

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: June 8, 2016

Auditor Information			
Auditor name: Deborah Striplin			
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Telephone number: 775-887-3142			
Date of facility visit: 4-17-16 thru 4-18-16			
Facility Information			
Facility name: South Fork Forest Camp			
Facility physical address: One and a half miles up South Fork Rd off of Hwy 6 in the Tillammok Forest (no physical address)			
Facility mailing address: (if different from above) 48300 Wilson River Hwy, Tillamook, OR 97141			
Facility telephone number: 503-842-2811			
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 Rick Angelozzi			
Number of staff assigned to the facility in the last 12 months: 41			
Designed facility capacity: 200			
Current population of facility: 189			
Facility security levels/inmate custody levels: unfenced minimum			
Age range of the population: 19-60			
Name of PREA Compliance Manager: Brian Geers		Title: Camp Commander/PREA compliance manager	
Email address: brian.g.geers@doc.state.or.us		Telephone number: 503-815-6131	
Agency Information			
Name of agency: Oregon Department of Corrections			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 2575 Center Street, Salem, OR 97301-4667			
Mailing address: (if different from above) 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) South Fork Forest Camp (SFFC). 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 SFFC 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 SFFC 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 SFFC policy and procedures was conducted after auditor returned from onsite audit to include reviewing notes auditor had taken.

Sunday, April 17, 2016 10:00 a.m. NDOC PREA audit team arrived at SFCC and were met by the Camp Commander (PREA compliance manager (PCM) and Camp Lieutenant. Prior to onsite tour of the camp the team met for a meet and greet and were provided with an overview of SFFC, the mission of the camp and how inmates are reviewed to meet the qualifications for classification to the camp. During this meeting the auditor reviewed the audit schedule which had been provided to SFFC PCM and the agency PREA coordinator a week prior to scheduled onsite visit. SFFC is a rated unfenced minimum and all inmates must meet the medical requirements prior to approval of assignment to the camp. The primary job assignment for inmates classified to SFFC is firefighting support for the Oregon Department of Forestry. At approximately 10:30 a.m. the audit team and SFFC staff began the on-site tour of the camp, the tour included viewing all areas inmates are authorized and are able to access.

Administration building: Infirmary/triage area, audit team recommended PREA posters be placed in the inmate waiting area and the lock on the inmate bathroom will be REQUIRED to have the lock replaced as the lock was only one way (from the inside). Having a one way lock prohibits staff from having the ability to open/access opening the bathroom door should there be an emergency or possible allegation of sexual abuse. Audit team asked who is authorized to use this restroom and were advised the restroom was for inmate use when waiting in the infirmary, audit team recommended the door which had no label/markings be labeled "inmate" restroom.

Maintenance building: Very clean and organized, audit team recommended a set of PREA posters be displayed.

Generator Shed: This area is not easily accessible and a special key is required to be checked out by staff only. Should the need for inmates to go into this area, it is under direct supervision and staff are required to follow the 3 person policy.

Receiving and Discharge (R&D) building: Building was very clean, organized and provides an area of privacy for inmates who are having an unclothed search conducted supporting compliance with 115.15. R&D is a high traffic area for inmates who are being received to transferring out of the camp therefor audit team recommend PREA posters be placed where inmates could view the information.

Observation building: Outside the building was an inmate Kiosk, this is high traffic area. Audit team observed the English PREA poster and recommended a Spanish PREA poster be hung up as well. Inside the observation building is also a high traffic area for inmates and staff; as such the audit team recommended the restroom within the building be marked for "staff" only as inmates are not authorized to utilize the restroom in this area.

Sports/TV room, library and programs trailer: Areas are very open with no blind spots, PREA posters were locating in the sports/tv room and library. Audit team recommended signage "unauthorized area" be placed on exterior door of the program trailer as the trailer is not being utilized at this time.

Storage/bus barn: The area is labeled unauthorized and inmates are only authorized under supervision. Porta potties located in the back area of the bus barn are used only when inmates are going off site with ODF crews; audit team recommended the porta potties be locked when not in use.

Boot repair shop: The boot repair shop maintains and controls ODF boots for inmates assigned to crews. Inmates, who are on ODF crews and called out for the day, report to the boot shop (check out/in window) for their boots and upon return they check their pair of boots back in. Audit team observed PREA posters the exterior of the building within view of inmates to read. Two (2) inmates are assigned to work in the boot repair shop and are responsible for checking the boots out/in and any repair which may need to be done. ODF boots are safety equipment and due to this inmates are not allowed to have these boots within their property.

Staff Gym: This area is for staff only, the exterior door is locked at all times and the exterior of the door is clearly marked/labeled "unauthorized".

Dorm: Inmate dorm is very open and under direct supervision by staff, PREA posters are located in areas for all inmates and staff to view. The shower area was a concern for audit team and required changes for the shower curtains and update inmate housing rules.

Shower curtains as they are currently manufactured have too much privacy. The curtains were solid from top to bottom, which prohibits staff from being able to view and ensure only one inmate is in the shower. Audit team required SFFC to modify all shower curtains from above the shoulders and below the knee to ensure staff is able to view the inmate to ensure they are safe while still providing the inmate with privacy for the genitalia.

Audit team recommended SFFC review the inmate dorm rules and incorporate a requirements for inmates to be in their boxers at any time they are not behind the shower curtain (prior to and after showering).

Cabins one (1) thru thirteen (13): All cabins are set up the same with no difference in the design. Cabins are open and under direct supervision, PREA posters were in areas for inmates to view. Again, only area of concern was the shower curtains as they are the same style as the curtains located in the dorm housing. Cabins have more privacy for inmates to undress/dress within the shower area however, like to and similar to the dorms the shower curtains provided too much privacy. Auditor requirement for shower curtains in cabins is identical to the dorm.

Culinary: Culinary was very clean and organized, only area of concerns was within the eye wash hall and dry storage. To further support the safety and requirements of PREA standards audit team recommended mirrors be placed in these areas for better viewing. Audit team also recommended at a minimum one (1) set of poster placed within the culinary area.

Chapel: The audit team had a minor concern in this area and requested the staff restroom be clearly marked for staff/volunteers only. PREA posters were visible and the sweat lodge is locked at all times and is only unlocked by the chaplain when required for use.

Sewing room/supply room/laundry room: These areas are locked when not in use, when in use and inmates are working they are under direct supervision.

Inmate weight room and insanity work out room: These areas are open to inmates and PREA posters were visible and are supervised by staff during authorized times of use.

Audit team scheduled to stay on site upon completion of the camp tour. SFFC is an inmate working camp and as such inmates are called out on ODF work crews Monday thru Friday, weekends are the best opportunity for PREA auditors to interview inmates and volunteers. Audit team scheduled to interview random and any specialized inmate interviews to include interviews with volunteers who were in the camp on Sunday evening. Audit team interviewed one (1) LEP inmate and fifteen (15) random inmates, SFFC does not have any inmates who are disabled or have mental health restrictions. Currently there are no inmates who identify as transgender however there was one (1) who identified as gay and auditor interviewed four (4) volunteers.

During Sunday hours on site the audit team conducted random staff interviews, three (3) one from each shift to include four (4) staff who auditor spoke to during onsite tour. PCM manager and shift supervisors were interviewed related to specialized questions required for the audit, this also included reviewing staff training documents, inmate PREA education, intake documents and inmate files.

Monday, April 18, 2016 audit team arrived at SFFC 9:00 a.m. to completed audit. Audit team completed interviews with specialized staff and were provided with updates to areas which needed to be addressed from the previous day. All doors were marked/labeled, mirrors and posters had been placed where audit team suggested. Only areas which were still in the process of being addressed were the shower curtains within the inmate dorms and cabins, the bathroom door in infirmary/triage area and an update to the dorm housing rules. SFFC out brief was completed on Monday with the PREA audit team, SFFC compliance manager, assigned investigator 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

South Fork Forest Camp (SFFC) is a 200 bed minimum security work camp located approximately 28 miles East of Tillamook, just off of Highway 6, along the Wilson River Highway. SFFC is a satellite facility to [Columbia River Correctional Institution](#), another minimum security facility located in Portland, Oregon.

In 1933 huge forest fires known as the "Tillamook Burn" destroyed over 250,000 acres of timber. Subsequent fires brought the total to over 355,000 acres and over 13 billion board feet of timber. The total economic loss was estimated to be in excess of 600 million dollars.

The Tillamook Burn Rehabilitation Program inaugurated in 1949 by the Oregon State Board of Forestry has been successful in reseeding and tree planting efforts. In addition, ORS 421.450 (Work Camps) was drafted. It is a result of this statute that the South Fork Forest Camp was created. Working in direct cooperation with the Oregon Department of Forestry, SFFC was built to provide aid in the restoration and administration of forests in Oregon.

The first buildings at the camp were built at the Oregon State Penitentiary, brought in and set up at what is now South Fork Forest Camp. These first cabins were quite primitive, with tar-paper walls, no plumbing or heat and offered little in terms of comfort for the inmates initially assigned to the camp. Fifteen inmates were assigned to each cabin.

The cabins in use at the camp today are of wood construction, all are fully plumbed, have showers and forced-air gas heat. (Up until October of 1996 they were heated with wood stoves, but in order to cut back on wood consumption, they were retrofitted with gas heat). Each cabin now houses twelve inmates.

The road which runs along the front of the camp was the old stage coach road which ran from Forest Grove to Tillamook.

The inmate population supports up to 15 Oregon Department of Forestry (ODF) crews, one Oregon Parks and REcreation Department contract crew, and provides support in the SFFC's physical plant, kitchen, laundry and boot room. Some of the work done in conjunction with ODF is pre-commercial tree thinning, trapping of mountain beavers, tree planting and disease control. Part of SFFC's mission is to supply a ready work force to combat forest or wild fires throughout the state. Crews provide critical support for statewide fire operations, recreation, and reforestation, as well as support for special projects such as sign making, metal fabrication and tool or equipment repair. Crews also provide treatment for about 10,000 acres of young tree stands each year; build or maintain up to 105 miles of hiking trails; and maintain compgrounds, day use areas, and trailheads within the Northwest Oregon Area.



SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

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 DOC policy: 40.1.3 was provided which reflects the agency Zero Tolerance statement. During interviews of staff and inmates supported knowledge of agency policy.

(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) Per Policy 40.1.3 DOC, SFFC has a designated PREA compliance manager (PCM). April 17, 2016 SFFC PCM was interviewed per audit requirements utilizing the specialized questions. The PREA compliance manager stated he has enough time to manage the PREA responsibilities in addition to his regular assigned responsibilities. SFFC PCM is knowledgeable and has a good understanding of PREA and the intent of the law. While audit team was touring the facility it was very clear there is open communication between the Camp Commander (PCM) towards and between staff and inmates alike.

4/18/16 telephonic interview was conducted with SFFC Superintendent. Superintendent Angelozzi answered all questions very thoroughly and has a very good understanding of agency PREA policies.

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.

SFFC 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.

4/7/16 Specialized interview Agency Contract Administrator was conducted with ODOC Administrator, Office of Population Management, during the interview she clarified and confirmed compliance with the standard. As of 4/7/16 ODOC has not requested for the temporary placement of an inmate at the Grant County Jail within the last twelve months. ODOC primarily will only request to place an inmate within the Grant County Jail for emergencies or exigent circumstances. 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 and policy 40.2.8 which cover all the required components of this standard. SFFC provided a copy of 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.

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

(c) SFFC PCM provided a memo related to this 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).

During interviews with random staff, auditor asked if supervisors were conducting unannounced rounds and if staff had been alerted by other staff prior to the supervisor arriving in the units/cabin. Staff reported all supervisor rounds are unannounced and staff do not alert nor heard other staff alerting others of supervisors conducting rounds.

SFFC is a small facility which is very busy with movement to support the mission of ODOC and ODF. Regardless of staff rank, due to the requirements and responsibilities all staff to include supervisors to always on the grounds and conducting unannounced rounds in cabins, dorm and work staging areas.

In addition, upon reviewing dorm and cabin logs this auditor observed not only was the female OIC conducting unannounced rounds, she also documented she had done the cross gender announcement. This auditor found SFFC and this OIC in particular to EXCEED the element of this standard as she documented completed the cross gender which was not in policy but further supported her knowledge and understanding of these elements.

While not required, this auditor recommends ODOC look at implementing this practice for all OIC's who are required to completed the cross gender announcement in addition to the unannounced round.

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 reflects language meeting compliance with this element.

(b) This element is no applicable to ODOC / SFFC.

(c) OAR, Department of Corrections, Division 41, 291-041-0020 Inmates (7) Skin Searches policy statement reflects language meeting compliance with this element. SFFC has also implemented a log which would be utilized in the event should there be an exigent circumstance requiring cross gender search. SFFC 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 in meeting compliance with element. Auditor observed compliance with cross gender announcements when entering inmate housing area’s as a uniform “doorbell” system has been installed at the entry of all cabins and the dorm. This doorbell could be heard by all inmates and was supported while conducting inmate interviews wherein inmates all reported the use of the doorbell to include the knowledge of the what the door bell was implemented for.

While viewing the shower areas, this auditor found the shower curtains installed provided too much privacy wherein staff could not see who or how many inmates might be in the single shower area. This prohibited staff from ensuring the safety and security of inmates. Auditor required SFFC to take immediate action to modify the curtains, while still ensuring the inmates privacy from having genitalia viewed by opposite gender staff. This change will allow staff the ability to view and verify there is only 1 inmate within a shower stall at a time to further ensure their safety.

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

(f) SFFC provided sample power point screen shots of staff training for cross-gender, transgender, and intersex inmates and also included staff attendance rosters reflected date staff member 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) Related to this element, SFFC provided documentation in the USB which was sent to the auditor prior to the onsite visit. Included in the information provided was 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 as SFFC support auditor is bilingual.

DOC Policy: 40.1.13 IV. Training and Education (B) inmate education (5) reflects verbiage meeting the element of this standard.

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)

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(a) (1-3) DOC policy 20.4.5 Recruitment and Selection Process reflects compliance with this element of the standard.

(b) DOC policy 20.4.2 Applicants for DOC Positions with Prior Criminal Convictions. III Policy, B. reflects language meeting compliance with this element of the standard. DOC also provided a sample job announcement from the ODOC website (which was also reviewed by the auditor) to further support compliance with elements of this standard.

(c) (1-2) DOC policy 20.4.5 Recruitment and Selection Process III. Policy (h) reflects compliance with this element of the standard.

(d) All contractors receive background checks which consist of LEADS (criminal history) and all contractors are required to sign and acknowledge CD 1623.

(e) DOC policy 40.1.13 Prison Rape Elimination Act XI. Policy Clarification paragraph 2 meets compliance with this element of the standard. In further meeting this requirement SFFC provided a copy of a memo from supervisor which stated all SFFC conduct annual Law Enforcement System (LEADS) background check for employees' during yearly performance evaluations.

(f) DOC policy 20.4.2 Applicants for DOC Positions with Prior Criminal Convictions. III Policy, B., policy 20.5.15 Identification cards III. Policy G. Department card categories reflects language meeting compliance with this element of the standard.

SFFC provided a sample document all applicants and employees are required to complete (PREA Requirements for Applicants and Employees being Considered for Hire, Detail to Special Duty and/or Promotion.

(g) DOC policy 20.1.3 Code of Conduct. III. Policy B. (1) meets the element of this standard. SFFC also provided a copy of CD 1382 Department of Corrections Code of Ethics which is required to be read and signed.

(h) DOC policy 20.1.3 Code of Conduct. III. Policy

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. Since August 20, 2012 SFFC has not had any upgrades. Should SFFC install video monitoring or upgrades, the PREA policy will be followed to ensure compliance with this standard.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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. SFFC included CD 1621 OIC PREA checklist which is a guide for supervisors when an allegation of sexual abuse is report. Policy 70.1.3 meets requirements applicable to this standard.
- (b) CD 1621 and policy was 70.1.3 was developed to meet requirements. All forensic sexual assault examination are conducted outside the institution by a certified sexual assault nurse examiner.
- (c) DOC policy 40.1.13 IX. Medical and Mental Care A. 1 and 2. Reflect language required by the is element also provided for further supportive documentation was ODOC Operations Division Health Services Section Policy and Procedure #P-B-05.
- (d) ODOC and SFFC have entered into a memorandum of understanding with Domestic Violence Services (DVS) which meets all requirements of this element. This contract is in effect for two (2) years beginning December 1, 2015.
- (e) SFFC provided DOC policy 40.1.13 IX. Medical and Mental Care A. 1-6 and B. 1-3 which reflect compliance with this element. ODOC has also entered into agreements with six (6) advocacy centers throughout the state and started provided PREA training in the fall of 2015.
- (f - g) DOC policy 40.1.13 VIII. Investigations A. – C. reflects language meeting compliance with this element. OSP conducts all criminal investigations for ODOC.
- (h) DOC policy 40.1.13 II. Definitions I Sexual Abuse Response Team (SART), IV. Training and Education A. Staff Training 4., ODOC Behavioral Health Services Division Policy and Procedures #MH-B-04A and ODOC Operations Division Health Services Section Policy and Procedure #P-B-05 reflect language consistent with meeting this standard element. Also included in documents provided by EOCI was the State of Oregon, Oregon State Police Interagency Agreement IAA-247-2014.

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) DOC policy 40.1.13 VIII., policy 70.1.4 Investigations, (F) General Provisions #7., policy 70.1.3 Criminal and Administrative Evidence Handling and OSP Interagency Agreement IAA-247-214 which contains language meeting the element of this standard. SFFC also included the agency PREA flow chart (PREA Reporting) and ODOC Investigations Decisions Chart.

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) DOC policy 40.1.13 Prison Rape Elimination Act IV. Training and Education A. Staff training meets the standard for policy. SFFC provided 2014 training materials which included evidence handling, PREA on line training, health services and investigator specialized training and SART training. This information provided the auditor with an understanding of training which had been provided to all current staff.

SFFC further supported this standard by providing 2015 refresher training for staff which included online policy review, online LGBTI communication/searched and in class training "working with inmates, special considerations". The in class training was developed for staff related to ADA and the inmate population.

This auditor completed an ODOC PREA audit at another institution days prior to the audit of SFFC. In reviewing online training with the Captain who was our liaison on behalf of the Agency PREA coordinator the agency and SFFC 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.

- (b) ODOC/SFFC meet the element of this standard as staff that are hired or transfer will receive additional training to meet the requirements.
- (c) ODOC/SFFC meet this standard as all staff had received the training required by this standard in 2014.
- (d) All training is documented and is recorded specific to the staff member who is taking the course.

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) DOC policy 40.1.13 Prison Rape Elimination Act IV. Training and Education (A) (3. &4) meet the requirement for the standard. Volunteers and contractors are also required to complete form CD1623 PREA acknowledgement statement, visitor authorization form CD451 and complete PREA and boundaries training.

(b) All volunteers and contractors receive the same amount of training.

Auditor conducted specialized interviews with a religious volunteer and education staff member. Both had received PREA training and understood their obligation to report, they both were knowledgeable about PREA and their responsibilities.

(c) SFFC maintains a training log for religious volunteer which was provided to the auditor for review. Also provided was Agency Training Requirement documents which lists PREA training and reporting requirements.

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 SFFC inmates receive additional follow up inmate education and inmates are issued an handbook with PREA information on how to report, inmates right to be free from sexual abuse, sexual harassment and retaliation.
- (b) SFFC meets compliance with this element. Auditor and support staff toured SFFC intake area and Receiving and Discharge (R&D) and interviewed security staff assigned to this area. Audit team reviewed inmate information for proof of practice/documentation and this was further supported when interviewing inmates who reported they had received PREA information.
- (c) DOC and SFFC 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. This practice has continued over the past 3 years.
- (d) SFFC meets this element as information on PREA posters; inmate handbook and information sent on the inmate TV system are in English, Spanish and subtitles. Should inmates need information other ways TTY 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) SFFC meets this element of the standard as information was observed in housing units, culinary (requested poster to be posted during tour 4/17/16), library, work areas, medical (requested poster to be posted during tour 4/17/16), R&D (requested poster to be posted during tour 4/17/16), chapel and visiting area.

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

(c) Training is required by policy and ODOC western region investigator(s) assigned to SFCC 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. SFCC 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 were asked about training during interviews.

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

(c) ODOC/SFCC meet the element of this standard. Copies of training received is maintained in a the training computer system and a copy was provided to the auditor.

(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/SFCC 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.

Audit team reviewed inmate camp files as the original inmate file for those assigned to SFFC are maintained at their satellite facility Columbia River Correctional Institution (CRCI). Audit team reviewed recent 1625 forms which had not yet been sent to CRCI for placement within the inmate file. Viewing the forms supported the standard and policy were in compliance with this element and inmate interviews further supported EOCI conducted the assessment. Audit team was concerned that SFFC was not maintaining a copy of the inmate 1625 forms within the inmate camp file, auditor required SFFC maintain a copy of the 1625 forms within the camp file.

(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 SFFC, 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 with the effective date of 9/15/15.

SFFC took immediate action, an onsite review of the Offender Management System (OMS) reflected action was taken on the effective date and proof of practice had continued showing compliance with the policy and 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. SFFC provided a screen shot of Offender Management system (OMS) which provided proof of practice with the standard and tracking of information required.

(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) DOC policy 40.1.13 V. screening for risk of sexual victimization and abusiveness F. reflects language meeting compliance with this element. Additional documentation was provided to this auditor to further show compliance with 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.

(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.

SFFC does not place inmates in long term administrative segregation or administrative housing due to the minimum custody level. Should an incident occur an inmate would only be held temporarily pending transfer to CRCI.

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) DOC policy 40.1.13 VI. Reporting A. inmate reporting (1-2), ODOC Division 109 rule 291-109-0100 authority, purpose and policy reflect language consistent with and meeting this element of the standard. 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 by this auditor and support staff supported compliance with this standard as inmates relayed they knew how to report and information was readily available on posters throughout the camp. Audit team

observed PREA posters and on inmate phones.

(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.

(c) DOC policy 40.1.13 VI. Reporting B. staff reporting (4) reflect 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 SFFC.

(d) DOC and SFFC meet the standard of this element as staff are 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) DOC Division 109 rule 291-109-0100 authority, purpose and policy, 291-109-0200 grievance regarding allegations of sexual abuse. Reflect language consistent with the elements of 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. SFFC provided additional information/documentation further supporting in compliance.

Oregon Department of Corrections South Fork Forest Camp and Tillamook County Women's Resource Center Memorandum of Understanding effective November 20, 2015.

PREA visiting room pamphlet for family and friends

Inmate newsletters

Inmate flyer

(b) DOC policy 40.1.13 VII (G), reflects language meeting compliance with this element.

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 with staff and inmates knowledge of reporting to include third party reporting further supported compliance. Information is also readily available on the DOC website and in the PREA visiting room pamphlets.

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) DOC policy 40.1.13 VI. Reporting A. Inmate Reporting 2. (b) (2-3) and 3. and DOC policy 70.1.4 C. Process for Reporting Misconduct , reflect language consistent with the elements in this standard.

Oregon Revised Statute (ORS) 124.60 – Duty of officials to report, ORS 430.735 definitions and ORS 430.765 Duty of officials to report abuse.

DOC Staff Reporting Responsibilities form CD 1620

PREA reporting flow chart 40.1.13

Onsite interviews with SFFC staff by the audit team further supported compliance meeting the elements 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.

DOC policy 40.1.13 (I). Purpose A. and (VI) Reporting (B) staff reporting (1-2) reflect language consistent with and meets the element of this standard. SFFC provided a copy of SFFC PREA Inmate Tracking form and interviews with staff further confirmed compliance with this standard.

Standard 115.63 Reporting to other confinement facilities

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

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

(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.

As of the onsite audit SFFC had not received a report of a sexual abuse at a prior institution or agency.

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. Additional supporting documents were provided to further support compliance with policy.

OIC PREA Checklist form CD 1621
Staff Reporting Responsibilities form CD 1620

Onsite interviews with staff 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.

SFFC responding to sexual abuse and sexual harassment allegations procedure 23 meets compliance with this standard. SFFC provided additional documentation which further supports compliance.

OIC PREA Checklist CD 1621
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 staff further confirmed compliance with this standard.

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) Collective Bargaining Agreement between the State of Oregon and The Association of Oregon Corrections Employees. The approved and current contract does not limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the

outcome of an investigation, or of a determination of whether and to what extent discipline is warranted. As part of the collective bargaining agreement, management has the right to involuntarily assign a staff as needed.

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) DOC policy 40.1.3 (VII) Official Response Following an Inmate Report (A) reflects language meeting the standard of this element. SFFC has designated a supervising security staff member who is responsible for tracking and monitoring retaliation.

(b - f) DOC policy 40.1.3 (VII) Official Response Following an Inmate Report reflects language meeting all the elements of this standard. SFFC PREA compliance manager provided a copy of the PREA tracking sheet which contains the following information:

Date of the incident
Name of inmate who is being monitored
Inmate ID number
Incident number
15/20/50/80 day staff notification and the dates notification was completed
30/60/90 day follow up due dates
Staff assigned to retaliation assessment

Additional documentation was provided to further support compliance with this standard.

DOC PREA Retaliation form
CD 1622 Oregon Department of Corrections, Prison Rape Elimination Act (PREA) reporting to inmates 115.73
CD 1709 Department of Corrections PREA Retaliation Check Sheet

Specialized interview with staff provided this auditor with additional supporting information of compliance with the standard, through policy, proof of practice and staff knowledge.

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.

(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.

(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.

SFFC does not have segregation housing, should an incident occur inmate are transferred to CRCI.

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) DOC policy 40.1.13 (VI) Reporting (B) (4) Staff reporting and DOC investigations policy 70.1.4 (III) policy (B) Expectation of Persons Assigned to Conduct Investigations, (D) Investigation Responsibility and (F. 7.) Investigations regarding PREA allegations reflect language meeting with compliance with this element. SFFC included PREA Reporting 40.1.13 flow chart which provided the auditor with additional supporting documentation.

(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, Inspector II conduct institutional investigations, Inspector III are assigned to the Office of the Inspector General and conduct internal affairs investigation and are the liaison between ODOC and the Oregon State Police for criminal investigations.

Training has been provided to DOC investigators.

(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 confirmed knowledge this policy and inmates are not required to take a polygraph as part of an investigation and not taking the polygraph will not stop the investigation from proceeding.

(f) DOC policy 40.1.3 and policy 70.1.4 meet all the requirements of this element. SFFC included ODOC Sexual Abuse Incident Review Form CD 1677 to provide further supporting documentation in meeting 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 of the standard. SFFC included the PREA reporting flow chart for additional supporting documentation.

(h) DOC policy 70.1.4 (D) Investigation Responsibility (F) General Provisions (7.a.) reflects language meeting the standard of this element. SFFC 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 the standard of this element.

(j-k) DOC policy 40.1.3 (VIII) Investigations (C, 6.) reflects language meeting the standard of this element. Additional documentation was provided to further support ODOC and SFFC meeting compliance with this standard.

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 the standard of this element.

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

Auditor interviewed the SFFC assigned inspector II while on site. Inspector II is very knowledgeable with PREA not only related to her responsibilities as an investigator, she is knowledgeable in all aspects with PREA.

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.

DOC policy 40.1.3 (VIII) Investigations (7) and 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 II further confirmed her understanding and knowledge of the standard and 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. SFCC included Oregon Department of Corrections, Prison Rape Elimination Act (PREA) Reporting to Inmates 115.73 form CD 1622.

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

(c) DOC policy 40.1.3 (VIII) Investigations (C.1 – 3. (a-d)) reflects language meeting the standard of this element. SFCC included 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. EOIC included additional/supporting documentation, 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) ORS 163.452, Custodial sexual misconduct in the first degree, DOC policy 40.1.3 (VIII) Investigations (A), policy 70.1.4 and policy 20.1.3 (III) Policy (A – B (1)) reflect language consistent with and meets compliance with this element.

(b - d) This auditor recommended Policy 40.1.13 be updated to reflect verbiage contained within the element of this standard. Agency PREA coordinator was very respectful and supported the auditors' recommendation by updating the policy. Revised policy was provided to auditor and policy meets standard of these elements. No additional time needed for corrective action as staff interviews and documents provided confirmed these elements were being met and this was only a verbiage update to policy.

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) This auditor recommended Policy 40.1.13 be updated to reflect verbiage contained within the element of this standard. Agency PREA coordinator was very respectful and supported the auditors' recommendation by updating the policy. Revised policy was provided to auditor and policy meets standard of these elements. No additional time needed for corrective action as staff interviews and documents provided confirmed these elements were being met and this was only a verbiage update to policy.

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) ORS Department of Corrections Division 105, Prohibited inmate conduct and processing disciplinary actions 291-105-0015 Rules of Misconduct reflect language meeting compliance with the standard of elements a – f. SFFC provided supporting documentation, Major Violation grid, inmates misconduct history scale (exhibit 1 and 2).

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) SFFC 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 Manger 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

SFFC does not have behavioral health staff on site.

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. Additional supporting document, OIC PREA checklist CD 1621 was provided and interview with staff while onsite further supports policy.

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

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

4/18/16 in person interview was conducted by this auditor and SFFC assigned medical staff. SFFC has a part time Registered Nurse (RN) and 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) SFFC provided a (blank) copy of CD1677 ODOC Sexual Abuse Incident Review Form. At the time of the audit SFFC had not completed a sexual abuse incident review.

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 should one need to be completed.

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 annual report was provided by EOCI and auditor reviewed ODOC website (www.oregon.gov) for the 2014 annual report results.

(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 8, 2016

Auditor Signature

Date