-e) reflects language meeting the standard of this element.

(c - d) ODOC policy 40.1.13 Prison Rape Elimination Act (X) Data Collection and Review (B-5-f) reflects language meeting the standard of this element. Also, provided was Oregon State Archives Records Retention Schedule #2010-0003.

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.

Deborah Striplin



June 16, 2016

Auditor Signature

Date