

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 04/11/2018

Auditor Information

Name: Beth Schubach Email: blschubach1@doc1.wa.gov

Company Name: Washington State Department of Corrections

Mailing Address: PO Box 41131 City, State, Zip: Olympia WA 98501

Telephone: 360-725-8789 Date of Facility Visit: 02/06-08/2018

Agency Information

Name of Agency: Governing Authority or Parent Agency (If Applicable):

Oregon Department of Corrections State of Oregon, Office of the Governor

Physical Address: 2575 Center Street City, State, Zip: Salem OR 97301-4667

Mailing Address: 2575 Center Street City, State, Zip: Salem OR 97301-466\

Telephone: 503-947-9950 Is Agency accredited by any organization? Yes No

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency mission: The mission of the Oregon Department of Corrections is to promote public safety by holding offenders accountable for their actions and reducing the risk of future criminal behavior.

Agency Website with PREA Information: <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>

Agency Chief Executive Officer

Name: Colette S. Peters Title: Director

Email: Colette.S.Peters@doc.state.or.us Telephone: 503-945-0927

Agency-Wide PREA Coordinator

Name: Ericka Sage Title: PREA Coordinator

Email: Ericka.R.Sage@doc.state.or.us Telephone: 503-947-9950

PREA Coordinator Reports to: Program and Services Unit Manager	Number of Compliance Managers who report to the PREA Coordinator Zero direct reports but all PREA-related duties of facility PCM's are directed by this position.
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Facility Information

Name of Facility: Deer Ridge Correctional Institution

Physical Address: 3920 E. Ashwood Road, Madras OR 97741

Mailing Address (if different than above): same

Telephone Number: 541-325-5700

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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Facility Mission: We develop productive citizens through teamwork for the success of Oregon.

Facility Website with PREA Information: <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>

Warden/Superintendent

Name: Tim Causey	Title: Superintendent
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Email: Tim.Causey@doc.state.or.us	Telephone: 541-325-5226
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Facility PREA Compliance Manager

Name: Michele Simmelink-Rask	Title: Management Assistant
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Email: Michele.L.Simmelink-Rask@doc.state.or.us	Telephone: 541-325-5224
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Facility Health Service Administrator

Name: Becky Carter	Title: DRCI Health Care Manager
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Email:	Telephone:
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Facility Characteristics

Designated Facility Capacity: 1867		Current Population of Facility: 947	
Number of inmates admitted to facility during the past 12 months			1145
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			925
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1116
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19 - 82	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			9.57 months
Facility security level/inmate custody levels:			minimum
Number of staff currently employed by the facility who may have contact with inmates:			214
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			10
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			10

Physical Plant

Number of Buildings: 14		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		7	
Number of Open Bay/Dorm Housing Units:		5	
Number of Segregation Cells (Administrative and Disciplinary):		80	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

There are currently 270 cameras in the medium (occupied) portion of the facility. All of these are capable of recording with the exception of three cameras recently installed in the HVAC tool room, which can only be viewed in the Physical Plant staff office in the area. The old (unoccupied) minimum-security portion of the facility has 150 cameras. The only cameras in this area that are operational are those in the GG Building. These cameras do not feed to the main control room and are therefore not immediately viewable by staff. These cameras do, however, record. The camera can also be viewed in the old administration building in the OIC office (not currently occupied). With adequate budgetary funding, the plan is to get these cameras hooked into the primary camera system in the medium-security portion of the facility. Four storage units are currently in place. One of these retain video for 6 weeks; the remaining three units retain video for 8 weeks. The Point-Tilt-Zoom (PTZ) cameras currently in use are operational as designed; however, they are old and were unused for approximately 8 years. They are repaired as issues are identified. They are only able to be manipulated by staff in the control room.

Medical

Type of Medical Facility:

Clinic (sick call and treatment rooms), dental, x-ray, optometry, and pharmacy. The area also has an 8-bed infirmary that is currently not in use. This is the only 24-7 medical operation in a minimum facility in the state.

Forensic sexual assault medical exams are conducted at:

St. Charles Hospital in Bend, OR

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:

148

Number of investigators the agency currently employs to investigate allegations of sexual abuse:

16

Audit Findings

Audit Narrative

Beth Schubach, a U.S. Department of Justice (USDOJ) Certified PREA Auditor for adult and juvenile facilities conducted the Prison Rape Elimination Act (PREA) onsite audit of the Deer Ridge Correctional Institution (DRCI) February 6 through 8, 2018. DRCI is operated by the Oregon Department of Corrections (ODOC). The audit was conducted with the assistance of support staff Washington State Department of Corrections employees Karina Austin (Coyote Ridge Corrections Center), Jeneva Cotton (Stafford Creek Corrections Center) and George Gilbert (WADOC Headquarters). During the course of the audit, Beth Schubach conducted the documentation review, informal interviews with random staff and inmates, formal interviews with random and specialized staff, and authored this report. All other team members conducted formal and informal interviews with random and specialized staff and inmates. The Audit Team conducted the site review together.

Notice of audit posted at DRCI stated:

Deer Ridge Correctional Institution will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for Prisons and Jail standards during the following period: February 6 - 8, 2018. Any person with information relevant to this compliance audit may confidentially correspond with the auditors via the following address:*

Beth Schubach – PREA

WDOC

PO Box 41131

Olympia, Washington 98501-1131

***CONFIDENTIALITY** – All written and verbal correspondence and disclosures provided to the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:

- *If the person is an immediate danger to her/himself or others (e.g. suicide or homicide);*
- *Allegations of suspected of child abuse, neglect or maltreatment;*
- *In legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.*

While on site, the Audit Team observed the audit notification in various locations throughout the facility, to include inmate housing units, programming and work areas, visiting room, and staff access areas, ensuring that DRCI staff, inmates and visitors had the opportunity to contact the Auditor. The Auditor received a letter from one (1) DRCI inmate since the posting of the notification up to the submission of this report.

The Auditor received proof documents via flash drive from the ODOC PREA Coordinator on January 3, 2018. The flash drive contained all relevant documentation pertaining to the PREA standards and the audit. This included, but is not limited to, the pre-audit questionnaire (PAQ); agency policies; facility procedures; memorandums of understanding and contracts; inmate posters, brochures and handbooks; compliance memorandums for each standard from the agency PREA Coordinator; and training documentation. Prior to the onsite review, the auditor reviewed all submitted documentation. In addition, prior to the onsite review, the auditor exchanged numerous emails with the PREA Compliance Manager (PCM) and the Agency PREA Coordinator as they related to follow up questions and concerns regarding the received documentation. The auditor also reviewed the DRCI PREA Audit report from their first PREA audit, the ODOC public website and related PREA information, the ODOC annual PREA reports and the ODOC 2015 Annual Assessment and Survey of Sexual Victimization. Prior to arrival, the Auditor conducted telephone interviews with the Director's designees, the Contract Administrator, and the ODOC PREA Coordinator.

On Tuesday, 02/06/2018, the Audit Team arrived at DRCI at 0745. The PREA Compliance Manager and the ODOC PREA Coordinator met the Team. The Public Access staff member verified the identification of all team members, provided each with a red visitor's badge and read members the following information from the Visitor Authorization form:

1. Visitors are not to have contact with the inmates except when this is included in the purpose of the visit. Visitors are to be kept under observation at all times.
2. Visitors are warned that there are inherent safety and security risks in visiting a correctional facility and the possibilities of personal assault or of being taken hostage do exist.
3. Visitors are told that the Oregon Department of Corrections has a zero-tolerance policy regarding sexual abuse and sexual harassment.

This information is read to all visitors prior to facility access.

At 0800, an initial meet and greet was held in the Administrative Conference Room, attended by members of the facility executive and management teams along with the ODOC PREA Coordinator. In attendance were the following:

- R. Ackley, Assistant Superintendent of General Services
- J. Boyer, Correctional Rehabilitation Manager, Sexual Assault Liaison (SAL)
- B. Carter, Medical Services Manager
- T. Causey, Superintendent
- J. Jorgenson, Assistant Superintendent of Security
- E. Sage, ODOC PREA Coordinator
- M. Simmelink-Rask, Management Assistant and PREA Compliance Manager (PCM)

Upon entry to the facility, the Audit Team was provided with rosters of all staff available at the facility for the three days of the audit, indicating post and shift hours. In addition, rosters were received indicating which individuals filled each specialized staff position. A roster was received detailing all inmates housed at the facility on the first day of the audit along with rosters of all specialized categories of

inmates. These were used to select the staff and inmates to participate in random and specialized interviews.

After the meet and greet, the Audit Team was given a tour of the facility that included, but is not limited to, intake, inmate housing units, medical services, kitchen and dining areas, administrative areas, programming and work areas, the warehouse, the control center, maintenance areas, and recreational areas. While touring, the Team paid particular attention to camera placement, lines of site, privacy for inmates in specified areas, PREA reporting / victim advocacy and audit notification posters, door and key security, inmate movement, and staff and inmate interactions. The Team also conducted informal discussion with staff and inmates encountered while touring. The Team observed audit notifications posted at Public Access and in inmate accessible areas throughout the facility. The tour was led by Jeff Boyer, Correctional Rehabilitation Manager and Sexual Assault Liaison (SAL); Jason Jorgenson, Assistant Superintendent of Security; Ericka Sage, Agency PREA Coordinator; and Michele Simmelink-Rask, Management Assistant.

The Audit Team noted that the facility was very clean and well maintained. All staff members were extremely professional, friendly and welcoming. The Team observed productive interaction and respect between staff and between staff and inmates. Staff were observed monitoring inmates and conducting security checks in work, program and living areas.

During the facility tour / onsite review, the Team advised the staff of areas that could possibly be a blind spot, an area of limited viewing or other physical plant issue to be addressed. The staff was extremely responsive and immediately took action or developed plans to address the identified issues. Funding is being allocated and work orders written, with work starting with mirror installation. Plans developed / updated information are documented in italic as follows:

- The interview room doubles as a mother's room for use by nursing mothers. The room was supposed to be locked, but was found to be unlocked. The windows in the two doors into the room were covered with a removable curtain. *Complete - A notification was distributed to all staff regarding the locked door. Also included was a directive that the curtains are to be up only for privacy for mothers and not to be up when staff are only using the computer station.*
- GG Building - There are multiple blind spots in the area, some of which can be resolved with the addition of mirrors, and some of which can be addressed by removing the storage bins that have created barriers and blocked site lines. *Complete - A directive has been issued to the Inmate Work Program Coordinator to keep tote storage to a height of only three.*
- All buildings in the old minimum portion of the facility – open visibility from the outside wherever possible ((interior doors where possible, blinds, roll up in the dining hall, manmade barriers, equipment / materials, etc.). *All interior blinds will be removed, leaving only those blinds that shade the outside due to the extreme weather conditions in central Oregon.*
- Chapel – Complete the project to enlarge the windows in the double doors leading to the band practice room in the chapel and the Chaplain's office. *Complete - This project has been completed and photographs of the completion were provided.*

- Welding Program Area - The lack of visibility into the second bathroom should be addressed. *Complete - A door was created to match the other inmate bathroom door in the area, eliminating the expanded metal to enhance the ability to see if anyone is in the room.*
- Library - Mirrors in each of the back corners of the library would address current blind spots. *Mirrors have been added.*
- Medical Services - Replace the signage on the bathroom in the foyer with something that indicates no access except for urine collection, also providing education to staff assigned to the area (formal directive). Add frosting to the window to provide privacy for inmates in the area providing urine samples. Label the holding cell to ensure staff know it is not operational. *Complete - Medical has changed applicable signs and provided written direction to medical and the OIC's. Frosting was added to the UA test room to address cross-gender viewing.*
- Dental - A mirror is also needed in the back corner to allow staff visibility into the area with the last treatment chair. *A ½ dome mirror is to be installed.*
- Optometry – A mirror is needed in the exam room. *A mirror has been added.*
- Housing Units – There is a storage area in the back of one of the counselor's office where there is no visibility. The door to the storage area has been removed, but a mirror is needed to allow visibility into the back of the storage room. *A ¼ mirror is to be installed in each office.*
- DSU - The curtain needs to be placed in the area for use on the shower. Also, the hooks need to be brought down further on the door to allow staff viewing while making rounds. A doorbell needs to be added to the second overflow pod. *Complete - The curtains were located and hook height adjusted. A directive was issued to segregation staff to use the curtain when inmates are showering.*
- Canteen - An analysis should be conducted and modifications made to ensure adequate visibility throughout the area. This could include modifications to the shelving layout, movement of current cameras, and/or addition of mirrors. It was also recommended that a mirror be added to the office area to allow adequate visibility by staff conducting rounds in the area. *Shelving will be arranged to utilize walls and open up the area so the PZT camera can be turned to appropriate blind spot areas.*
- Food Services – Consider adding a mirror in the back of the bakery and outside the bakery to enhance visibility. *A mirror will be added. Also a request for additional cameras has been submitted.*
- Physical plant in V building – shorten the partition where the clerk is on one side and the support staff is officed on the other side. *A work order has been submitted and is in the queue to revise the wall.*
- Property and clothing issue area in R&D – can't see with current shelving arrangements. *A ½ dome mirror to be installed to cover each aisle, for a total of three mirrors.*
- Address the multiple blind spots in the physical plant storage cage. *Mirrors will be added (1/4 mirror added to each cage for a total of four).*
- Laundry – add a mirror to allow view behind the top load washers on the dirty side. *½ dome mirrors will be installed on both sides (top load washers and where the iron machine is).*
- X-17 building (storage pole building) has slow heat up lights that didn't come on during the tour. Flashlights had to be used and a significant number of blind spots were identified. *Staff are researching light options. To change out the light is cost prohibitive since it is an all-weather light for weather fluctuations experienced in Central Oregon.*
- Inmate restroom in food service (R134) – staff in the hallway can see an inmate using the toilet (partition isn't high enough or isn't placed to allow privacy). *A plastic curtain will be added to drape across the front of the stall, like that in use in housing units.*
- Pharmacy - The Team believed that no one other than a certified pharmacist were to be allowed access to a pharmacy. This should be researched and practices revised to ensure compliance with applicable laws and regulations. *DRCI staff researched this issue and it was determined that the*

facility doesn't not maintain a pharmacy as defined in Oregon law, but a "drug room". The facility's processes are in compliance with applicable laws and regulations (as follows).

855-041-5005 Definitions: For purposes of these rules, OAR 855-041-5000 through 855-041-9999 the following definitions apply: (1) "Institutional Facility" means a hospital or other health care facility which is an inpatient care facility referred to in ORS 442.015, which includes long-term care facilities and special inpatient care facilities, and such facility is licensed by the appropriate state agency. For the purpose of this rule, an Institutional Facility is a Residential Drug Outlet. (2) "Institutional Pharmacy" means a pharmacy where medications are dispensed to other health care professionals for administration to institutionalized patients served by an institutional facility, and which is: (a) Located within the institutional facility; (b) Located outside the facility but provides pharmaceutical services to institutionalized patients; and (c) For the purpose of this rule, an Institutional Pharmacy is a Residential Pharmacy. (3) "Drug Room" means a secure and lockable location within a facility that does not have a pharmacy and is a Board approved location associated with a licensed institutional pharmacy

- Dental - Ensure the storage room door is always locked when not in use and remove the uniform shirts. *Complete - Uniforms have been removed, appropriate signage added to the door, and direction provided to staff.*
- Transition Services – Consider adding a mirror to the back corner. *A ¼ mirror has been installed.*
- In the staff fitness area, there is a room that is unlocked and contains schematics for the facility, maps, plans for design bids, etc. Inmates clean in the area and these should be maintained in an area with restricted access. *A reminder will be issued to staff that all inmates are to be supervised while in the area and the door to the room secured.*
- The inmate bathroom in laundry had the lock removed and toilet paper stuffed into where the core had been; there was no window and staff had no view into the area. This should be reviewed to ensure only one inmate can access at a time (lock the door). *The lock has been completed and a work order submitted for the door to have a window added with frosting. Inmates will be keyed into the restroom by staff in the area.*
- Address staff access to the unused control booths in housing units. *Language to be added to post orders that restrict access to all inmates and signage added indicating that this is a staff only area.*

Following the onsite review, interviews began with random and specialized staff and inmates. Random staff and inmates were selected to ensure representation from all shifts, housing units, and programming / operational areas of the facility. Interviews conducted were as follows.

The total of staff interviews conducted: 58

- Director / designee = 2
- PREA Coordinator = 1
- Agency contract administrator = 1
- Superintendent = 1
- PREA Compliance Manager = 1
- Contractors = 2
- Supervisors who conduct rounds = 2
- Medical and Mental Health staff = 4
- Non-medical staff who conduct searches = 3
- SAFE/SANE = 1

- Victim advocate = 1
- Investigators = 2
- Staff who conduct screenings = 3
- Staff who supervise inmates in segregation = 2
- Staff who participate in incident reviews = 2
- Staff responsible for monitoring for retaliation = 2
- Staff who serve as first responders = 3
- Intake staff = 1
- Volunteers = 3
- Random staff = 21

The number of inmates housed at DRCI on the first day of the onsite review was 947. A total of 30 inmate interviews were conducted:

- Youthful inmates (NOTE – the facility currently houses none) = 0
- Physically disabled / blind / deaf / hard of hearing = 1
- LEP inmates = 1
- Cognitively disabled inmates = 1
- LGB = 1
- Transgender / intersex inmates (NOTE – the facility currently houses none) = 0
- Inmates in segregation for high risk of victimization (NOTE – the facility has had no applicable inmates in the last 12 months) = 0
- Inmates who reported sexual abuse (NOTE: The quota was set as 3 inmates, but a review of records indicated that only one applicable inmate was still housed at the facility) = 1
- Inmates who reported sexual abuse during an assessment = 2
- Random inmates = 23

Included in the random inmate interviews were inmates with one (1) inmate who submitted a letter to the Audit Team Lead in advance of the on-site review. All inmates interviewed were consistent in their responses. Inmates confirmed provision of information about the facility's rules against sexual abuse and sexual harassment as well as information about their rights to not be sexually harassed or abused and how to report. Each inmate was able to detail several different ways to report PREA allegations to include anonymous and via third party. Inmates stated that staff use the doorbell system prior to entering housing units and they are not seen by staff of the opposite gender while they are using the toilet, changing clothes or showering.

While on site, the Team conducted tests of the PREA reporting hotline in multiple inmate housing units. A test of the victim advocacy support line was also conducted from an inmate telephone. An inmate personal identification number (IPIN) is required for all out-going calls. The facility is currently working with the inmate telephone vendor to modify the system to allow calls to the PREA hotline and victim advocates to be IPIN free. All tests were successful. The Team also conducted a telephone interview with a representative from Saving Grace, providing advocacy support services to inmates at DRCI.

Throughout the on-site review, staff were observed moving around the facility, engaging in positive interactions with both inmates and other staff. Auditors were very impressed when the response provided by every staff member to questions regarding the reporting of allegations was to first ensure the safety of everyone involved.

The Team concluded the onsite portion of the audit on 02/08/18. An out-brief was conducted and attended by:

- R. Ackley, Assistant Superintendent of General Services
- S. Ball, Management Assistant
- J. Boyer, Correctional Rehabilitation Manager, Sexual Assault Liaison (SAL)
- G. Brabb, Warehouse and Commissary Manager
- B. Carter, Medical Services Manager
- T. Causey, Superintendent
- S. Fritz, Physical Plant Manager
- J. Jorgenson, Assistant Superintendent of Security
- J. Peel, Food Services Manager
- J. Quaid, Behavioral Health Services Manager
- E. Sage, ODOC PREA Coordinator
- M. Simmelink-Rask, Management Assistant and PREA Compliance Manager (PCM)
- K. Tallabas, Lieutenant, Officer in Charge

After the onsite portion of the audit, the Auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide to determine compliance with each standard. The auditor utilized information from the PAQ as provided prior to the audit, information observed from the onsite review and documents collected while on site, and lastly, information obtained from both the staff and inmate interviews to complete the review and determination of compliance.

At the completion of all portions of the audit, the Auditor identified one (1) standard requiring corrective action.

Facility Characteristics

Deer Ridge Correctional Institution is a minimum and medium-custody male facility located about four miles east of Madras in central Oregon. DRCI is the newest prison facility in Oregon, opened in 2007 and designed to house 644 medium and 1223 minimum custody inmates. The facility rests on 453 acres, with 200 acres used for the placement of the actual facility. The estimated square footage of the minimum is approximately 185,000 SF and the medium is approximately 400,000 SF. At the time of opening, the facility was only operating the minimum-security portion of the complex. Due to population increases and housing demands for minimum-custody inmates, the facility transferred all operations to the medium-security portion of the complex in February 2016. Although housed in what was built as a medium-security facility, the inmates housed are all minimum-custody. Operations, staffing, moving,

etc. are all based on the minimum rather than medium-custody policies and procedures of ODOC. The celled housing units designed for medium-custody inmates are operated like dormitories. Cell doors are locked in the open position and the on-unit control centers built for medium-custody are not manned. The facility's designed facility capacity is 1867 inmates, but it's funded/operational capacity is 986 due to the housing structure detailed above.

Currently, the only operations within the minimum-custody portion of the facility are a vocational welding program operated by the community college and the staging area for deployment of outside work and fire crews. Periodically buildings and conference rooms are used for training or special events purposes.

While the medium-security portion of the complex was vacant, camera, locks, and equipment were removed for use throughout the agency. As a result, the move of inmates in 2016 was preceded by a great deal of set-up and reinstallation work to prepare it to receive inmates. The radio system also had to be upgraded with the move from the minimum to the medium-security portion of the facility.

DRCI is the only minimum-security facility operating a 24 hour per day / 7 days per week medical services area. This is due in part to the considerable number of inmates with mental health issues housed at the facility. It is currently estimated that 60% of the inmates at the facility are classified with mental health concerns and actively in treatment and/or receiving related medications. The facility has two (2) dedicated mental health units and is one of only two minimum-custody facilities in the state with on-site mental health services and staff.

The Food Services unit provides meals to multiple jails and seniors' centers.

114 volunteers provide services solely to DRCI with an additional 24 volunteers serving multiple facilities. Services provided include AA/NA, religious services, and non-violent communication skills. The facility maintains the services of 14 contractors, but recently lost the services of an intern, an educational contractor, and two contract x-ray technicians, reducing the contractor number to 10.

The facility operates as a release center, preparing inmates with 48 months or less to serve for release back into the community. The mission of the facility is

We develop productive citizens through teamwork for the success of Oregon.

Vision – Deer Ridge Correctional Institution will strive to promote:

- *Integrity that is above reproach.*
- *Professionalism through all interactions.*
- *Respectful institution environment.*

- *Dedication to our jobs.*
- *Leadership by managing upward.*
- *Fiscal and personal accountability.*
- *Establishing effective and positive community partnerships.*
- *Collaboration toward decisions and goals.*
- *Maintaining safety and seamless security using dynamic integrated systems.*

The facility is located within the town of Madras, located in central Oregon. Madras was the focal point for viewing of the total solar eclipse in October 2017. Facility staff worked closely with community leaders to develop contingency plans to address potential power surges, fuel shortages, perimeter intrusions by campers in the Bureau of Land Management property surrounding the facility, medical evacuation of both inmates and spectators, fires resulting from campers, etc. The facility also developed and implemented plans to get staff in and out of the facility given the massive numbers of spectators entering the immediate area. Areas in the parking lot were established for recreational vehicle parking for staff to allow them to be near the facility and therefore able to staff security and support operations required. Dormitory housing units in the unoccupied minimum-custody portion of the facility were reopened for use by staff who remained on grounds during the event. Shifts were temporarily revised to 12-hours throughout the duration of the event.

The facility is made up of 14 buildings, which includes the currently vacant buildings in the minimum portion of the facility. DRCI maintains the following housing units:

- 7 multiple occupancy celled units (Units A, B, F, G, and H). It is noted that Units C and D are also multiple occupancy celled units with a maximum capacity of 130 inmates per unit. However, currently Unit C is being used as an indoor recreation area and Unit D is unoccupied.
 - Units A and B can house up to 130 inmates per unit. These inmates are classified as mental health inmates. The acuity level of the inmate determines which unit they are housed in. Unit A houses inmates with more severe / significant mental health needs.
 - Units F and G are general population units that can house up to 130 inmates per unit.
 - Unit H is a celled unit, housing up to 130 inmates designated as program engagement.
- 1 single occupancy celled units (Unit E DSU)
 - Unit E is Disciplinary Segregation Unit consists of four separate pods with 20 cells per pod on two tiers. Currently two pods are completely off line. One pod is fully on-line (20 cells) and 11 of the 20 cells in the last pod are on line, designated as overflow housing if needed. This is a short-term housing area; inmates can only be held in DSU for a maximum of 14 days.
- 3 open bay / dormitory housing units (units J, K and L)
 - J unit is an open dormitory design that can hold up to 128 inmates who are engaged in programming and are awaiting available beds in H Unit. J Unit also houses five (5) inmates currently involved in the Alternative Incarceration Program (AIP).
 - Units K and L are dormitory housing units. Inmates assigned to K Unit are newer to the facility and the unit is designated as the intake unit. Inmates assigned to L Unit are those who have demonstrated behavioral issues. Each unit houses up to 128 inmates.

The minimum portion of the facility also has two vacant open dormitory housing units made up of four pods per unit.

The length of stay at the complex is 9.57 months. The age of offenders ranges from 19 – 82 years of age and the facility houses no youthful offenders.

The programming opportunities available for inmates include, but are not limited to:

- Alternative incarceration programs (AIP) – Encompasses intensive cognitive programming, intensive addictions treatment programming, or a combination of the two. Each AIP is a minimum of 270 days in duration and includes a structure institution program and a period of unstructured non-prison leave. Each AIP requires its participants to engage in a minimum of 14 hours per day of highly structured routine, seven days per week for the duration of the program. Inmates are required to participate in and successfully complete transition classes offered as a condition of the program.
- Central Oregon Community College – provision of educational services (ABE and GED test preparation) and college credit programming in welding and manufacturing.
- Entrepreneurial Program – assists interested inmates in exploring entrepreneurship and developing business plans.
- Non-Violent Communications
- Character First – Discusses attitudes a person needs in order to improve relationships and make good ethical choices.
- Pathfinders – Focusing on psychological skills development and restructuring thought processes
- Parenting
- Release services
- Road to Success – Programming and services that enable inmates to successfully transition into the community.

The facility has no findings of inadequacy from an internal or external oversight body. The Fire Marshall recently identified a few issues, particularly with the securing of fire doors. These have since been corrected and at the time of the writing of this report, the facility was awaiting his return and re-inspection.

The facility currently employs 241 total staff. Its primary organizational structure consists of a Superintendent, two Assistant Superintendents (security and general services) and an Operations Captain. Security staff hold the ranks of Lieutenant, Sergeant, Corporal, or Correctional Officer. Additionally, there are a variety of operational support positions throughout the facility's organizational structure. These include, but are not limited to, medical, mental health, counselors, records, food services, physical plant, clerical support, and administration. The facility's Management Assistant, reporting directly to the Superintendent, has been designated as the PREA Compliance Manager. Her duties, outside of PREA, include liaison with Human Resources and payroll, legal information officer, grievance coordinator, staff functions, and public information officer.

Custody shift hours are 0515 – 1315, 1315 – 2115, and 2115 - 0515. Relief posts are 0530 – 1400. There is a one-half hour carry over built into day and swing shifts. The American Federation of State, County, and Municipal Employees (AFSCME) represent officers, corporals and sergeants. Security

Plus staff, to include counselors, health services, kitchen services, etc. are represented by AFSCME as well, under a separate contract. Staff bid shift and days off, but not specific posts. The facility is able to assign staff to posts as the staff member best fits based on the posts available within that shift / days off bid. This also makes it much easier for the facility to reassign staff when there are issues or allegations.

Mental health (Behavioral Health Services) staffing includes a mental health nurse practitioner, a mental health manager, four qualified mental health specialists, a medical records tech, a pharmacy tech and an office specialist. Medical services staffing includes a Health Care Manager, 11 RN's, a medical services manager, a nurse manager, a physician, a dentist and two dental assistants. Health Services is comprised of a clinic (sick call and treatment rooms), dental, x-ray, optometry, and pharmacy. The area also has an 8-bed infirmary that is currently not in use. This is the only 24-7 medical operation in a minimum facility in the state.

All forensic medical examinations are performed by SAFE/SANE staff at the St. Charles Hospital in Bend. The hospital in Madras (also St. Charles) generally doesn't have a SAFE/SANE available; however, one may be on shift or one might be available to come from Bend in the time it would take to get the inmate to the hospital. However, the PCM has added a sticker to the advocate protocol in the OIC's office and in the hospital kit reminding OIC's that inmates are to be taken to Bend and not to Madras. Advocacy support services are provided by Saving Grace. This organization is based in Bend, but also maintains a satellite office in Madras. Staff in Madras only work standard business hours, so the fall back is the office in Bend.

Summary of Audit Findings

Number of Standards Exceeded: 3

- 115.17 based on the extensive and coordinated background investigations conducted
- 115.33 based on the breadth and variety of continuous information provided to inmates as well as the individualized support provided to special needs inmates
- 115.67 based on extended monitoring both in time and individuals monitored, as well as the effective documentation of all monitoring activities

Number of Standards Met: 40

Number of Standards Not Met: 0

- 115.13 - based on the incomplete staffing plan review and approval; the documentation was received and the facility is now in full compliance with this standard.

Summary of Corrective Action (if any)

At the time of the writing of this report, DRCI had submitted their annual staffing plan (115.13) for review by the agency Security Administrator and PREA Coordinator. Once that review is complete and

the staffing plan analysis finalized, DRCI will be compliant with the requirements of this standard.
UPDATE: the documentation was received and the facility is now in full compliance with this standard.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), *Prison Rape Elimination Act*, section I. (page 1) details zero tolerance policy toward all forms of sexual abuse and harassment. The policy encompasses the agency's approach to prevention, detection and responding to PREA-related incidents (sections III

Prevention, IV Training and Education, VI Reporting and VII Official Response). PREA training provided to both staff and inmates also details the agency's zero tolerance toward sexual abuse and sexual harassment in all forms, outlining actions to prevent, detect and respond to allegation of sexual abuse. During the onsite visit to the facility, staff interviewed were aware of the agency's zero tolerance policy and were familiar with other policy specifications.

Policy 40.1.13 (09/01/2016), section II.A (page 1) requires the identification of an agency PREA Coordinator, "...responsible for the development, implementation, and oversight of the department's compliance with the PREA standards in all the department's facilities." The agency's identified PREA Coordinator reports to the Assistant Inspector General / Programs Manager, who reports to the Inspector General. The agency organizational chart (10/20/16) and the organizational chart for the Inspector General (09/2017) and the PREA Coordinator position description (08/01/2013) were reviewed and the PREA Coordinator was interviewed. The PREA Coordinator has joint supervision of 13 PREA Compliance Managers throughout the agency. These individuals hold other positions and perform PREA-related duties as collateral responsibilities, reporting to the PREA Coordinator in all matters related to PREA implementation. The PREA Coordinator indicated that she has a great deal of support in all the institutions and with agency administration. She detailed collaborative actions involving stakeholders at all levels within the agency when an issue regarding compliance is discovered. The Coordinator has been able to secure various grants, some of which established temporary positions, such as the 2015 Advocate Coordinator, to assist in implementation activities. She also noted that she has a backup at headquarters to ensure daily duties continue in her absence and has also received support and assistance from the Sexual Abuse Liaisons in each facility in areas such as audits, training development, and special projects.

Policy 40.1.13 (09/01/2016), section II.F (page 2) also requires designation of a facility-level PREA Compliance Manager as a "management staff person designated by the institution functional unit manager, with sufficient time and authority to coordinate the facility's efforts to comply with the federal PREA standards." DRCI has published Procedure 30 (07/01/2014), *Responding to Sexual Abuse and Sexual Harassment Allegations (PREA)* which states (section II, page 1) that this individual is responsible "...to coordinate communication with the alleged victim and aggressor and to coordinate follow-up to incidents of inmate sexual abuse and sexual harassment within that institution. The PREA Compliance Manager will serve as the team lead for all PREA After-Action Reviews." This is a collateral duty; however, facility leadership has made PREA a priority, allowing the Compliance Manager the time needed to perform PREA-related responsibilities. The facility organization chart was reviewed and the Compliance Manager is identified as the Management Assistant, reporting directly to the Superintendent. In an interview she reported that she is a task master and always develop a list of things she needs to do, that she triages the list by priorities, consistently using her calendar and tasks in Outlook to help keep track of things that need to be done. She indicated that the Offender Management System has also helped significantly. The PCM reported that the Superintendent has made this a priority. She has weekly meetings with him to talk about where the facility is, what issues she's having, plans, etc. She indicated that she has a lot of good dialog with the Superintendent and can be very open with him, that he is very supportive, that she can brainstorm with him and he has the authority to push or emphasize what she needs. She reported that she also has a meeting with the Sexual Assault Liaison (SAL) weekly. She has PREA as an agenda item on the monthly operations

meeting, reporting that people understand that PREA goes hand in hand with security and accountability. Since PREA has become a part of the operational meeting, it's not just a PCM responsibility, but is a part of everyone's job. She provided an example of when they talked about doing rounds but also included what management staff can talk about with staff while on rounds. The PCM reported that when she encounters an issue complying with a PREA standard, she talks to other PCMs and the PREA Coordinator; that they all have open communication and use the National PREA Resource Center a great deal. She added that she walks around a lot; visually identifying issues and talking through the issues with staff.

Interviews with random facility staff indicated a thorough knowledge of PCM responsibilities and actions. All staff spoke very highly of the PCM, indicating they knew they could always go to her with questions, for information, and to review processes. They indicated she is very engaged in facility operations and is respected by staff, which was witnessed by auditors while on-site.

Documentation provided for this standard: agency policy 40.1.13, DRCI Procedure 30, facility and agency-level Sexual Abuse Response Team organizational chart, agency and facility organization charts, and PREA Coordinator position description.

Based on this information, ODOC and DRCI are in full compliance with all elements of standard 115.11.

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ODOC has contracted with Lane, Grant, Jackson and Marion Counties for overflow housing for inmates.

Contract 5059 with Lane County was signed 02/24/2015. Amendment #5, signed 05/16/2017, extends this contract until 09/20/2020. Section 6.11 (page 8) of the contract includes the requirement of the county jail to be compliant with PREA standards. Section 7.8 (page 9) details monitoring requirements to be conducted by ODOC. A review of a Department of Justice (DOJ) PREA audit report dated 10/11/2016 indicated that Lane County Community Corrections Center was determined to be 100% compliant with PREA standards. The facility's final audit report is posted to the agency's public website (<http://lanecounty.org/cms/One.aspx?portalId=3585881&pageId=4240653>).

Contract 4712 with Grant County includes amendment #1 in which section 2.1 (page 1) requires compliance with PREA standards along with monitoring requirements. This amendment was signed 01/30/2013 and, based on an amendment, is in effect for 10 years from the date of execution. A review of the DOJ PREA audit report dated 08/29/2017 indicated that the Grant County Correctional Facility was determined to be 100% compliant with PREA standards. This is a very small facility (41 beds) and the final PREA audit report is currently not posted to their public website. However, the ODOC PREA Coordinator is working with them to ensure the posting is accomplished.

Contract 5405 with Jackson County, 08/08/2017 through 06/30/2018, includes Section 7.11 (page 25) requiring the county jail to be compliant with PREA standards. Also included is the requirement to provide information concerning compliance with PREA standards upon request to ODOC, to include the provision of all PREA audit reports. The contract requires notification to the ODOC PREA Coordinator when there is any allegation of sexual abuse and sexual harassment along with written reports for all administrative or criminal investigations resulting from allegations in which an ODOC inmate is the alleged victim or alleged perpetrator within 30 days after the conclusion of the investigation. A review of a Department of Justice (DOJ) PREA audit report dated 04/23/2017 indicated that Jackson County Transition Center was determined to be 100% compliant with PREA standards. The agency's PREA policy, annual report, reporting information and Department of Justice audit report are maintained on their public website (<http://jacksoncountyor.org/community-justice/Transition-Center/Prison-Rape-Elimination-Act>).

Contract 5396 with Marion County, effective 01/19/2017 through 12/31/2017 and amended to be in effect until 01/31/2019, includes Exhibit A, Statement of Work, section 7.11 (page 24) that requires the county to adopt and comply with the Prison Rape Elimination Act and provide information concerning compliance with PREA standard upon request to ODOC. A DOJ PREA audit began January 2017, culminating in the Marion County Jail and Transition Center being assessed as 100% compliant with all standards. The facility's final audit report was also posted to the agency's public website (<http://www.co.marion.or.us/SO/Institutions/Documents/Final%20PREA%20Report%202017%20web.pdf>).

The ODOC Administrator of the Office of Population Management will suspend placement of an inmate in any facility that fails to meet PREA compliance and audit requirements. The PREA Coordinator will continue to monitor each county for compliance to ensure they are meeting / continue to meet PREA standards. She will request information regarding compliance status no less than annually now that the first audit cycle has concluded and has developed a formal monitoring tool to assess continued compliance. The above information was confirmed in interviews with the PREA Coordinator and the agency Office of Population Management Administrator (as Contract Administrator).

Documentation provided for this standard: contracts with and PREA audit reports for identified counties, ODOC PREA monitoring report template.

Based on this information, ODOC and DRCI are in full compliance with all elements of standard 115.12.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section III.B (page 4), requires that, "Security staffing standards and deployment of video monitoring systems or technology shall be assessed for adjustments by the PREA Compliance Managers for facilities affected and communicate to Agency PREA Coordinator." Agency policy 40.2.1, *Staff Deployment System*, details the requirements for development, monitoring and evaluation of staffing plans, requiring the evaluation of posts "...at least annually by management staff in consultation with the PREA coordinator to assess, determine, and document whether adjustments are needed to the established staffing plans and ensure facilities have the resources available to commit to ensure adherence to the staffing plan. Posts shall be evaluated also for continuous need, abolishment, combination with other posts, change of classification, change of category designation, reduction or increase in the number of shifts staffed daily, the number of days staffed, or continuance without modification." (section III.G.4, page 5). The policy also provides for temporary staffing plan revision when the institution's emergency response plan is implemented.

Documentation provided by the PREA Coordinator indicated:

As part of our annual staffing review, I was able to tour Shutter Creek Correctional Institution, Coffee Creek Correctional Facility, Oregon State Correctional Institution, Santiam Correctional Institution and Deer Ridge Correctional Institution. As part of that tour and review, in coordination with facility management staff, I reviewed all components of the facilities physical plan (including “blind-spots” and areas where staff and inmates may be isolated). We reviewed the composition of the inmate population, the number and placement of supervisory staff, institutional programs that occur and prevalence of substantiated and unsubstantiated incidents of sexual abuse and all other relevant factors. A camera mapping plan has also been created and future needs to camera systems prioritized and documented. Operational practices were reviewed and adjusted to maximize visibility in each location when needed. A number of security mirrors were installed and current cameras have been adjusted to maximize visibility in some locations. Doors were either locked or removed to minimize the opportunity for sexual abuse in those areas. Post orders were changed to include frequent checks of areas that have lower visibility. I have reviewed each institution’s staffing plan, ensuring they use generally accepted correctional practices and have taken into account judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, and findings of inadequacy from internal and external oversight bodies, in which ODOC has had none. I reviewed all allegations of sexual abuse and sexual harassment that have occurred and sexual abuse incident reviews to look for trends that might have been occurring as a result of lack of staff or video monitoring.

Agency policy 40.1.13 (09/01/2016) requires any deviations from the minimum staffing requirements are reported in exceptions to the rule reports to the appropriate manager at the facility. In 2014, ODOC contracted with the Association of State Correctional Administrators (ASCA) to review staffing in all ODOC facilities with a special emphasis on PREA. As a result of that staffing review (12/10/2014), ODOC submitted a population package for additional staff. During the 2016 legislative session, ODOC was awarded 33 additional correctional officer positions, which were distributed as recommended by ASCA.

Interviews confirmed that ODOC would close a non-essential post only in the event of an emergency, (e.g., a medical trip to cover the transport) instead of falling below minimum staffing levels. Auditors were provided with documentation of programs being shut down due to staffing and how the deviation from the staffing plan was documented. Interviews with the Superintendent, PREA Coordinator, and PREA Compliance Manager confirmed a thorough understanding of all the elements included in a staffing plans as well as policy-required review requirements and processed. All related information is tracked in the Institutional Staffing Deployment System (ISDS). The tour and the Superintendent confirmed that staff are deployed in the most critical /vulnerable areas of the facility. At the time of the writing of this report, DRCI had submitted their annual staffing plan for review by the agency Security Administrator and PREA Coordinator. Once that review is complete and the staffing plan analysis finalized, DRCI will be compliant with the requirements of this standard.

Auditors were also provided with schematics showing current camera locations. DRCI has also developed a priority listing of additional cameras in the event funds should come available through a camera package being submitted by the PREA Coordinator. This plan and the placement of cameras

are reviewed routinely when incident reviews are completed. Additionally, the facility has implemented a weekly graveyard review of the functioning of all cameras throughout the facility. Control staff on graveyard review all camera operations, then forward the form to the OIC for review. Anything not working is denoted in red, to include the cameras taken off line in segregation and the housing units. Once the OIC reviews, he/she forwards it to the Captain who submits any applicable work orders to the Technician to address. Auditors received two examples of these reports.

While on site, Auditors received a report from Units F and G that 25% of the cameras were not operational. A review revealed that the issue was caused when a Physical Plant staff member replaced the UPS in the F and G security equipment room. For safety reasons, the power to this room was turned off so the work could be completed. After the work was completed and the power restored, all the equipment came back on line except the video matrix for the camera system. This fault in the video matrix caused the video transmission to the building where the NVR's are located to be interrupted. After notification of the issue, the Technician worked to resolve it and video was restored by the next day.

During interviews conducted, it was determined that there was confusion among administrative staff and OIC regarding camera functions and retention capabilities. A meeting was held with the Technician to explain the system. Additionally, information was distributed to these individuals to ensure a consistent and thorough understanding of the current video monitoring system.

During the on-site review, the Audit Team made recommendations regarding resolution to several blind spots (detailed in the narrative section of this report). Issues were also identified throughout the facility where staff were working alone with inmates. It is strongly recommended the facility implement the Rule of Three, preferably throughout the facility but minimally where the isolation created by the physical layout or by operations create risk (e.g., library shift sergeant's office, infirmary, HR suite, IT, and the old minimum portion of the facility).

Agency policy 40.1.13 (09/01/2016), section III.C (page 4) requires that supervisors conduct unannounced rounds to deter sexual abuse and sexual harassment and prohibits staff alert each other about rounds that are occurring. This was verified during the onsite review of the facility through observation, review of log examples provided, and staff interviews. Auditors reviewed unit logs and Manager Unannounced Rounds for various administrative staff. This is a system set up by the superintendent in addition to the requirement for staff to sign in on area logs. This increased accountability for these staff to conduct required rounds. Also provided for Auditors was the "DRCI Manager Unannounced Rounds Acknowledgement Form" that states:

As a Department of Corrections manager working at Deer Ridge Correctional Institution I have read Procedure #31 DRCI Management Unannounced Rounds and understand I am expected to make in-person unannounced rounds of all DRCI operations and areas of responsibility pursuant to this procedure; and to be observant to ensure area operations are within expected safety, security and PREA standards; and otherwise comply fully with this procedure. While

making these rounds I am expected to engage staff and inmates in the operational areas and make myself available to guests or visitors as needed...All rounds will be annotated on the proper Unannounced Rounds Tracking Document.”

Per DRCI Procedure #31, (1) OIC's are required to conduct rounds each shift in areas within the institution where staff or inmates are present; weekly areas of the institution where staff or inmates are not present; and quarterly areas outside the institution but still on DRCI grounds; (2) BHS Manager, Nurse Manager, Executive Support and HR Manager are required to conduct rounds weekly in areas within their immediate responsibility; monthly in areas within the facility where inmates and staff are present during the manager's normal work schedule; and attend at least one shift briefing per week that occurs during the manager's normal work schedule; (3) all other DOC managers are required to complete weekly rounds of areas where staff or inmates are present; monthly areas where staff or inmates are not present during that shift and areas outside the institutional operations but on DRCI grounds; quarterly off FRCI grounds activities (e.g., inmate work crews); and on a semi-annual basis to tour the institution once between 0000 and 0500, once between 1700 and 0000, and once on a Saturday or Sunday.

Interviews conducted with intermediate and higher-level facility staff confirmed that unannounced rounds are continuously conducted in all areas of the facility. Supervisors interviewed indicated that they varied the course and times of rounds to ensure that staff were not alerted to these rounds.

Documentation provided for this standard: Agency policy 40.1.13, examples of DRCI Daily Rosters, DRCI camera locations and priority listing for future addition to the camera system, and examples of unit and Manager's Unannounced Round logs.

Based on the incomplete staffing plan review and approval, DRCI is in not compliant with all elements of standard 115.13. This should move to compliance once the staffing plan review at the Headquarters level is complete.

UPDATE: The Auditor received the facility's Security Staffing Standard Review and Exception Request, signed by the agency PREA Coordinator on 04/10/2018, requesting an exception to the staffing plan to add an outside sergeant based on current use of the old minimum portion of the facility.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

DRCI does not house youthful offender and, as such, is compliant with the requirements of this standard. HB4037 and 2013's ORS 13.124 documents the agreement between the Oregon Youth Authority (OYA) and ODOC to send a youthful offender (inmate under the age of 18) sentenced to the legal custody of ODOC directly to the physical custody of OYA without first delivering them to ODOC's Coffee Creek Intake Center in Wilsonville, which serves as the intake center for the state. During the 2017 legislative session, HB 2251 passed, which clearly states, "...under no circumstances may a person under 18 years of age be incarcerated in a Department of Corrections institution." DRCI population reports for the last 12 months were also reviewed. There is no category in the reports for youthful offenders housed in this facility.

Interviews with the agency PREA Coordinator and DRCI Superintendent confirmed that the facility does not house youthful offenders.

Documentation provided for this standard: HB4037 and HB 2251, 2013's ORS 13.124, and facility population reports.

Based on this information, ODOC and DRCI are in full compliance with standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No

- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Oregon Administrative Rule 291-041-005 defines types of searches of inmates that are permitted. Rule 291-041-0020, section 7 requires that skin searches will be conducted by same gender as inmate unless there is an emergency along with the requirement to document all strip searches. Oregon Administrative Rule 291-210-0030 *Transgender and Intersex (Inmates)* states, “Unclothed searches are performed by appropriate security staff on each inmate upon the inmate’s delivery to the facility. Ordinarily, a security staff member of the same gender as the inmate will be assigned to conduct the unclothed search. When an inmate identifies or presents as transgender or intersex during intake, staff shall ask the inmate to identify whether they prefer that male or female staff conduct the unclothed search. If an inmate who has not previously been identified as transgender or intersex during intake processing later identifies or presents as transgender or intersex during the conduct of an unclothed search, staff will immediately cease conducting the search and ask the inmate the gender of security staff they prefer to conduct the unclothed search. Staff will accommodate the inmate’s stated preference.” The PREA Coordinator reported that a transgender inmate’s preference is reviewed by a multi-disciplinary team out of Headquarters and searches would be based on the availability of staff. The inmate’s preference is also recorded in the Offender Management System, with preference information emailed to OIC’s and SART members, and any questions are referred to the PCM.

DRCI houses no female inmates, as confirmed by population reports provided. Additionally, no cross-gender strip or body cavity searches were conducted during the audit reporting period. As such, DRCI

did not have any instances in which male staff conducted pat searches of female inmates and is compliant with this standard subsections (b) and (c).

Knowledge of search requirements and an understanding of what urgent circumstances would require a cross-gender strip or body cavity search were confirmed via interviews conducted during the onsite portion of the audit.

Agency policy 40.1.13 (09/01/2016), section III.D (page 4) requires that “Each institution shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.” In making the move from the minimum to the medium portion of the facility, staff made PREA a part of every conversation and plan. During the on-site review, it was learned that two cells in each unit as well as the cells in segregation had cameras that allowed the viewing of the inmate using the toilet facilities. These cameras were immediately shut off and the facilities is developing a longer-term fix to ensure these cameras are not turned back on with the same view they currently have. No other areas of concern were noted regarding the ability of staff to view inmates.

Policy 40.1.13 (09/01/2016), Section III.E (page 4) requires that, “Opposite gender staff shall announce themselves prior to entering an inmate housing unit by the method approved by the agency.” ODOC utilizes a doorbell system to announce opposite gender staff and visitors when entering a housing unit. This system has been in place since 2014 and procedural direction was provided in an email dated 06/11/2014 to all agency employees by the Assistant Director. Use of the doorbell system was observed during the facility onsite review and staff knowledge of related requirements were confirmed during interviews. During the on-site review, use of the doorbell was observed in all the housing units. During the on-site review, it was determined that the doorbells were difficult to hear on the units and did not have the same ringtone as other doorbell systems in facilities across the state. A new doorbell was promptly ordered as a test model and the Auditor received documentation of purchase and delivery as well as testing, with two independent staff members confirming that the doorbell could be heard at various locations throughout the unit. Following completion of successful testing, the facility ordered 20 additional doorbells to complete installation throughout the facility. The Auditor received confirmation of the ordering of those doorbells. Reminder information was also provided to all inmates about reasons and expectations for use of the doorbells in the 10/17/2017 edition of the inmate newsletter *Deer Ridge Tracks*.

Oregon Administrative Rule 291-041-0020, section 7 b and c, directs that transgender inmates will not be searched or physically examined for the sole purpose of determining inmate’s genital status. The rule also requires that, “If the inmate’s genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” Interviews conducted confirmed staff knowledge with this prohibition. DRCI currently houses no transgender or intersex inmates.

Agency policy 40.1.13 (09/01/2016), section IV.A.2 (page 5) requires that “The department shall train staff responsible for the supervision of inmates in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.” Training curriculum (DOC – ATCOM – LGBTI Communication and Searches v2015) was also reviewed and contained standard-required elements. Pat search training was launched in new employee orientation in 2014 and was also provided to all current staff as a part of annual in-service training. An additional training entitled *Cross-Gender, Transgender, and Intersex Inmates – How to Conduct Cross-Gender Pat-Down Searches and Searches of Transgender and intersex Inmates (06/23/2015)* was deployed. Records confirmed that all applicable staff completed the required training. Confirmation of training completion and knowledge of search requirements and expectations was obtained during onsite interviews with a random sample of staff.

Auditors were also provided with email reminders to all facility staff dated 12/04/2017 regarding search procedures for transgender inmates and 09/29/2017 providing a reminder of the procedures for cross-gender announcements on housing units.

Documentation provided for this standard: Administrative Rule 291-041-005 and 291-041-0020, policy 40.1.13, facility population reports, emails regarding doorbell system, and training curriculum and rosters.

Based on this information, DRCI is in full compliance with all elements of standard 115.15.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section IV.B.5 (page 6) requires the provision of inmate education that complies with all standard requirements. Policy 40.2.11 (05/15/2012), *Effective Communication for Deaf/Hearing Impaired Inmates* (entire policy) outlines policy and procedures to ensure that deaf and hearing-impaired inmates are afforded access to necessary hearing assessments and to auxiliary aids/services when required to permit these inmates to communicate effectively with others in accessing and participating in department programs, services, and activities. ODOC primarily uses interpreters through the Department of Human Services (<http://www.oregon.gov/DHS/BUSINESS-SERVICES/ODHHS/Pages/ECS.aspx>) to provide information and facilitate participation in reporting and investigatory processes for Limited English Proficient inmates. Staff interpreters may also be used, as needed and available, with interpretation services provided by staff who receive a differential for these services and who must pass an examination to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. Currently DRCI has two (2) staff who hold this classification. PREA posters are also provided in Spanish, which is the most common second language in Oregon. Facilities also use Purple Communications for deaf inmates and the PREA educational video is close captioned so deaf inmates are able to effectively receive PREA-related information. Blind and low vision inmates are able hear the PREA video, allowing them the provision of information regarding access to all aspects of the PREA program. The facility PREA Compliance Manager works with medical and mental health practitioners and institution counselors on an individual inmate basis to ensure that those with intellectual, psychiatric and speech disabilities also understand all aspects of the PREA program. There were no instances of the need for the provision of specialized orientation or assistive services during the audit documentation period.

Auditors confirmed that no inmates were used to interpret for Limited English Proficient inmates regarding any issue related to PREA, medical, disciplinary, or other confidential matter. The facility currently maintains no written documentation of the use of either staff interpreter or language line use. During interviews, several staff indicated they were not aware of the availability of the language line and a few reported that they would use an inmate interpreter if the victim inmate was ok with it or if the inmate brought another inmate to interpret for them. However, most staff, including the OIC's and

medical, were aware of this prohibition and understood that if an inmate needed interpreter services that were not available by certified staff, the language line contractor service would be accessed. As a result, it is recommended that refresher information be distributed to all staff to ensure they understand the prohibition of using an inmate interpreter only in an emergency and fully understand how to use the language line.

Auditors also observed posters in Spanish available for inmates and were provided with an informational handout regarding reporting options available for inmates in Spanish.

An interview with the agency Director designees confirmed that multiple methods have been employed to ensure that inmates with limitations or disabilities understand PREA protections and reporting, ensuring these inmates are safe. This included an orientation video with multiple presentation venues (closed captioned, bilingual), bilingual pamphlets, and telephone interpreters. These processes begin at intake in the reception center and continue throughout their incarceration as these inmates are at increased risk of abuse due to actual or perceived disabilities.

Agency policy 40.1.13 (09/01/2016), section VI.A.7 (page 8) prohibits the use of inmate interpreters "...except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties or the investigation of the inmate's allegations." DRCI indicated they have experienced no incidents that necessitated the use of an inmate interpreter during the audit period. This along with knowledge of the limitations regarding inmate interpreters was confirmed in interviews with staff and LEP inmates during the onsite portion of the audit.

Disabled inmates interviewed indicated that they were provided information about sexual abuse and harassment in a manner they were able to understand. Inmates confirmed that interpreters were provided as needed. During staff interviews, auditors asked if an inmate required services, did the staff member know where they would go or who to contact. Staff confirmed understanding of policy and procedures, and knowledge of the services available for assistance with LEP and disabled inmates.

Documentation provided for this standard: agency policy 40.1.13, agency policy 40.2.11, brochure and quick reference guide for use of the language line, posters and brochures for inmates, and a listing of certified staff interpreters.

Based on this information, DRCI is in full compliance with all elements of standard 115.16.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

This standard requires ODOC to conduct background checks on all applicants considered for employment or promotion to consider any incidents of substantiated allegations of sexual abuse or sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Agency policy 20.4.2 (07/08/2014), Applicants for DOC Positions with Prior Criminal Convictions, section III.B (page 2), details the automatic disqualification from employment individuals who have, “Any conviction for sexual abuse in a prison, jail, secure community placement, or juvenile facility; Any conviction for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or, in the absence of a conviction, any civil or administrative finding that the applicant attempted to engage in any activity described in...” activities detailed previously. This policy also requires that, “Substantiated allegations of sexual abuse or sexual harassment incidents will be used in determining whether to hire or promote a candidate. Candidates of these types of incidents may be considered with the approval of the Assistant Director of Human Resources.” These requirements were confirmed in an interview with the DRCI Human Resources (HR) Manager. She indicated that staff who are certified to conduct LEDS and OJIN (Oregon Judicial Information Network) conduct all required checks.

Each ODOC recruitment states, “Oregon Department of Corrections (ODOC) complies with the Federal Prison Rape Elimination Act (PREA). PREA prohibits ODOC from hiring, or promoting anyone who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in Institution settings. These include a jail, prison, or other correctional facility (including juvenile corrections) AND any institution or facility where people are residing for the purpose of receiving care or treatment (e.g., adjudicated delinquent, neglected, placed in State custody, mentally ill or disabled, chronically ill, or physically disabled, etc.). These include skilled nursing care, intermediate or long-term care, or custodial or residential care (e.g., group home, rehabilitation, assisted living/nursing home, hospice, etc.)”

Auditors reviewed a sample recruitment, page three of which details agency compliance with PREA standards and the prohibition of hiring or promoting anyone who has engaged in any of the identified incidents. Candidates are required to complete the PREA Verification form, providing information regarding prior related behaviors. This form was also reviewed for standard compliance.

Agency policy 20.4.5 (07/08/2014), Recruitment and Selection Process, section III.D (page 3), addresses reference and background checks and requires the completion of the Employer Questionnaire by all applicable prior employers. This questionnaire includes standard related questions about conduct along with a definition of institutional employer. All institutional employers are contacted and asked about information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse.

Auditors reviewed a sample recruitment along with a sample background investigation summary supplied as supporting documentation. Applicants must also complete a sexual misconduct disclosure form, which was also supplied as documentation. Auditors were provided with an in-depth review of the

background investigation process undertaken prior to the hiring of any individual by ODOC. A background investigation unit is dedicated to the gathering all available information regarding applicants. The individual completes the initial application in the NEO GOV system where they are required to sign and date a PREA acknowledgement and disclosure section and a preliminary criminal background check is conducted. If the applicant progresses to the next level in the hiring process, he/she must complete 16 questionnaires in the eSOPH system where more detailed information is required regarding any sexually deviant and/or PREA-related behaviors. If an individual provides any information that would disqualify him/her from certification by the Department of Public Safety Standards and Training, the individual is disqualified from hire. The questionnaires completed provide information regarding current and prior employers, coworkers, HR, volunteer activities, and certain types of acquaintances. The background investigation unit then sends out requests for information via email to 75 to 100 individuals per applicant. This level of background investigation ensures the hiring of individuals who will work to ensure the safety of inmates under their charge while eliminating from hire those individuals with compromising and/or inappropriate information in their history. This far exceeds the requirements set forth in PREA standards regarding hiring expectations.

During the last 12 months, DRCI hired 10 staff and promoted 3 staff who may have contact with inmates. Confirmation of the completion of required documents relative to sexual misconduct reporting, criminal background checks, and institutional employer verification was received from the agency Recruitment Office. Per information received from the HQ Recruitment Office, LEDS representatives complete checks and then let the functional manager know if the check came back clear. If the check does not clear, it is then reviewed by designated manager. The Recruitment Office verified that background checks were conducted on the new hires and promotional candidates.

ODOC Agency Rule, Division 16, #291-016-0030, section 9 (page 4), requires that all persons entering the facility will be required to provide sufficient information for the functional unit to review criminal history and background. Disclosure requirements are not limited to any time period and applicants are required to disclose all convictions. Policy also mandates that criminal history checks are performed on all contractors and volunteers. Agency policy 100.1.1 (01/01/2015), Non-Employee Service Provider (Carded and Non-Carded), section III.E (page 2), details background check requirements for all contractors, volunteers and interns. At the time of the writing of this report, information was not available regarding the number of contracts in the past 12 months for services with contractors who may have contact with inmates. As a result, contract language, sexual misconduct / PREA-related behavior checks and criminal background / LED's check information were not available for review.

Agency policy 40.1.13 (09/01/2016), section XIV (page 13), requires, criminal background checks every 5 years of permanent, temporary employees, contractors, volunteers and interns. The HR Manager indicated that all regular rechecks of criminal backgrounds are completed at the employee's annual performance evaluation. She added that these checks are also done annually for security staff in advance of weapons qualifications. Documentation was received regarding the completion of criminal background checks for staff and contractors, demonstrating compliance with the 5-year requirements.

ODOC does not conduct interviews or written self-evaluations as part of the review of current employees. As such, this section of subsection (f) of this standard does not apply.

ODOC imposes upon employees a continuing affirmative duty to disclose misconduct through the code of conduct and code of ethics that is signed annually. Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination. Agency policy 20.1.3 (07/01/2015), *Code of Conduct*, section III.B.5 (page 2), requires all employees to report "...to the proper authority, any illegal acts, acts that would pose an immediate threat to the safety, security and welfare of staff and inmates, violations of post orders, rules, regulations, policies and procedures." The same policy (section III.C.3, page 5) states, "Employees shall not become emotionally, romantically, or sexually involved with inmates/offenders, or allow an inmate/offender to engage in any behavior of a sexual nature with another inmate/offender." Staff are required to sign a Code of Ethics form, acknowledging compliance with the code of conduct policy. This form states in part, "I will be honest and truthful. I will be exemplary in obeying the law, following the regulations of the department, and reporting dishonest or unethical conduct." Agency policy 20.1.3, *Code of Conduct* (07/01/2015), section III.A (page 1), indicates that "Failure by employees to follow this policy may result in appropriate disciplinary action, up to and including dismissal." An interview with the DRCI HR Manager confirmed that all employees are trained to this policy and required to comply with it, mandating reports of any applicable incident to the supervisor or Superintendent.

Agency policy 20.5.13, section II.B.6 (page 1) requires that supervisors "provide all factual information, whether positive or negative" regarding employment references for former and current employees. Applicable supervisors are required to provide applicable PREA-related information, including substantiated allegations of sexual abuse and/or harassment when requested by a potential employer of a current or former agency employee. The DRCI Human Resources Manager indicated that when a request regarding a former employee was received from a potential employer, the information would be provided and that a release of information is not required as it's within their power to give provide the information

All standard requirements regarding were confirmed in interviews with the DRCI Human Resources Manager and the PCM.

Documentation provided for this standard: agency policy 20.4.2, examples of recruitments, agency policy 20.4.5, Agency Rule #291-016-0030, agency policy 100.1.1, agency policy 40.1.13, agency policy 20.1.3, agency policy 20.5.13, and recruitment / background check records.

Based on the extensive and coordinated background investigations conducted, ODOC and DRCI have exceeded the requirements of standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), sections III. G and H (page 4), details standard requirements regarding new facilities, substantial expansions and modifications, and installation or expansion of monitoring systems. ODOC has not acquired any new facilities since the last PREA audit conducted at DRCI (final report dated 03/06/2015). The agency's last facility expansion was completed in 2006 and there are no current plans for expansion. No substantial expansions or modifications of existing facilities have been completed at DRCI since their last PREA audit. This was confirmed in an interview with the Superintendent. In preparation for the move from the minimum to the medium portion of the facility, staff analyzed their most recent DOJ audit report and created prioritized lists to address blinds, mirrors, window frosting, and signs regarding restricted access (PREA walk through prior to inmates and staff dated 02/05/2016).

An interview with the agency Director designees confirmed that facilities evaluate impact during any design, acquisition, and expansion or modification project. This evaluation includes, but is not limited to, blind spots, areas of potential low visibility, staffing patterns, complexity of the area, the number of inmates and what activities are occurring in the area, and privacy for showers, toilets, and common

areas. The evaluation is a comprehensive study involving multiple disciplines and always includes the agency PREA Coordinator. The interview also confirmed that installation or updating of any monitoring technology is a collaborative effort involving Facilities and Operations, identifying areas of concern and looking at available technologies to address. If budgetary constraints limit the introduction of new technology or equipment, revisions to operations and procedures are implemented to mitigate identified risk.

Auditors received schematics showing all the camera locations in the medium security portion of the facility and in the old minimum portion of the facility. It is noted that none of these cameras are currently operational with the exception of the cameras in the building housing the welding program and the off-site crew staging area. Auditors were also provided with a document entitled Augmented Security Measures, detailing priorities for modifications to cameras, doors, mirrors, and windows. This is a “wish” list created by staff as funds are available.

The facility developed a camera package priority list for submission to the PREA Coordinator for inclusion in the next budget package. The package included the following camera requests:

- Dorm J, K and L – add cameras to the back corners; 3 fixed cameras on each unit would eliminate blind spots on the north and south walls.
- Medical – one fixed camera down the main hallway of the exam rooms.
- V Building (physical plant) – recreation specialist storage area, add 3 cameras (however, the infrastructure might not allow any); one camera in the shop area roll up door.
- R/D area – inmate clothing room, where there are no cameras currently, requesting one PTZ and one fixed cameras.
- Kitchen – fixed camera at the entrance to the back bakery room door; also coverage in the bakery area only has southeast corner – would like to add one to the north end to fully cover the room as there is large equipment that takes up a lot of the area; entry to the bakery is missed totally by all cameras so adding one camera near the entrance to the coolers (double swinging door); and cameras down the hallway with the large coolers as currently there is nothing there.
- DSU – holding area in the unit – add one camera in the back closet where the laundry is. The area is not in use as a laundry room, but the fire door prohibits viewing these.
- Canteen area – blind spots exist as identified in the on-site review, a PTZ exists but the facility can think about moving shelving, but if they turn the area into ½ recreation, a total of three cameras would be needed.

In developing the package and making any future revisions, administrative staff meet with physical plant staff and the Technician to determine where cameras were needed based on site tours. Cameras would be prioritized based on incidents, staff input, and analysis of what issues have been identified both at the facility and across the department.

Documentation provided for this standard: agency policy 40.1.13, camera mapping documents, and building schematics.

Based on this information, DRCI is in full compliance with all elements of standard 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 70.1.3 (05/01/2014), *Criminal and Administrative Evidence Handling* (entire policy), and the Officer in Charge (OIC) PREA Checklist details the agency's uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol has been adapted from the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Interviews with a random sample of staff demonstrate a thorough understanding of physical evidence control procedures as well as the knowledge that PREA investigations are conducted by specified members of the Sexual Abuse Response Team (SART).

Agency policy 40.1.13 (09/01/2016), section X.A (page 11), and Health Services Policy and Procedure P-B-05 (06/2013), *Procedure in the Event of Sexual Abuse* (page 1 – 2) require that victims of sexual abuse have access to forensic medical examinations at designated hospitals, without financial cost, where evidentiary or medically appropriate. The procedure also requires that examinations are conducted by SAFE/SANE nurses or by qualified medical personnel if a SAFE/SANE is not available. Each facility under the jurisdiction of ODOC has access to a hospital with 24-hour SAFE/SANE coverage, either on shift or on an on-call basis. If for some extenuating reason a SAFE/SANE was not available when needed (e.g., a facility located in a more rural area of the state), the inmate would be transported to a facility where a SAFE/SANE was available.

Documentation provided indicates that DRCI is to transport inmates to St. Charles Hospital in Bend where SANE nurses are available. One allegation during the audit documentation period required a forensic medical examination. Documentation was received of the response to the allegation was received and reviewed. As a result of the allegation, the inmate was removed from his job assignment, as this is where the alleged incident occurred, but was continued to be paid. Upon return from the forensic medical examination, the inmate was returned to medical for follow up before being returned to his housing unit. Auditors were provided with documentation to include response, advocacy access and investigation.

To assist response staff and the OIC when an allegation is received that indicates a forensic medical examination, stickers were placed on the advocacy protocol in the OIC response book and in the hospital kit as a reminder send all inmates to Bend (not the hospital in Madras), call the hospital emergency room so that a SANE can be notified and then call Saving Grace at the Bend telephone number that is manned 24 hours a day, 7 days per week.

An interview with SAFE/SANE staff from the St. Charles Hospital confirmed that forensic medical examinations for DRCI inmates are conducted at this facility and that SAFE/SANE staff are required to be available to conduct these exams.

DRCI maintains a memorandum of understanding (MOU) with Saving Grace (effective 11/28/2017) with no expiration date to provide advocacy to inmates housed at DRCI. The MOU states in part:

“Saving Grace will:

- Provide a victim advocate upon request from ODOC or survivor in custody who will receive a forensic medical evaluation as a result of suffering sexual abuse. As requested by the survivor, the victim advocate shall accompany and support the survivor during the examination process and investigatory interviews, as well as provide emotional support, information, and referrals. The victim advocate may be requested to respond via telephone, in person, by mail, or any combination. The victim advocate shall be available 24 hours a day 7 days a week, including holidays, via telephone or in person for examination and investigatory interview.
- Target for Response Time
 - Telephone services to be provided 7 days a week, 24 hours a day.
 - Respond to mail within two weeks of receipt.
 - Forensic medical exam response to be within one hour of notification taking into account agency policy, location, and conditions.
 - Investigatory response to be within two hours of notification unless otherwise pre-scheduled...
- Obtain the survivor in custody's consent and a release of information before contacting ODOC or other third parties about any fears or concerns the survivor in custody may have concerning his/her safety or well-being.

A brochure for inmates entitled *Sexual Abuse Advocacy* (04/2016), details connecting with an advocate by dialing 711 and communication / confidentiality requirements. This brochure is available in both English and Spanish. Information regarding advocacy support services is also shared with inmates in the facility's weekly newsletter *Deer Ridge Prints*. Auditors reviewed editions from 11/03/2017, 11/17/2017 and 12/01/2017 that included information about advocacy support services and processes for access. Also provided was the Community-Based PREA Advocate (Support) Program information sheet for inmates detailing the advocate's role, what advocates don't do, contacting the agency by dialing 711 on any inmate telephone, and telephone and address information for the advocacy organization partnered with the facility. Auditors also reviewed a PowerPoint slide regarding Saving Grace (what is advocacy, the role of an advocate, and how inmates can make contact) that is provided to all inmates during orientation.

Auditors were also provided with a listing of all PREA advocate contact information (dated 06/27/2017) and document entitled *PREA Sexual Assault Forensic Exam Advocacy* (04/25/2016) which is an information sheet for staff detailing notification, verification of identification, security and confidentiality, explanatory information regarding advocacy services, and interaction between ODOC staff and advocates. During the onsite review and interviews with staff and inmates, auditors confirmed the availability of brochures as well as knowledge of available advocacy services. Interviews also provided information that, regarding investigatory interviews, staff ask the inmate if he wants the advocate present, which is in compliance with statewide processes. However, in particularly egregious cases, the advocate would be contacted in advance and would be available to the victim during any interview. Local advocacy processes were also confirmed in an interview with the PREA Compliance Manager.

Policies allow for criminal investigations to be conducted by Oregon State Police and Office of Inspector General's Special Investigations Unit (SIU), which is part of ODOC. An interview with the PREA Compliance Manager and the Superintendent confirmed that Investigations into allegations that may be criminal are referred first to the Oregon State Police and that if State Police investigatory resources are not currently available, the investigation would then be conducted by SIU investigators.

Auditors were provided with *ODOC investigatory Interview (State Police and ODOC) Advocacy Notification (10/06/2016)*, detailing how arrangements are made to meet with inmates and provide advocacy services. State Police officials have agreed to this procedure. The PREA Coordinator also provided investigators of the State Police with PREA training, ensuring a comprehensive knowledge of PREA standards and investigatory requirements. Auditors were provided with an example of a criminal investigation conducted by the Oregon State Police.

As DRCI has secured advocacy support through a community sexual assault program, subsection (h) of this standard does not apply.

It is also noted that the PCM sits on the community SART, ensuring a continuity of services and sharing of relevant information.

Documentation provided for this standard: agency policies 40.1.13 and 70.1.3, OIC PREA Checklist, Health Services Policy and Procedure P-B-05, PREA Advocacy Contact Information – Department of Corrections Institutions and Community Sexual Assault Advocacy Organizations, documentation of the completion of a forensic medical examination, MOU with Saving Grace, PREA Sexual Assault Forensic Exam Advocacy, advocacy brochures for inmates, and ODOC Investigatory Interview Advocacy Notification.

Based on this information, DRCI is in full compliance with all elements of standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policies 40.1.13 (09/01/2016) and 70.1.4 (07/01/2015), *Investigations* (entire policies), detail agency investigative procedures. All allegations of sexual abuse and sexual harassment are investigated as specified in these policies. During the past 12 months, DRCI received 11 allegations of sexual abuse or harassment. These resulted in 8 administrative investigations and 3 criminal investigations. The following is the outcome of those investigations:

- 14769 – unfounded staff sexual abuse – investigated by the Oregon State Police and was determined to be unfounded.
- 14800 – unsubstantiated inmate sexual harassment
- 14827 – unfounded staff sexual abuse – CRIMINAL as is was staff sexual assault, investigated by OSP and determined to be unfounded.
- 14888 – unfounded inmate sexual harassment

- 14891 – substantiated staff sexual abuse – investigated by the Oregon State Police; the perpetrator in this investigation is being criminally charged
- 14985 – substantiated staff sexual harassment
- 14990 – unsubstantiated inmate sexual harassment
- 15020 – unsubstantiated inmate sexual harassment
- 15058 – unfounded staff sexual harassment
- 15128 – unfounded inmate sexual abuse
- 15177 – unfounded inmate sexual abuse

The PREA Reporting flowchart outlines how allegations are addressed and investigations will be conducted, indicating that potentially criminal allegations are referred to the Oregon State Police, who has the legal authority to conduct those investigations. The OIC PREA Checklist also provides direction to staff regarding the conduct of criminal investigations and documents law enforcement referrals. The ODOC *Investigations Decisions Chart* (08/03/2005) details authorities to conduct various types of investigations, including the conduct of criminal investigations by the State Police.

An MOU with the Oregon State Police (IAA-247-2014) was reviewed and found to include outlines of the roles and responsibilities of each agency in the conduct of criminal investigations at correctional facilities. This MOU was signed 12/9/2014 and has no expiration date. The investigations policy was located on the agency's public website at http://www.oregon.gov/doc/OC/Pages/rules_policies/policies_alpha.aspx.

Interviews with investigative staff confirmed that all criminal investigations are conducted by the Oregon State Police and administrative investigations are completed trained members of SART or the Special Investigations Unit (SIU) out of the Inspector General's Office. An interview with the agency Director designees confirmed that all allegations are investigated in accordance with general investigatory policies (70.1.4) and PREA policy (40.1.13).

No component of Department of Justice conducts administrative or criminal investigations of sexual abuse or sexual harassment within ODOC. As such, DRCI is compliant with standard subsection (e).

Documentation provided for this standard: agency policies 40.1.13 and 70.1.4, OIC PREA Checklist, flowchart and decision chart, investigation report, and MOU with the State Police.

Based on this information, DRCI is in full compliance with all elements of standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section IV.A (page 4 – 5), requires that staff complete PREA training every two years, with the provision of refresher information in years when training is not conducted. Training is completed on-line (iLearn) in a two-hour session. The curriculum was reviewed and contains all elements outlined in this standard. Training also includes information applicable to both male and female inmates and as such, ODOC has exceeded the gender-specific training requirement of this standard. Staff confirm they understand the training presented through an electronic signature/verification component in the iLearn system. During off years, staff are provided with PREA refresher training which varies each time the training is deployed, focusing on emerging issues or new procedures regarding PREA at the facility. Auditors were provided with curriculum for refresher training for 2017 entitled “*PREA standards overview, Staff Reporting Responsibilities, Trauma, and Advocacy*”. The refresher was provided in the form of an in-person, two-hour training, which included a refresher on policy, detailed information about how to be trauma-informed with sexual assault victims and information on the advocacy program. Auditors also confirmed that newly hired security staff are required to complete the Basic Corrections Course (BCC). Newly hired security-plus (non-custody) staff or staff transferring from another facility are required to complete New Employee Orientation (NEO), both of which include PREA training that contains the standard-required elements.

iLearn training was provided to DRCI staff in 2016 and will be repeated again in 2018. In-person, in-service training was completed with staff in 2017, addressing PREA standards overview, staff reporting responsibilities, trauma, and advocacy. Auditors were provided with Multiple Training Progress by Content reports showing completion of PREA Policy Review for 2016, PREA Standards, Reporting, Trauma and Advocacy for 2017, and Prison Rape Elimination Act for 2016. Auditors were also provided with a listing of all employees demonstrating completion dates for required PREA In-Service for 213 employees. Several individuals were noted as being on extended leave and will be required to complete training immediately on return. A total of three current staff members were not current on training requirements, giving the facility a 99% overall compliance rate. During interviews, staff confirmed a thorough knowledge of all PREA training provided and could clearly articulate the elements outlined in this standard.

Staff are required to confirm they understand the training presented either through the iLearn electronic training system or in the in-person training provided. Staff interviewed were also knowledgeable about PREA policies and reporting venues and confirmed completion of training as indicated by records.

Documentation provided for this standard: policy 40.1.13, staff training curriculum, training non-compliance reports and training rosters.

Based on this information, DRCI is in full compliance with all elements of standard 115.31.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section IV.A.3 (page 5), requires that all volunteer and contractors who have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Initially all volunteers were required to read over the PREA policy and sign the *PREA Acknowledgment Statement* (10/2013). Facility access was denied if the policies were not read and the form signed. In 2013, a new process was implemented requiring the completion of PREA and Boundaries for Volunteer and Contractor's v. 8-1-13 by all new volunteers.

Full time contractors receive the same PREA training as staff. Part time contractors are required to complete the PREA and Boundaries Training. The PowerPoint and study guide for this training were reviewed and meet all standard requirements. All escorted contractors are required to read and sign the Visitor Authorization, prior to entry into any facility, detailing the agency's zero tolerance policy.

Contractors and volunteers are also required to complete orientation, which documents completion of required training, including PREA. This is documented on the *NSP Facility Orientation Checklist* (10/2014). These contractors and volunteers are also required to complete the *Prison Rape Elimination Act (PREA) Acknowledgment Statement* (10/2013), acknowledging an understanding of "the Department's position on zero-tolerance of sexual abuse and sexual harassment, and...that I will report any findings of sexual abuse or sexual harassment immediately."

Auditors were provided with the *NSP Training Requirements Flowchart*, detailing minimum contractor (non-employee service provider or NSP) training requirements, including PREA, based on frequency, duration and contact.

DRCI currently has a total of 138 volunteers providing services within the facility. While on site, auditors reviewed training records and a sampling of PREA Acknowledgment Statement forms, confirming that volunteers have completed training as required and including the statement, "Visitors are told that the Oregon Department of Corrections has a zero-tolerance policy regarding sexual abuse and sexual harassment." Interviews with volunteers indicated that they had completed the required training and understood the basics of PREA / zero tolerance.

The facility also employed the services of 10 contractors at the time of the on-site review. Auditors were provided with examples of training completion for a random sample of these contractors. Interviews conducted with several contract staff members confirmed completion of required training and notification of the agency's zero tolerance policy on sexual abuse and sexual harassment. Individuals also confirmed knowledge of the requirement to report such incidents, indicating they would let the Officer-in-Charge or a supervisor know in addition to removing the victim and creating a safe place.

Documentation provided for this standard: policy 40.1.13, training curriculum, acknowledgement and authorization forms, NSP Facility Orientation Checklist, Training Requirements Flowchart, Prison Rape Elimination Act (PREA) Acknowledgement Statements, and training reports.

Based on this information, DRCI is in full compliance with all elements of standard 115.32.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section IV.B (page 5 – 6), details inmate orientation requirements. During the audit documentation period, 1,431 inmates were admitted to the facility and received PREA information on intake. During intake, posters are readily available in areas in which inmates wait for clothing and housing assignments, in all living areas and in the inmate dining room. These posters explain agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to

report incidents or suspicions of sexual abuse or sexual harassments. Inmates are also provided with a facility handbook on arrival.

Within 30 days of intake, inmates are required to complete a formal orientation process, which includes the provision of a PREA orientation video, which details prohibited acts, inmate rights, and reporting procedures. A script of the training was reviewed and auditors determined that the training includes all standard required elements. Auditors were also provided with the Deer Ridge Correctional Institution Admissions and Orientation PowerPoint curriculum which contains information about PREA purposes, zero tolerance, how to protect yourself from becoming a victim, multiple reporting methods, actions not to engage in to preserve evidence, and support services available from Saving Grace (community based advocacy organization) including contact via telephone by dialing 711.

The facility received 1,145 inmates in the last 12 months, 925 of whom stayed at the facility for 30 days or more. The decrease in numbers is due primarily to inmates releasing as the focus of the facility is release preparation. Once a week the orientation tracking system (DOC400) audits compliance report and emails are sent to all applicable facilities. The Auditors received copy of incomplete orientation report dated 01/22/2018, confirming that there were five inmates from DRCI (less than 1%) who had been at the facility between 49 and 902 days who had not received orientation. When this report was received in October 2017 (when the report was first available), the identified inmates were immediately placed on a call out and shown the PREA orientation video. These inmates continued to show on the weekly report due to an error in data entry upon completion of orientation. The facility is working with IT to correct the error and Auditors were provided with print outs from DOC400 showing orientation completion dates for these inmates.

The PREA video and posters are available in Spanish and English and the video is closed-captioned. Disabled inmates are provided information on a case-by-case basis, and depending on the disability. ODOC primarily uses interpreters through the Department of Human Services to provide information and facilitate participation in reporting and investigatory processes for Limited English Proficient inmates. If available, staff interpreters are also utilized, as needed, with interpretation services provided by staff who receive a differential for these services and who must pass an examination to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. Currently DRCI has two (2) staff who hold this classification. The facility currently maintains no written documentation of the use of either staff interpreter or language line use, but most staff interviewed were very familiar with these provisions.

PREA posters are also provided in Spanish, which is the most common second language in Oregon. Facilities also use Purple Communications for deaf inmates and the PREA educational video is close captioned so deaf inmates are able to effectively receive PREA-related information. Blind and low vision inmates are able hear the PREA video, allowing them the provision of information regarding access to all aspects of the PREA program. The PCM works with medical and mental health practitioners and institution counselors on an individual inmate basis to ensure that those with intellectual, psychiatric and speech disabilities also understand all aspects of the PREA program.

There were no instances of the need for the provision of specialized orientation during the audit documentation period.

Inmates also have access to a 10/2009 brochure entitled "Sexual Assault Awareness" which details general information about sexual assault, steps to avoid sexual assault, what to do if assaulted, reporting, and consequences for those who assault other inmates.

The facility also generates a weekly inmate newsletter entitled *Deer Ridge Tracks* which contains information about PREA in each edition. This continuous flow of information demonstrates the facility's dedication to keeping inmates informed, highlighting new or changing procedures, answering inmate questions, and addressing issue resolution. This is an exceptional practice worthy of duplication in other facilities across the country. There is also PREA-related information in the DRCI minimum facility inmate handbook (12/01/2014) regarding zero tolerance, what to do if you are a victim, and calling the Inspector General hotline to make reports. It is recommended this be updated on the next handbook revision to include information about the ability of inmates to dial "9" to make a report along with other reporting venues. It should also include information about victim advocacy support services.

PREA information is continuously provided in the form of posters, handbook information, access to the PREA orientation video, brochures and newsletter articles. Posters and newsletters were also observed while onsite. Intake staff interviewed confirmed noted procedures ensuring that all inmates processed into the facility have received information about the agency's zero-tolerance policy on sexual abuse and sexual harassment. Inmates interviewed were knowledgeable about PREA policies and reporting venues and confirmed completion of orientation as indicated by records.

As the facility is prohibited from receiving an inmate who has more than 4 years to serve prior to release, all inmates currently housed in the facility were received after August 2012.

Documentation provided for this standard: agency policy 40.1.13, inmate handbook, orientation content, PREA poster and sample newsletters.

Based on the breadth and variety of continuous information provided to inmates as well as the individualized support provided to special needs inmates, DRCI has exceeded the requirements of standard 115.33.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section IV.A.4 (page 5), requires that, "In addition to general training provided to all employees, contractors and volunteers, the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department." *PREA Investigations Training for Investigators* curriculum was reviewed and includes but is not limited to evidence collection and preservation, particularly in sexual abuse investigations in confinement settings; investigations of sexual abuse in confinement settings; the impacts of trauma; techniques for interviewing sexual abuse victims; interviewing developmentally disabled, LEP, and mentally ill inmates; addressing the needs of LGBTI inmates; proper use of Miranda and Garrity warnings, credibility assessments, prior complaints involving the same suspect, the criteria of evidence required to substantiate a case for administrative action or prosecution referral, and report writing.

Investigations are completed by identified, trained members of the Sexual Abuse Response Team (SART). The facility maintains a total of 16 training PREA investigators, and has access to investigators assigned to the Special Investigations Unit (SIU) out of the Inspector General's office as needed. A review of records confirmed that these individuals have completed training as required. Additionally, a sample of completed investigations was reviewed and auditors confirmed that the individual completing the investigation had completed training as required. Investigators were also interviewed, confirming completion of the required training and knowledge of training elements.

Members of the Oregon State Patrol who complete criminal investigations have completed all training required by the Patrol which is much more in-depth and comprehensive than that required by ODOC for administrative investigations.

Documentation provided for this standard: agency policy 40.1.13, training curriculum and training reports.

Based on this information, DRCI is in full compliance with all elements of standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section IV.A.4 (page 5), requires that, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department." Health Services Section Policy and Procedure #P-B-04 (04/2014), *Federal Sexual Abuse Reporting Regulations*, also requires specialized training for mental health and health services professionals. Training curriculum was reviewed and includes all standard-required elements.

ODOC mandates that community providers rather than agency staff conduct all forensic medical examinations. This was confirmed in interviews with medical practitioners. As such, DRCI is compliant with standard subsection (b).

DRCI currently has 26 medical and mental health practitioners who work regularly with inmates. Auditors were provided with documentation of training completion for a random sample of these individuals. Additionally, medical and mental health staff interviewed reported completion of required training along with knowledge of the standard-specified elements.

Documentation provided for this standard: agency policy 40.1.13, Health Services Section Policy and Procedure #P-B-04, and training curriculum and training rosters.

Based on this information, DRCI is in full compliance with all elements of standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All inmates are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. This requirement is included in agency policy 40.1.13 (09/01/2016), section V (page 6 – 7).

Intake screenings take place within 72 hours of arrival at the facility, but most intake screenings are completed on the same day the inmate arrives. During the audit documentation period, DRCI received a total of 1,145 inmates, with 1,116 inmates remaining for more than 72 hours. This is due in part to DRCI being located in central Oregon and stages inmates from the northern facilities on their way to Warner Creek Correctional Facility, which is south of DRCI in Lakeview. DRCI often serves as the hub for transports on the eastern side of the state. Compliance reports generated by the Offender Management System (the "Late Report") indicate that initial (72-hour) assessments were completed on time 99.8% of the time (01/01/2017 through 01/01/2018).

The assessment process uses a standardized objective tool, which includes all the requirements of this standard. Auditors were provided with a breakdown of point values assigned to each assessment question within OMS. Screenings consider prior acts of sexual abuse, prior convictions for violent offenses and histories of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The screening process does not rely solely on information provided by the inmate as the assessment database within OMS automatically pulls information from other portions of the electronic system (e.g., SID number, date of birth, height, weight, mental health code, first incarcerations, prior violent or sexually abusive behavior in another institution, custody level, any identified disabilities, etc.).

Agency policy 40.1.13 (09/01/2016), section V.A. and V.A.3.a (page 6) requires the reassessment of each inmate's risk to victimization or abusiveness within 30 days of arrival at the facility or when warranted due to referral request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive.

During the audit documentation period, 925 inmates of the 1,145 inmates received remained at the facility for 30 days or more. This is due in part to DRCI functioning as a release center and most of the inmates leaving the facility before the 30-day mark had reached their release dates. The "Late Report" run 02/13/18 illustrated that 92.3% of follow up assessments were completed on time between 01/01/2017 to 01/01/2018. A system error was identified, adding fire crew inmates that went out of the facility to work each day but returned at night to the 30-day report. An additional issue was identified regarding inmates who are out on crews that don't return at night. The system issues have been addressed and adjusted compliance percentages are calculated to be in the high 90 percentile range.

Auditors reviewed a sample of both intake and follow-up assessments while on site. Inmates interviewed during the audit acknowledged the completion of thorough and comprehensive risk assessments.

DRCI completes "for cause" or special assessments in response to the receipt of additional applicable information or in response to PREA allegations. The Auditors were provided with the special assessment completed following the substantiation of a staff sexual misconduct / abuse investigation.

The PREA Coordinator reported that the OMS system is never down for more than an hour or two due to enhanced backup functions. Additionally, a printable version of the assessment tool is available for use as needed during any type of system outage. The PCM confirmed that an assessment is completed by SART members on shift for any inmate who is received after hours (e.g., emergency transfers).

ODOC policy 40.1.13 (09/01/2016), section V.A (page 6), states, “Inmates may not be disciplined for refusing to answer, or for failing to disclose information in regards to the assessment questions.” Staff who complete assessments confirmed this prohibition when interviewed during the onsite portion of this audit, indicating the presence of an option in the Offender Management System assessment that indicates the inmate refused to participate in the assessment. The assessor would then record all information they have available to determine the inmate’s risk indicator.

The agency has implemented appropriate controls for access to assessment-related information. The agency PREA Coordinator is the only person who can assign a staff access to the assessment system in OMS. These permissions are granted on a-case by case basis; ensuring information is not exploited to the inmate’s detriment by staff or other inmates. The facility PREA Compliance Manager must submit access requests to the PREA Coordinator, detailing the reasons for the request. SART members and classification staff are assigned different levels of access based on assigned roles. Training on use of the system is also required. All staff can view the outcome of the assessment (known and potential victims and aggressors) for information when making housing and programming or job assignments, but do not have access to the background information that created the risk identifier. During interviews, two classification counselors indicated they believed all staff had access to the background information contained in the risk assessment. Even when clarified that this was not about the final risk indicator, but the details and scoring behind creating the indicator, they believed that all staff had access. When asked what they would do if a security staff member asked them for the details in the assessment, they indicated they would share that information with them. This was immediately addressed to ensure there were no breaches of confidentiality regarding risk assessment information.

Documentation provided for this standard: agency policy 40.1.13, assessment examples, and components of the Offender Management System.

Based on this information, DRCI is in full compliance with all elements of standard 115.41.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 41.1.13, section V. (page 6), mandates that “The department shall provide housing assignments that reduce the likelihood of sexual abuse and sexual harassment while an inmate is in DOC custody.” This policy also mandates individualized decisions about how to ensure the safety of each inmate and the use of “...information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmate at high risk from being sexually victimized from those at high risk of being sexually abusive.”

Currently all facilities receive a PREA transfer alert email daily, informing the facility of how many inmates are arriving with PREA risk designators. Facilities then ensure they have reviewed the arriving inmate via the Offender Management System. This was confirmed in an interview with the PCM who reported receipt of the email and who reviews the information and distributes it as needed to applicable staff (e.g., OIC’s, mental health, etc.) to ensure the safety of the inmate. The PCM reviews all available information regarding the inmate to determine why he is on the alert list and processes are in place to require her to review and approve all housing moves for inmates on this list. The OMS system does a “hard stop” on all inmates designated as potentially aggressive being housed with an inmate who is potentially vulnerable. Notifications are also made to staff who assign housing, bed, work, education and program assignments. The facility maintains a watch list of at-risk inmates, including those with

risk identifiers as well as transgender inmates. No changes to housing or job assignments for these inmates can be completed without the approval of the PREA Compliance Manager or the Sexual Abuse Liaison. During the onsite portion of this audit, the Offender Management System was reviewed and auditors were walked through the housing and programming assignment process. Detailed processes were confirmed in an interview with the PREA Compliance Manager.

Each institution has identified which areas they need to be careful to place inmates with designators, especially focusing on aggressive inmates. Inmates who are assessed as vulnerable or predatory are placed in high visibility bunks in housing units, in front of the officer's station. During interviews, a few inmates reported that they believed these bunks were used for retaliation purposes. However, information regarding the use of these bunks and the inmates placed in them is not widely shared with inmates in order to reduce the likelihood that these inmates will be targeted by other inmates.

Administrative Rule 291-210-0010, *Transgender and Intersex (Inmate)*, details the identification, assessment, review, and management of inmates who present with nonconforming gender at intake. ODOC has a Transgender and Intersex Committee, which meets on an as-needed basis to determine housing and program assignments for transgender and intersex inmates. The statewide committee consists of the Coffee Creek Correctional Facility Superintendent, the Assistant Director of Operations (Institutions), Institutions Administrators (both East and West), the Agency PREA Coordinator, the Medical Director, the Behavioral Health Services (mental health) Administrator, the Population Management Administrator and others as needed. This group meets any time a new transgender or intersex inmate arrives in ODOC custody, a current inmate discloses transgender or intersex status, or every time a concern with a transgender or intersex inmate's placement is identified. This committee considers a transgender and intersex inmate's own views with respect to his or her own safety and give it serious consideration in resulting assignments. These reviews are tracked in OMS and no inmate can be moved to another facility without prior approval from the committee.

Agency policy 40.1.13 (09/01/2016), section V.B (page 7), requires that the PREA Compliance Manager complete a review of "placement and programming assignments for each transgender or intersex inmate at least twice each year to review any threats to safety experienced by the inmate." Six-month reviews of all transgender and intersex inmates are completed by the facility PREA Compliance Manager and are reviewed by the PREA Coordinator. All inmates are met with for the formal review and what they want / need to feel safe is taken into consideration in placements and assignments. Timeframes are tracked and reviews maintained in OMS. There are currently no transgender inmates at this facility and therefore, no secondary documentation was available for review. However, the PCM is very familiar with agency requirements and processes. There are plans in place to transfer a transgender inmate to DRCI in the near future and staff have taken significant steps to ensure the inmates smooth and safe transition to the facility. Plans are being developed to provide refresher pat search training and multiple discussion groups have taken place, with additional planned by the state's primary medical doctor.

ODOC does not assign housing strictly by genital status and each transgender inmate will be considered for each gender of housing, considering the safety and security of the inmate along with the inmate's personal perception of safety.

Agency policy 40.1.13 (09/01/2016), section V.A.5.a (page 7), requires that, if requested, transgender and intersex inmates be given the opportunity to shower separately from other inmates. At DRCI, there are no showers that are not considered private. All showers are individual stalls or are single stand-alone showers, both with shower curtains that have a center opaque section with a clear section on the top and bottom. The opaque section high enough to provide privacy to the breast area. This was observed in every area of the facility.

Agency policy 40.1.13 (09/01/2016), section III.J (page 4), prohibits the placement of LGBTI inmates in dedicated facilities, units or wings solely based of such identification or status. ODOC is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. All inmates are housed on a case-by-case basis depending on their needs, which was confirmed in interviews with a random sample of gay, lesbian and bisexual inmates.

Documentation provided for this standard: agency policy 40.1.13, Administrative Rule 291-210-0010, TAIC Designators Assigned list dated 11/1/17, example of staff notification Multi-Disciplinary Team PREA Designator Aggressive Review dated 8/31/17, examples of emails demonstrating staff sharing information regarding at risk inmates, a PREA Watch List and OMS system components.

Based on this information, DRCI is in full compliance with all elements of standard 115.42.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ODOC policy 40.1.13 (09/01/2016), section V.A.4 (page 6 – 7), outlines the prohibition of placing inmates at high risk for sexual victimization in administrative housing unless an assessment of all available alternatives determines that there is no other available means of separation from likely abusers. If such an assessment cannot be conducted immediately, the inmate may be held in administrative (segregated) housing for no more than 24 hours while completing the assessment. Policy also requires that facilities will assign inmates to administrative housing until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days. Administrative Rule Segregation (Administrative), subsection *Involuntary Administrative Housing* (291-46-0025) also requires that, “An inmate may be involuntarily placed in administrative segregation or protective custody for a period not to exceed 30 days by order of the functional unit manager or designee only when he/she has sufficient evidence to believe immediate assignment is necessary to protect the safety, security, and orderly operation of the facility.” It also requires that, “An inmate may be involuntarily placed in administrative segregation or protective custody for a period in excess of 30 days only when information verified through the hearing process, outlined in these rules, shows the inmate to constitute an immediate and continuing threat to the safety, security, and orderly operation of the facility.”

Policy 40.1.13 (09/01/2016), section V.A.4 (page 6 – 7), mandates that inmates placed in administrative housing will have access to programs, privileges, education, and work opportunities to the extent possible. Staff are required to document the opportunities that have been limited, the duration of the restriction, and the reasons for such limitations.

Policy 40.1.13 (09/01/2016), section V.A.4 (page 6 – 7), requires that if an inmate’s placement on involuntary administrative housing exceeds 30 days, the inmate will receive a hearing conducted by a hearings officer in accordance with the Rule on Administrative Housing (OAR 291-046). When the administrative housing assignment is made, the officer-in-charge is required to clearly document the basis for the facility’s concern for the inmate’s safety and the reason why no alternative means of separation can be arranged. Administrative Rule Segregation (Administrative), subsection *Involuntary Administrative Housing* (291-46-0025) requires that, “Each inmate placed in involuntary administrative housing exceeding 30 days will receive a hearing by a hearings officer. The hearing report shall be processed and reviewed by the Institutions Administrator or designee. If the factual allegations support placement in involuntary administrative segregation or protective custody, the packet will be forwarded to the SPM Committee for placement. [The SPM Committee is a group of staff from all institutions who meet weekly via telephone conference to discuss inmates housed in segregation and determine which

facility would be most appropriate for placement.] Upon receipt of the administrative housing packet, the SPM Committee will review the information and determine which administrative housing unit the inmate will be assigned.”

During the audit period, DRCI did not place any inmates at risk for victimization in administrative housing. As such, there was no secondary documentation to review to confirm compliance with policy and administrative rule specifications. However, Auditors were provided with a blank ODOC Request for Administrative Housing form, detailing the information that the required for consideration for placement of in inmate in administrative segregation or involuntary / voluntary protective custody. The form details the reasons for the requested assignment as well as alternatives to administrative housing that were considered. Interviews with the Superintendent, the PCM and staff who supervise inmates in segregation confirmed that this option is rarely if ever implemented and then only when exigent circumstances exist and no other placement alternatives are available.

Documentation provided for this standard: agency policy 40.1.13; Administrative Rule 291-046-0005, 0010, 0014, 0025, 0090 and 0100; and ODOC Request for Administrative housing form (CD#1482 5/13/08).

Based on this information, DRCI is in full compliance with all elements of standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section VI (page 7 – 9), details inmate and staff reporting requirements.

ODOC provides multiple internal avenues for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such a report. Inmates can report by:

- Dialing “9” on any inmate phone to call the PREA hotline. The agency PREA Coordinator receives all hotline calls and assigns allegations out for investigation.
- Writing or calling the Governor’s Office
- Writing an inmate communication (anonymous or by name)
- Verbally providing information to any staff
- Submitting a grievance, or

- Providing allegation information through a family, friend, or another inmate.

This information is provided to inmates in brochures provided to and accessible by inmates, in the orientation video and via posters placed in inmate accessible areas of the facility. A script of the inmate orientation video was reviewed, confirming that information regarding reporting venues was provided to all inmates. Inmates are also provided with PREA information, to include reporting, in monthly newsletters entitled *Deer Ridge Prints*. Auditors were also provided with an inmate newsletter article written by the agency PREA Coordinator, highlighting how inmates can anonymously file PREA reports. Auditors reviewed the inmate handbook (12/03/2014) which included PREA information which includes information regarding zero tolerance, what to do if you are a victim, and reporting via the Inspector General's hotline (503-555-1234). It is recommended that the PREA-related information in the handbook be updated to include the ability of an inmate to dial "9" to report allegations along with detailing of other reporting venues. The handbook should also include information regarding victim advocacy support services and access procedures.

During the on-site review, Auditors conducted tests of the hotline in multiple housing units. All calls were confirmed as received via emails directed to the Team Lead.

Interviews with both staff and inmates confirmed knowledge of available reporting venues. The onsite review also confirmed availability of posters for inmates and in public access areas. The auditors also conducted a test of the PREA hotline in several of the housing units and from a phone in the community; the PREA Coordinator confirmed receipt of all calls placed.

A brochure is available in facility public access areas for family and friends of inmates entitled, "*What can I do to help keep my family and friends safe while in prison.*" which includes information on how an inmate's family and friends can report on his/her behalf. Information regarding reporting is also available on the agency's public website. The auditor also sent an email to the address posted on the agency's public website and received confirmation of receipt.

ODOC does not detain inmates solely for civil immigration purposes. As such, the requirements related to these inmates do not apply to this facility.

ODOC has an agreement with the Governor's Office of Constituent Services to serve as the independent reporting entity, allowing an inmate to report allegations with the option to remain anonymous. The Governor's Office serves as the public office that is not a part of the agency. "In all cases, if the writer/caller requests confidentiality, all of their personally identifiable information will be redacted prior to scanning into the database, and before forwarding the information to the ODOC PREA Coordinator or OYA PREA Coordinator." The agreement requires the forwarding of all reports received to the agency PREA Coordinator via email within 72 hours of receipt. A review of this system was conducted by the PREA Resource Center who determined that, "As long as the Governor's Office of

Constituent Services maintains separation from the ODOC yet meets all the notification and reporting requirement in the standard this system will work.” [Marion Morgan, email dated 01/26/2017]. Inmates have the opportunity to write to the Governor’s office for a wide variety of issues, so an outgoing letter would not be perceived as only relating to PREA issues. Inmates are able to indicate in these letters that they wish to remain anonymous. Additionally, letters addressed to this office are not stopped in the mailroom if they are received without a return address. Interviews with the PREA Compliance Manager and a random sample of inmates confirmed that this process was in place and inmates understood its use. The Auditor sent a letter to the Governor’s Office of Constituent Services but as of the writing of this report, had not received a response back. However, the Audit Team was provided with an example of the forwarding to the agency PREA Coordinator of a letter submitted by an inmate. Auditors review the inmate newsletter *Deer Ridge Prints* dated 12/01/2017 and 11/03/2017 containing information about filing anonymous PREA reports. Included is the address to the Governor’s Office of Constituency Affairs and it states in part, “Please indicate in the beginning of your letter you are filing a PREA allegation and you are requesting to remain anonymous. The Governor’s Office will refer all anonymous allegations to the DOC PREA Coordinator to assure an investigation is completed based off the information that is provided.”

Agency policy 40.1.13 (09/01/2016), section VI.B.4 (page 9), requires that staff accept reports made verbally, in writing, anonymously, and from third parties and immediately complete the Staff Reporting Responsibilities form (CD 1620). While onsite, a sampling of these reports was reviewed and knowledge of staff reporting requirements, regardless of the manner in which the allegation was received, was confirmed during interviews.

Agency policy 40.1.13 (09/01/2016), section VI.B.3 (page 9), allows staff to “...utilize the Inspector General’s Hotline or the Governor’s office to privately report all allegations of sexual abuse or sexual harassment.” During interviews with random staff, it was reported that staff could use the PREA hotline or report directly to the Superintendent, the Governor’s Office, the Office of the Inspector General; the Assistant Director, or Human Resources, confirming knowledge of private reporting venues.

Documentation provided for this standard: agency policy 40.1.13, posters, orientation video script, inmate newsletters and handbook, and staff report forms.

Based on this information, DRCI is in full compliance with all elements of standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Department of Corrections, *Division 109, Administrative Rule 291-109-0100*, details the elements of the state's inmate grievance system. *Section 291-109-0175* details the handling of grievances regarding allegations of sexual abuse, which is in compliance with standard requirements, including but not limited to the following:

- The prohibition of time limits on when an inmate can file a grievance regarding sexual abuse;
- The prohibition of referring a grievance regarding sexual abuse to a staff member who is the subject of the grievance;
- The ability of third parties, including fellow inmates, staff members, family members, attorneys and outside advocates to assist inmates in filing requests for administrative remedies relating to allegation of sexual abuse as well as filing such requests on behalf of inmates;
- The ability of the inmate to decline to have the request processed on his or her behalf with the agency documenting the inmate's decision;
- The requirement to issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, with computation of time not to include the time consumed by inmates in preparing any administrative appeal;
- The ability of the agency to claim an extension of time to respond up to 70 days if the normal time period for response is insufficient to make an appropriate decision, with the requirement to notify the inmate in writing of any such extension along with the provision of a date by which a decision will be made; and
- The ability of an inmate who alleges that he or she is subject to a substantial risk of eminent sexual abuse to provide the grievance directly to the Officer-in-Charge (OIC) in the form of an emergency grievance, with the requirement of the OIC/designee to immediately review and take immediate corrective action as necessary to mitigate the risk, responding to the inmate and the grievance coordinator within 48 hours of the submission of the grievance.

One emergency grievance was received during the audit reporting period. A review determined that it did not fall within the emergency grievance parameters established in policy and as such, it was returned to the inmate to file as a regular grievance. The inmate resubmitted the grievance and the entire packet was provided for review, confirming compliance with all standard requirements.

Documentation provided for this standard: Administrative Rule 291-109-0100 and inmate grievance records.

Based on this information, DRCl is in full compliance with all elements of standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section VIII (page 10), details inmate access to victim advocacy services. DRCI maintains memorandum of understanding (MOU) with Saving Grace (in effect 11/28/17 with no end date) to facilitate the provision of these support services. This MOU states, in part:

Saving Grace will:

- *Staff a confidential victim support services crisis line seven (7) days a week to provide crisis intervention services to survivors in custody who are experiencing or have experienced sexual abuse.*
- *Provide a victim advocate upon request from ODOC or survivor in custody who will receive a forensic medical evaluation as a result of suffering sexual abuse. As requested by the survivor, the victim advocate shall accompany and support the survivor during the examination process and investigatory interviews, as well as provide emotional support, information, and referrals. The victim advocate may be requested to respond via telephone, in person, by mail, or any combination. The victim advocate shall be available 24 hours a day 7 days a week, including holidays, via telephone or in person for examination and investigatory interview.*
- *Target for Response Time*
 - *Telephone services to be provided 7 days a week, 24 hours a day.*
 - *Respond to mail within two weeks of receipt.*
 - *Forensic medical exam response to be within one hour of notification taking into account agency policy, location, and conditions.*
 - *Investigatory response to be within two hours of notification unless otherwise pre-scheduled...*
- *Provide survivors in custody with referrals for treatment after release or upon transfer to another facility, as requested by the survivor.*
- *Attend training on institutional policies and procedures to maintain safety and security and training about the prevalence and dynamics of sexual abuse in prison.*
- *PREA Sexual Assault Forensic Exam Advocacy – information sheet for staff – states in part, “Conversations with advocates are confidential under Oregon law (similar to attorneys).”*

The 11/17/2017 edition of the inmate newsletter, *Deer Ridge Prints*, with reminder information regarding advocacy support services

Information regarding advocacy support services and associated confidentiality has been widely distributed to inmates. Brochures entitled *Sexual Abuse Advocacy* (04/2016) are available for inmates, outlining services available and access procedures. Any inmate can pick up any inmate phone and press “711” to be connected to the rape crises center. Inmates are also able to write to an advocate at the address listed on the pamphlet provided. ODOC does not monitor these calls. All written

communications with the advocacy organization is considered "Official Mail" and is not read, but only searched in front of the inmate for contraband. The brochure was observed throughout the facility in inmate accessible areas (e.g., chaplain, counselor offices, health services, etc.). The pamphlet states, "Communications with community-based advocates are considered privileged as of the 2015 legislative session (House Bill 3476). ODOC telephone calls and mail with community-based advocates will be handled similar to legal calls/official mail." During the on-site review, Auditors confirmed that these brochures were available in the chapel, counselor offices, and the library. The PREA Coordinator has also developed *Community-Based PREA Advocate (Support) Program*, an information sheet provided to inmates, which states in part, "Community-based advocates will not report the sexual abuse unless you request them to do so and if you sign a release of information...Telephone calls and mail to community-based advocacy centers are considered privileged/confidential communication and will be handled similar to legal calls/official mail." The inmate newsletter *Deer Ridge Prints* dated 11/17/2017 also contains reminder information regarding victim advocacy support services.

The MOU with Saving Grace also states that the organization will, "Obtain the survivor in custody's consent and a release of information before contacting ODOC or other third parties about any fears or concerns the survivor in custody may have concerning his/her safety or well-being."

The PREA Coordinator has developed PREA Sexual Assault Forensic Exam Advocacy, an information sheet for staff which states in part, "Conversations with advocates are confidential under Oregon law (similar to attorneys)."

The PREA Coordinator has published a document entitled *PREA Sexual Assault Forensic Advocacy* (04/25/2016) to ensure all applicable staff have access to information regarding advocate roles and support processes to be implemented during a forensic medical examination. Additionally, a document entitled *Investigatory Interview (State Police and ODOC) Advocacy Notification* (10/06/2016) was distributed to all ODOC facilities, outlining responsibilities and procedures to be implemented when an inmate wishes to have an advocate available during investigatory interviews. These documents were provided to Auditors for review.

While onsite, multiple successful tests of the phone system were conducted and Auditors were able to connect with the advocate. Auditors confirmed that inmates are required to enter their Inmate Personal Identification Number (IPIN) to place a call to the advocate, but no one within the facility has the ability to listen to the calls. Inmates interviewed were knowledgeable of the support services available and how to access them at any time.

Documentation provided for this standard: agency policy 40.1.13, MOU and pamphlet and information sheets for both staff and inmates.

Based on this information, DRCI is in full compliance with all elements of standard 115.53.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ODOC allows for third party reporting and staff are instructed to accept all third party reports (agency policy 40.1.13 (09/01/2016), section VI.B.4 page 9). Information on how to report on behalf of an inmate is included on the agency's website <http://www.oregon.gov/doc/INSPEC/PREA/Pages/prea.aspx>. ODOC includes this information in a pamphlet entitled, "What can I do to keep my family and friends safe while in prison?" These pamphlets are placed in the visiting rooms at every institution and includes information regarding reporting PREA allegation information. Availability of these pamphlets in the visiting room was confirmed during the on-site review. Additionally, posters containing similar information were observed in the public access area of the facility. Prior to the on-site review, the Auditor also sent an email to the address posted on the agency's public website and received confirmation of receipt.

Documentation provided for this standard: agency policy 40.1.13 and pamphlet

Based on this information, DRCI is in full compliance with all elements of standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016) section VI B. 1 (page 8 – 9), requires that “All staff will report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by inmate or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents.” Policy 40.1.13 (09/01/2016), section VI. A. 3 (page 8), mandates that information collected during investigations or intake assessments be considered sensitive, restricted to those staff that have a need to know as part of their assigned duties. Interviews with a random sample of staff confirmed knowledge of both of these requirements. Staff were able to articulate the requirement to report all allegations, regardless of the manner in which they were reported, taking initial steps to ensure the safety of the inmate and security of the crime scene if applicable. The Superintendent confirmed that all allegations are reported to the Officer-in-Charge (OIC), and then are referred to SART for investigation.

Policy 40.1.13 (09/01/2016), section VI.A.b.3 (page 8), requires that “When interviewing inmates concerning sexual abuse, sexual solicitation, sexual harassment and sexual coercion, all DOC staff will inform inmates of any limits to confidentiality prior to conducting the interview.” Additionally, the policy (section X B. 2, page 11) requires all mental health services for victims be provided in accordance with Behavioral Health Services policies and procedures, which include comprehensive information of limits of confidentiality and duty to report. Policy MH-B-05, *Response to Reports of Sexual Abuse and Sexual Harassment*, provide additional direction to medical staff regarding reporting requirements. Prior to the provision of services, inmates are required to review and sign the Health Services Information Disclosure form, providing inmates with information about the provider-patient relationship and practitioner reporting requirements. Auditors reviewed a blank disclosure form, which states, in part, “Some information obtained in a provider-patient relationship is not confidential and will be reported to non-Health Services staff and/or other agency personnel as needed even without written consent of the patient. According to State and Federal laws, this includes knowledge of...abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of developmentally disabled or mentally ill, and a specified victim can be identified; staff physical or sexual abuse of inmates;...sexual abuse of or by another inmate.”

Interviews with medical practitioners confirmed the disclosure of reporting requirements and confidentiality limitations to an inmate at the initiation of services. Staff also reported that inmates are required to sign a consent / release of information form in intake and/or prior to the provision of services. These staff also confirmed knowledge of reporting requirements, indicating they would provide allegation information to the Officer-in-Charge, completing the required reporting form.

All staff are considered mandatory reporters and are required to report information under the state's vulnerable person law. This requires that applicable employees immediately notify law enforcement whenever allegations are received involving a juvenile or a vulnerable adult. Inmates who report PREA allegations are referred to medical practitioners, who complete mandatory reports based on their license. There were no examples of allegations received during the audit period; as such there was no secondary documentation to review.

Agency policy 70.1.4 (05/01/2014), *Investigations*, section F. 7 (page 7 – 8), includes the requirement that all allegations of sexual abuse and sexual harassment be forwarded to the appropriate investigating body to include Oregon State Police and Office of Inspector General and Operations. Staff are required to report all allegations to the Officer-in-Charge who then is responsible for reporting allegations to either the State Police, if criminal, or to designated SART members for administrative investigations per the PREA Reporting flowchart attached to policy 40.1.13 (09/01/2016). At DRCI, investigators from the HQ Special Investigations Unit (SIU) are designated as liaisons with the Oregon State Police (OSP). The facility would have ongoing contact with the detective assigned to the investigation to handle logistics, turn over any evidence collected, answer applicable questions, etc.

It is recommended that clarifying information be provided to applicable staff regarding vulnerable adult versus vulnerable as determined by the PREA risk assessment. There was some confusion about what it meant and where the information could be located. The superintendent indicated that medical and mental health practitioners are required to make applicable notifications and know the criteria for determining if an inmate falls in the legal classification of vulnerable adult.

During interviews while on-site, two offenders reported allegations to interviewers. Auditors were provided with documentation regarding response to and investigation of these allegations. One inmate had reported the allegations in January 2018; it was investigated under case number 15302 and had been closed as unfounded. The second allegation had also been previously reported and investigated under case 15327 which was closed as unfounded.

On 02/26/2018, after the on-site review, the Auditor received a later letter from an inmate who included a harassment allegation along with allegations of failure to report and retaliation. Documentation was provided that indicated the original allegation was previously reported and investigated (investigation number 14888 which was closed as unfounded). The investigation was reviewed in light of the inmate's letter. The inmate did not provide any new information that might indicate a need to reopen the investigation and no additional action will be taken at this time. The inmate has also met recently with his counselor and indicated he is not concerned with his personal safety and is employed as a unit orderly.

Documentation provided for this standard: agency policy 40.1.13, 70.1.4, Health Services Information Disclosure form; and the Staff Requirement to Report (CD 1620) form.

Based on this information, DRCI is in full compliance with all elements of standard 115.61.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section V. A (page 6), addresses immediate actions to be taken on intake regarding vulnerable inmates and aggressive inmates. Policy 40.1.13 (09/01/2016), section VI. B. 3 (page 9), also requires that when an allegation is received, the Officer-in-Charge (OIC) will initiate action to mitigate harm to the victim or reporter. The entire policy details actions to be taken to address inmates at risk for victimization, including assessments, housing, and response to allegations. During the audit period, there were no incidents in which the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse and therefore there was no secondary documentation to review.

During the audit documentation period, an allegation of staff sexual abuse was received from Saving Grace (community-based advocacy organization) and resulted in the inmate being transported for a forensic medical examination. This was not an inmate in imminent danger as the alleged behavior had occurred a day earlier. However, the inmate was removed from his job assignment, as this is where the alleged incident occurred, but was continued to be paid. Upon return from the forensic medical examination, the inmate was returned to medical for follow up before being returned to his housing unit. The allegation was referred to law enforcement and was determined not to have occurred.

Interviews were conducted with the Agency Director's designees, the Superintendent and a random sample of staff confirmed knowledge of policy requirements. All staff interviewed indicated that if they received information that an inmate was at risk, their response would be immediate, first securing the

safety of the inmate, securing any immediately available evidence, and making required notifications. The Superintendent reported that there are numerous actions that take place immediately, starting with ensuring the inmate is safe and separated from any potential aggressor

Documentation provided for this standard: agency policy 40.1.13.

Based on this information, DRCI is in full compliance with all elements of standard 115.62.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section VII. A (page 9), requires that “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.” Policy also requires that this notification occur as soon as possible, but no later than 72 hours after receipt of the information along with documentation of the notification provided.

Facility heads have been provided with a *Confinement Notification Template* for use in providing allegation notification to other jurisdictions. Documentation consists of this template as well as the email sent to the jurisdiction in which the allegation was reported to have occurred. The information is also entered into the Offender Management System (OMS).

Policy 40.1.13 (09/01/2016), section VII.A.3 (page 9), also requires that the facility head or agency office that receives notification of an allegation from another facility ensures that the allegation is investigated.

During the audit period, DRCI received two (2) allegations about another jurisdiction. Documentation of allegations forwarded to these other jurisdictions was provided to Auditors, confirming compliance with standard requirements.

During the audit documentation period, there were no allegations about DRCI that were reported at another facility. This was confirmed during the Superintendent's interview. Interviews with the agency Director's designee and the Superintendent confirmed knowledge of the requirement to investigate such allegations.

Documentation provided for this standard: agency policy 40.1.13.

Based on this information, DRCI is in full compliance with all elements of standard 115.63.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section VI.B.2 (page 9) requires that “When an inmate reports incidents of sexual abuse, sexual solicitation, sexual harassment or sexual coercion to a DOC Staff member, staff will...contact the [Officer in Charge] OIC or supervisor immediately.” The OIC checklist (CD1621) is then utilized, which includes preserving and protecting the crime scene and separating the alleged victim and abuser. The OIC checklist also outlines that inmate abusers are put in a dry segregation cell if the abuse occurred within 96 hours to ensure the maintenance of any available evidence until the inmate can be transported for a forensic medical examination. Staff are also required to complete the *Staff Reporting Responsibilities* form (CD1620) which also includes direction regarding actions to be taken as a first responder to include immediately ensuring the victim is safe and kept separated from the alleged perpetrator (if immediate need exists).

Staff have also been issued first responder cards that direct staff to:

- Ensure the victim is safe and kept separated from the alleged perpetrator (if immediate need exists).
- Notify the Officer-in-Charge or a Supervisor immediately
- Document your notification and basic required information that you reported on the CD1620 Staff Reporting form.
- Preserve evidence. Prevent inmate from washing hands or otherwise disposing of evidence.

PREA training covers these topics as well as collection of evidence and requesting the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

First responders may be either security or non-security staff. Non-security staff have the same first responder duties as security. They have received the same training and have been provided with the first responder cards.

During the audit period, DRCI received one allegation of abuse in which staff were notified within a time period that still allowed for the collection of evidence. In this case, the Oregon State Police took possession of all evidence and conducted the criminal investigation. The alleged victim in the allegation was instructed not to take any actions that might destroy evidence. The Auditor was provided with documentation of how this evidence was handled and controlled, demonstrating compliance with standard and policy requirements.

Interviews conducted with both security and non-security staff confirmed a thorough knowledge of actions to be taken upon receipt of an allegation, including reporting, separation of the victim and accused, and evidence preservation activities.

Documentation provided for this standard: agency policy 40.1.13, OIC checklist CD6121, staff first responder cards, PREA training curriculum, and Staff Reporting Responsibilities form (CD1620).

Based on this information, DRCI is in full compliance with all elements of standard 115.64.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

DRCI has developed a plan to coordinate actions taken in response to an incident of sexual abuse. This is detailed in DRCI Procedure 30 (07/01/2014), *Responding to Sexual Abuse and Sexual Harassment Allegations (PREA)*, and includes duties and responsibilities for first responders, the Officer-in-Charge, the Sexual Abuse Liaison, the Sexual Abuse Response Team (SART) members and

the PREA Compliance Manager. The plan also outlines the inclusion of the Behavioral Health Services Manager, the Medical Services Manager, and the Oregon State Police. Duties are also outlined in the ODOC Prison Rape Elimination Act (PREA) Sexual Abuse Response Team (SART) Guidelines. This is a very comprehensive plan and exemplifies a coordinated, consistent and swift response to every allegation received. SART members are chosen based on their performance and dedication and are required to attend specific training regarding response and member roles.

DRCI has identified SART members and related responsibilities. All members have been training in SART response, roles and investigations.

Development and implementation of this plan was confirmed in an interview with the DRCI Superintendent. The Superintendent reported that the facility had a very extensive plan for responding to and coordinating efforts regarding response to allegations and that SART managed response. He indicated that notification to SART is initiated by the Officer in Charge (OIC). All staff interviewed expressed an understanding of the functions of SART, and how to contact SART members if needed.

Documentation provided for this standard: DRCI Procedure 30 and ODOC Prison Rape Elimination Act (PREA) Sexual Abuse Response Team (SART) Guidelines

Based on this information, DRCI is in full compliance with all elements of standard 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ODOC does participate in collective bargaining. The collective bargaining agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The agreements are consistent with standards 115.72 and 115.76.

An interview with the agency Director designees confirmed that the current contract language allows the agency to move staff either internally or off site on a case-by-case basis, whatever actions are indicated to keep the inmate safe and conduct a thorough and impartial investigation.

Within the Oregon Department of Corrections, staff bid shift and days off, but not specific posts. The facility is therefore able to assign staff based on the best fit with the post, facilitating communication and management/security decisions. This also expedites the reassignment of staff as needed based on allegations or issues reported.

Documentation provided for this standard: Collective Bargaining Agreement between the Department of Administrative Services on behalf of the Oregon Department of Corrections and the American of State, County and Municipal Employees - AFL-CIO (AFSCME Local 75) 2015-2017; and the Collective Bargaining Agreement between the Department of Administrative Services on behalf of the Oregon Department of Corrections and the American of State, County and Municipal Employees - AFL-CIO (AFSCME Local 2376, Council 75) 2015-2017

Based on this information, ODOC and DRCI are in full compliance with all elements of standard 115.66.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section VII. B 1 – 7 (page 9 – 10), requires that the “...PREA Compliance Manager shall be responsible for monitoring all inmates and staff who report sexual abuse or sexual harassment or cooperated with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.” The policy also requires monitoring “...for at least 90 days following a report of sexual abuse. The PREA Coordinator shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.” Additionally, either the PREA Compliance Manager or a member of the Sexual Abuse Response Team meets personally with the inmate or staff at a minimum at the 30, 60, and 90-day marks, but these check-ins could occur more frequently depending on the situation. Monitoring may also be extended beyond 90 days if the initial monitoring indicated a continuing need.

ODOC has implemented the monitoring program within the Offender Management System (OMS), used to track and review inmates who allege sexual abuse and any other individual who cooperates with an investigation. The auditor was provided with screen prints from the OMS system, confirming completion of monitoring per standard requirements. Interviews were also conducted with the Agency Director designees, Superintendent, PREA Compliance Manager and inmates. All confirmed

monitoring activities as indicated in policy. Monitoring during the audit period did not reveal any retaliation-related issues or reports.

A review of the monitoring program revealed that SART members monitor not only those individuals required by policy, but also staff who are recipients of allegations from inmates. Although most jurisdictions would not consider these individuals reporters, ODOC believes that these individuals should be monitored to ensure they are not subjected to any type of retaliation for relaying allegation reports received. Individuals charged with monitoring duties conduct thorough background reviews of all individuals monitored to ensure a complete picture of status prior to the allegation report is obtained, thereby being able to quickly identify any actions that may be perceived as retaliation. Formal monthly check-ins are also conducted with any staff being monitored, exceeding standard requirements. Staff also conduct informal check-ins with those individuals being monitored in-between regularly scheduled monthly meetings.

Interviews with individuals charged with retaliation monitoring confirmed meeting with applicable individuals at least every 30 days to ensure they aren't having problems or experiencing any forms of retaliation. If anything is reported or appears to be a potential issue based on documentation reviewed, a new investigation would be initiated. The individuals would also ensure that the individual currently felt safe and encouraged the reporting of any issues they may be experiencing. Any inmate experiencing issues could be moved within the facility to ensure they are safe and have a sound support system. The PCM can also place a hold on any movement pending resolution of any reported issues. It was also reported that retaliation monitors document formal 30/60/90 reviews in the Offender Management System, but also meet with these inmates informally on a continuous basis. An interview with the Superintendent indicated that staff are expected to report any retaliation and care is taken to keep reporters and victims safe. He noted that the appropriate action would be used to prevent and/or address retaliation, including potential discipline. Monitoring can also continue indefinitely, as long as it's needed to ensure the individual feels safe. This extensive monitoring process also clearly articulates the facility's intolerance toward any forms of retaliation.

Documentation provided for this standard: agency policy 40.1.13, and documentation of monitoring conducted through the Offender Management System.

Based on extended monitoring both in time and individuals monitored, as well as the effective documentation of all monitoring activities, DRCI has exceeded the requirements of standard 115.67.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

DRCI is in compliance with this standard via the implementation of *Administrative Segregation rule (OAR) 291-046-0005* which meets all standard requirements. Agency policy 40.1.13 (09/01/2016), section V.A.4, (page - 7) prohibits the placement of inmates who alleged to have suffered sexual abuse in segregated housing unless an assessment of all available alternative means of separation from likely abusers has occurred. All such placements are to clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

During this audit documentation period, DRCI held no alleged victims in segregated housing. During interviews, one inmate interviewed reported that he had been placed in segregation. He indicated that he was interviewed and refused to provide any information, so he was placed in DSU for 5 days and then released. Documentation provided to the Auditors regarding the segregation placement of this inmate included a copy of the complete investigation report conducted by SIU investigators along with documentation that the inmate was placed in segregation in June charged with disrespect and disobedience of an order based on an incident that occurred in the kitchen that was completely unrelated to this investigation. The inmate was sanctioned to 7 days loss of privileges for the disrespect violation and a finding of no violation for the disobedience of an order. The inmate was also later charged with distribution and contraband (August 2017) when the inmate was found in possession of a television, headphones and tennis shoes that belonged to another inmate along with blue electrical tape that is not authorized. For the charge of distribution, there was a finding of no violation. For the charge of contraband, the inmate was sanctioned to 7 days loss of privileges and a \$25.00 fine. All evidence negated the inmate's reported reasons for segregation placement.

Auditors reviewed a blank ODOC Request for administrative housing form which documents the information required for consideration for placement of an inmate in administrative segregation or involuntary / voluntary protective custody. The form details the reasons for the requested assignment as well as alternatives to administrative housing that were considered.

Documentation provided for this standard: agency policy 40.1.13 and Administrative Rule 291-046-0005.

Based on this information, DRCI is in full compliance with all elements of standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section I.A. (page 1) requires that, “The department will immediately respond to, investigate, and support the prosecution of sexual abuse and sexual harassment in Oregon’s prisons, both internally and externally in partnership with law enforcement and county prosecutors.” This policy (section IX.A. page 10) also outlines responsibilities for the conducting of PREA-related investigations. “Investigations regarding sexual abuse shall be investigated by a Sexual Abuse Response Team member, a Special Investigations Unit investigator or by the Oregon State Police.” The PREA Reporting flowchart, as attached to policy 40.1.13 (09/01/2016), also outlines the assignment of investigations, either internally for administrative investigations or to the Oregon State Police for criminal investigations.

Agency policy 70.1.4 (05/01/2014), *Investigations*, section I (page 1) outlines the criteria for determining the appropriate investigative body to conduct an investigation based on the nature of the complaint/allegation; to establish how investigations are conducted and to ensure that employees assigned to investigative functions utilize approved investigative techniques in accordance with ODOC policies, procedures and rules and state and federal law. Section III.D (page 3 - 5) of this same policy requires that once it has been determined an investigation will be conducted, the responsibility for that investigation will be assigned based on the nature of the complaint/allegation. Section B (page 3) requires that those who conduct investigation “(1) Conduct fair and objective investigations regarding complaints alleging misconduct; (2) Exercise professionalism at all times during the course of an investigation; and (3) Employ sound investigative techniques in accordance with state and federal law, DOC rules, policies and procedures, and labor agreements.” Confirmation of knowledge of and compliance with policy specifications regarding investigations was confirmed during an interview with designated investigators.

The investigators interviewed confirmed that investigations begin immediately, and are generally completed within 30 days, unless the allegation requires extended investigation or is criminal in nature and forwarded to the Oregon State Police. Individuals also detailed the steps taken when initiating an investigation, to include, but not limited to:

- Ensuring the safety of the alleged victim;
- Notifying the Oregon State Police when the allegation appears to be criminal in nature;
- Collecting all available evidence, to include video monitoring, results of cell searches, review of telephone, mail, visiting records, and other information that may be used as evidence;
- Reviewing all available information;
- Interviewing the alleged victim, witnesses and the suspect, then allow the investigation to follow the information obtained from these interviews; and
- Writing complete and accurate investigative reports.

Agency policy 40.1.13 (09/01/2016), section IV.A.4 (page 5), requires that, “In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department.” Investigators receive training on the collection and preservation of evidence, including evidence particular to sexual abuse investigations. This training addresses types and sources of evidence, sources of DNA, medical examinations, video, processing of scenes, and the importance of evidence. Also included in the curriculum is training regarding credibility assessments, prior complaints involving the same suspect, and report writing. Completed investigations are documented in written reports. Investigators are also provided direction regarding evidence collection and retention as outlined in agency policy 70.1.3 (05/01/2014), *Criminal and Administrative Evidence Handling* (page 1 – 9). The purpose of this policy is, “To establish a uniform method of handling and maintaining the integrity of criminal evidence seized in Department of Corrections (DOC) facilities” and outlines required notifications, crime scene preservation and processing, evidence packaging and sealing, standards of evidence, and evidence storage. Interviews conducted with designed facility investigators confirmed knowledge and implementation of these standards when conducting PREA investigations.

Investigators also reported that whenever an allegation appears to be criminal, it is referred to the Oregon State Police. None of the facility investigators have the authority to Mirandize witnesses and therefore do not conduct compelled interviews. Additionally, no interviews are conducted in potentially criminal investigations unless directed so by Oregon State Patrol investigators. This was confirmed in interviews of investigatory staff.

Agency policy 40.1.13 (09/01/2016), section VI.A.5 (page 8) also mandates that “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff.” The investigator training curriculum (slide 121) requires that administrative reports include a description of the physical and testimonial evidence, reasoning behind credibility assessments, and investigative facts and findings. Investigators interviewed reported that factors taken into account during an investigation include whether the information provided is plausible (could it have happened, does it make sense), what is the demeanor of the witness, are there other statements that corroborate the individual’s statements, has the individual provided truthful information in the past, and does the individual have a reason to lie. The witness’ status as an inmate has no bearing on their credibility and all witnesses are considered credible unless there is evidence to support otherwise.

Agency policy 40.1.13 (09/01/2016), section VI.A.5 (page 8) states that, “ODOC will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.” There is also an understanding with investigators of the State Police that polygraphs cannot be used as a condition for proceeding with the investigation of such allegation. This is detailed in an MOU with the Oregon State Police (*IAA-247-2014 Criminal Investigations for DOC Facilities*, page 4), which states, “The results of a polygraph examination conducted for criminal investigative purposes shall not be utilized for non-criminal or employment purposes, except as authorized by law.” Interviews with investigators confirmed completion of the required training and knowledge of standard requirements.

Investigators reported that a review of all evidence and statements, policies, post orders, and procedures assist in determining if staff actions or failure to act contribute to the sexual abuse. They confirmed that any alleged acts of misconduct will be thoroughly investigated.

Identified, trained members of the Sexual Abuse Response Team (SART) complete administrative investigations. Investigations of staff sexual abuse are generally completed by the Oregon State Police or investigators assigned to the HQ’s Special Investigations Unit. A sample of completed investigations was reviewed and auditors confirmed that the individual completing the investigation had completed training as required.

Agency policy 70.1.3 (05/01/2014), *Investigations*, section III.D.5 (page 5) indicates that the Oregon State Police has “...the primary role in certain types of criminal investigations and are the Departments of Corrections primary law enforcement partner in conducting investigations.” Oregon State Police is listed as having the responsibility of investigating, among other allegations, sexual assaults and official misconduct and other employee misconduct constituting criminal behavior. The ODOC MOU with the Oregon State Police documents the agreement for the State Police to send copies of all completed criminal investigation reports to the DOC Special Investigations Unit and as applicable to the Governor or designated staff member upon the Governor’s request. Interviewees reported that the Special Investigations Unit serves as the primary point of contact when the State Police conduct an investigation, but that facility investigators and other designated staff act as liaisons, escorting inmates to interviews and collecting requested information. Individuals from the Special Investigations Unit of the ODOC Inspector General’s office also serve as the liaison between ODOC and law enforcement agencies, providing information to the State Police and to the facility’s PREA Compliance Manager to report back to the victim.

DRCI initiated a total of 11 investigations during the last 12 months. Three of these were referred to the Oregon State Police for a criminal investigation. Auditors reviewed an investigation packet completed by the Office of the Inspector General, Special Investigations Unit along with four examples of randomly selected administrative investigation reports confirming compliance with all related standards. Since their last DOJ PREA audit, DRCI referred one allegation to law enforcement that was then forwarded

for prosecution. The staff perpetrator involved in the investigation is currently pending criminal charges.

Agency policy 40.1.13 (09/01/2016), section XIII (page 12 – 13), requires that the agency PREA Coordinator is responsible to work with the facility PREA Compliance Manager regarding data collection which is then compiled into monthly and annual reports. “The purpose of these reports is to...document that there is accountability for those who perpetrate sexual abuse by tracking...the retention of all written reports referenced as long as the alleged abuser is incarcerated by the department, plus five years.” Currently all investigation records are maintained in the Offender Management System (OMS) and there is no expiration date for these records.

Agency policy 40.1.13 (09/01/2016), section IX.C.6 (page 11) mandates that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.” This was verified in investigator interviews conducted.

ODOC MOU IAA-247-2014 with the Oregon State Police indicates that, “DOC and [the Oregon State Police] mutually agree to...investigate sexual assaults in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by Oregon statute and best practices.” (page 4). This MOU also outlines ODOC’s agreed upon interactions with regard to the criminal investigation process to include, but not be limited to, storage and submission of relevant evidence to a state forensics laboratory, reporting to a state investigator as needed to further any criminal investigation. Also included in the MOU is an agreement by both agencies to “...cooperate while carrying out the functions specified [in the MOU] and meet as necessary to discuss any areas where their responsibilities may overlap [and] provide assistance to the other agency when needed.”

Documentation provided for this standard: agency policy 40.1.13, PREA Reporting flowchart, agency policy 70.1.4, investigator training curriculum, agency policy 70.1.3, MOU with the Oregon State Police (MOU IAA-247-2014), and sample investigation reports.

Based on this information, DRCI is in full compliance with all elements of standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section IX.C.7 (page 11), confirms that ODOC imposes "...no standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." This was confirmed in interviews with investigative staff.

Documentation provided for this standard: agency policy 40.1.13.

Based on this information, DRCI is in full compliance with all elements of standard 115.72.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section IX.C.1 (page 10), ensures an inmate who reports sexual abuse is notified as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Notification is provided to the inmate verbally in person and is then documented via ODOC form CD 1622 (*ODOC Prison Rape Elimination Act [PREA] Reporting to Inmates 115.73*). Notification is not sent to the inmate in writing due to safety and security concerns, particularly

retaliation directed toward the inmate. This was confirmed by reviewing the Offender Management System and in interviews with the DRCI Superintendent, investigative staff, and inmates who reported sexual abuse. Documentation confirming inmate notification of investigation outcome was reviewed, confirming compliance with the requirements of this standard. The Superintendent and PCM were very knowledgeable of notification requirements and Auditors were provided with examples of provision documentation and form CD 1622 provided in investigations prior to the audit review period.

Agency policy 40.1.13 (09/01/2016), section IX.C.3 (page 10 – 11) subsequently requires informing the inmate, unless the agency has determined that the allegation is unfounded, whenever that staff member accused in an investigation is no longer posted within the inmate’s unit and/or is no longer employed at the facility, and/or when the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. This notification requirement terminates if the inmate is released from the department’s custody and must be documented by the PREA Compliance Manager. Agency policy does not specifically address post investigation notifications of indictment or conviction of the inmate suspect in cases of inmate-on-inmate sexual abuse or assault; however, the PREA Compliance Manager (PCM) was familiar with these responsibilities and applicable language is being drafted for inclusion in the next policy revision. During the audit review period, one investigation lead to the termination and eventual indictment of the perpetrator. Auditors received confirmation of applicable notifications provided to the victim.

All notifications are documented in the Offender Management System with a hard copy form (CD 1622) provided to the applicable inmate. In interviews, the PCM confirmed a thorough understanding of the requirement to complete these notifications.

Documentation provided for this standard: Agency policy 40.1.13 and ODOC form CD 1622.

Based on this information, DRCI is in full compliance with all elements of standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section XI. A – D (page 12), outlines PREA-related disciplinary specifications for staff and includes all standard requirements. Policy indicates that, "Termination shall be the presumptive discipline for staff who has engaged in sexual abuse." This policy (section XI.C. page 12) also specified that, "Disciplinary actions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

During the documentation period, there were two investigations in which PREA-related staff misconduct was substantiated. The first, staff sexual abuse, resulted in the termination of the accused staff member. The second, staff sexual harassment, resulted in a sanction of pay reduction of one step for a period of six months. Documentation of staff sanctions were provided for Auditor review.

Documentation provided for this standard: agency policy 40.1.13 and investigation reports.

Based on this information, DRCI is in full compliance with all elements of standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section XI. E and F (page 12), indicates that, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies.” The policy also mandates appropriate remedial measures to be taken in the case of any other violation of PREA-related policies.

During this reporting period, there were no investigations substantiating PREA-related misconduct by a contractor or volunteer. However, during an interview, the Superintendent reported that actions taken could include termination of facility access or minimally, provision of additional supervision for minor offenses.

Documentation provided for this standard: agency policy 40.1.13.

Based on this information, DRCI is in full compliance with all elements of standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Department of Corrections, Division 105, Administrative Rule 291-105-0005, *Prohibited Inmate Conduct and Processing Disciplinary Actions* outlines for formal disciplinary process employed by ODOC. This ensures that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse as defined in this rule, to include sexual assault, sexual coercion, non-assaultive sexual activity, and sexual solicitation.

The Major Violation Grid – Inmates Misconduct History Scale details sanctions available for imposition by Hearings Officers, taking into account the severity of the sanction and the number of major violations in the past two years. This ensures that consistent sanctions are imposed for comparable offenses by other inmates with similar histories. An interview, the DRCI Superintendent confirmed the completion of a formal disciplinary process in accordance with state regulations and sanctions imposed in accordance with the established sanction grid which included inmates who were engaged in inmate-on-inmate sexual abuse. He noted that this could include 180 days loss of good conduct time in accordance with the grid and that use of the grid ensures that sanctions are similar for similar offenses and histories. The Superintendent also confirmed that mental disability or illness would be considered in the disciplinary process, including any subsequent sanctions.

During this reporting period, there were no investigations that substantiated PREA-related misconduct on the part of any inmate. As a result, there was no secondary documentation available for review. However, interviews with the PCM and Superintendent confirmed knowledge of and compliance with standard elements.

ODOC disciplinary procedures, as outlined in Department of Corrections, Division 105, Administrative Rule 291-105-0005, includes requirement that “Behavioral Health Services staff will be notified when inmates with mental health, developmental disability issues, or inmates that have engaged in self-harm activities or suicide attempts are placed in disciplinary segregation or are scheduled for a hearing.” Guidelines are in place to evaluate whether the inmate’s mental illness or disabilities contributed to his

or her behavior when determining what type of sanction, if any, should be imposed. A mental health evaluation and recommendation is also completed.

ODOC does not offer sex offender treatment or other forms of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse. This was confirmed in interviews with medical and mental health practitioners. As such, DRCI is compliant this provision of the standard.

Senate Bill 89 and agency policy 40.1.13 (09/01/2016) indicates that inmates are victims of sexual abuse in any case of sexual contact with a staff member and shall not be disciplined unless the staff member did not consent. Agency policy 40.1.13 (09/01/2016), section VI. A.6 (page 8), indicates “The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith.” No other forms of discipline are authorized regarding victims and reporters of sexual abuse and harassment.

As outlined in Department of Corrections, Division 105, *Administrative Rule 291-105-0005*, ODOC prohibits all forms of sexual activity between inmates and does discipline for that activity. This is considered to be “non-assaultive sexually activity” and does not constitute sexual abuse if it is determined that the activity is not coerced.

Documentation provided for this standard: Administrative Rule 291-105-0005, violations grid, Senate Bill 89, agency policy 40.1.13, disciplinary hearing packets and investigation report.

Based on this information, DRCI is in full compliance with all elements of standard 115.78.

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Health Services-Behavior Health Services Policy and Procedure #MH-E-02, *Mental Health and Developmentally Disabled Screening and Assessment of Sexual Abuse and Abusiveness at Intake* (08/12/2013) Section A 10, 11, 12 and 13 (page 3 – 4), indicates that all inmates who have reported/disclosed prior sexual abuse in the community or an institutional setting are referred to a mental health provider within 14 days of intake screening. The notification to mental health providers is sent via an auto-generated email from the risk assessment system in the Offender Management System (OMS). The email states:

Inmate @@offenderName@@, @@offenderSID@@ at @@offenderLocation@@ states they have been sexually abused during a PREA Risk Screening Assessment.

The PREA standards state:

§ 115.81 Medical and mental health screenings; history of sexual abuse.

If the screening indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Additionally:

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

A similar automated system is in place for those inmates who have previously perpetrated sexual abuse, with automated emails stating:

@@offenderName@@; @@offenderSID@@ at @@offenderLocation@@

indicates they have been convicted of sexually abusing an adult or child in the past during a PREA Risk Screening Assessment.

The PREA standards state:

§ 115.81 Medical and mental health screenings; history of sexual abuse.

If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Notifications and appointments for follow-up meetings with mental health providers are auto-generated whenever the inmate discloses prior victimization or perpetration in an assessment and whenever any

information is discovered that indicates prior victimization or perpetration (e.g., pre-sentence investigation, substantiated investigation, etc.) and the inmate requests the follow up meeting.

A report of all inmates who scored “yes” on identified assessment questions regarding prior victimization and/or perpetration and who wanted a follow up meeting with BHS counselors was received. The Auditor was provided with inmate call out documentation demonstrating that the randomly selected inmates had been seen by BHS practitioners within the 14 day timeframe required by the standard.

During interviews of inmates who had disclosed prior abuse during an assessment, one inmate reported that he had not been offered mental health follow up and indicated he would like to see a mental health counselor. This was promptly arranged by the PCM.

Subsection (c) of this standard applies to jail inmates. DRCI is a prison facility and as such, is compliant with this standard subsection.

Agency Policy 40.1.13 (09/01/2016), section VI.A.3. (page 8), states that PREA information collected during investigations or intake assessments is considered sensitive and should only be shared with those staff with a need to know as part of their assigned duties. Behavior Health Services Division Policy and Procedure #MH-H-02 (07/15/2013), *Confidentiality of Clinical Records and Information*, section III.E. (page 2), states information given by an inmate to a Mental Health Treatment Provider within the context of treatment is confidential and not to be shared with anyone outside DOC Health Services except when necessary to maintain safety and security, when required by legal obligations, when necessary for follow-up services and care, or with an inmate’s written permission. Health Services Section Policy and Procedure #P-E-02 (07/2013), *Receiving Screening*, section J (page 3), mandates that “Health Services personnel are responsible to query new patients regarding abuse/abusive history and suicidality. It also requires the patient to read, understand and sign the Health Services Information Disclosure with the patient’s signature being witnessed/signed by a Health Services staff member. This form, which is also available in Spanish, explains under what circumstances ODOC may release disclosed information. These confidentiality parameters are also outlined in Health Services Section Policy and Procedure P-H-02, *Confidentiality of Health Records*, Behavioral Health Service Division Policy and Procedure #MH-H-02, *Confidentiality of Clinical Records and Information* and Health Services Section Policy and Procedure P-I-05 (08/2016), *Informed Consent and Right to Refuse*. The Health Services Information Disclosure form was reviewed and confirmed compliance with policies and procedures. During the last 12 months, there have been no incidents in which this type of release was required. As such, there was no secondary documentation to review.

Interviews with medical and mental health practitioners confirmed the requirement to obtain informed consent from inmates before disclosing information about sexual victimization that did not occur in an institutional setting. Staff reported that inmates are required to sign a consent / release of information

form in intake and/or prior to the provision of services. Auditors were provided with examples of these forms, confirming the inclusion of applicable information. Practitioners also confirmed that the facility does not house inmates under the age of 18; as such, DRCI is compliant with this portion of the standard.

Documentation provided for this standard: Health Services – Behavioral health Services Policy and Procedure #MH-E-02, Behavioral Health Services Division Policy and Procedure #MH-H-02, Health Services Section Policy and Procedure #P-E-02, agency policy 40.1.13 (09/01/2016), Health Services Section Policy and Procedure P-H-02, Behavioral Health Service Division Policy and Procedure #MH-H-02, Health Services Section Policy and Procedure P-I-05, Health Services Information Disclosure form and inmate call-out documentation.

Based on this information, DRCI is in full compliance with all elements of standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency Policy 40.1.13 (09/01/2016), section X.A (page 11) states that "...access to medical services for victims of sexual abuse will be handled in accordance with Health Services Policy and Procedure #P-B-05, *Procedure in the Event of Sexual Assault*, that includes: timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment; necessary post event treatment including coordination with community hospitals; testing and prophylactic treatment for sexually transmitted disease (STD); comprehensive information and timely access to all lawful pregnancy related medical services; referral to Behavior Health Services; and communication with the sexual abuse liaison regarding any information deemed not confidential."

Agency policy 40.1.13 (09/01/2016), section X.B. (page 11 – 12) states "...mental health services for victims of sexual abuse will be provided in accordance with Behavior Health Service Policy and Procedures which include: timely, unimpeded access to appropriate mental health evaluation services without cost as determined by the mental health treatment providers' professional judgment; comprehensive information of limits of confidentiality and duty to report; completion of a mental health evaluation to include a suicide risk screening interview; notification to the OIC and Medical Services regarding recommended actions that may include suicide precautions; provisions of follow-up mental health services based on MH-G-01.1 Mental Health Codes and Levels of Services; communication with the sexual abuse liaison regarding any information deemed not confidential; and consultation with the OIC and Medical Services regarding suicide precaution measures that will be implemented if the inmate is housed at an institution where there is no mental health services on site." Health Services Section Policy and Procedure #P-B-05 (06/2013), *Procedure in the Event of Sexual Abuse*, (page 1 – 3) supports the process outlined in the agency PREA policy (40.1.13).

The OIC checklist outlines the response protocol in the event of an alleged sexual abuse, to include the immediate notification of the Health Services Manager and the Behavioral Health Services Manager (mental health). One allegations indicating crisis intervention or emergent trauma-based care was received during the audit documentation period. Documentation regarding this incident was reviewed, confirmed the provision of appropriate medical and mental health care. Response and medical / mental health staff were very familiar with the standards of care outlined in the standards and agency policy. The immediate notification to medical was also confirmed in interviews with staff who acted as first responders. Interviewees reported that crisis responders are assigned from the Sexual Assault Response Team (SART). All reported that the medical response is almost immediate. Staff would also connect the inmate with a mental health counselor as soon as possible.

Interviews with medical and mental health practitioners confirmed that services are provided according to the practitioner's professional judgment and in accordance with established health services policies and procedures.

Oregon inmates do not pay for medical/mental health care. This was confirmed in the agency policy cited above as well as through onsite interviews with inmates and medical and mental health practitioners.

Documentation provided for this standard: Agency policy 40.1.13, OIC PREA Checklist, and Health Services Section Policy and Procedure #P-B-05

Based on this information, DRCI is in full compliance with all elements of standard 115.82.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Health Services Section Policy and Procedure #P-B05(June 2013), *Procedure in the Event of Sexual Abuse* (page 1 – 3) allows for the evaluation and treatment of victims including follow-up services, treatment plans and, when necessary, referral for continued care following transfer to or placement in another facility or their release from custody. When an inmate reports sexual abuse, a suicide risk assessment is done by a mental health professional. If a mental health practitioner is not available, the assessment can be conducted by a health services nurse who will consult with an on-call mental health professional if the inmate is at risk for suicide or self-injury. A mental health professional follows up with any victim of alleged sexual abuse at 7 and 30 days. Medical follow up services are provided as indicated and determined by a health services practitioner. Additionally, prophylactic treatment for STD's (including HIV) is offered to all victims.

The requirements regarding follow up medical and mental health care was confirmed in interviews with practitioners. These individuals also indicated that care for abuse victims consisted of treatment planning based on injuries and continuing care needs. Documentation was also reviewed, confirming STI testing and follow up care as determined appropriate by the practitioner was provided to victims of sexual abuse. DRCI houses only male inmates, as confirmed via population reports provided. As such, DRCI is compliant with sub-standards regarding pregnancy testing and care.

When an inmate transfers from one facility to another, his/her medical record transfers at the same time. Ongoing treatment is highlighted and records reviewed upon receipt at the receiving facility to ensure continuity of care. Auditors were able to observe medical records highlighting information needing immediate attention on transfer of the inmate. When an inmate releases to the community from incarceration, he/she is provided with a 30-day supply of medication and a complete review of all release planning to ensure continuity of care. Inmates are provided with names of providers they might access on release and instruction on how providers are to obtain medical records documenting treatment while incarcerated.

Health services are continuously monitored by the Department of Health and various certifying agencies to ensure proper and adequate care is provided to all inmates. Practitioners confirmed in interviews that the care provided is consistent with the community level of care.

Agency Policy 40.1.13 (09/01/2016), section X.A (page 11) states that "...access to medical services for victims of sexual abuse will be handled in accordance with Health Services Policy and Procedure #P-B-05 (*Procedure in the Event of Sexual Assault*) that includes: ...testing and prophylactic treatment for sexually transmitted disease (STD); comprehensive information and timely access to all lawful pregnancy related medical services..."

Oregon inmates do not pay for medical/mental health care. This was confirmed in the agency policy cited above as well as through onsite interviews with inmates and medical practitioners.

In accordance with ODOC Behavioral Health Services Division Policy and Procedure #MH-E-03 (08/12/2013), *Transfer Screening*, section D (page 3), "A mental health evaluation is completed within 60 days of notification of a known inmate on inmate sexual abuser once it has been determined by the PREA Compliance Manager (PCM) that the allegation has been substantiated following an administrative or criminal finding." This procedure also states that inmates will be provided follow-up mental health services based on diagnosis and acuity as outlined in the Mental Health Codes. ODOC does not offer sex offender treatment but other treatment plan options are developed as deemed appropriate by mental health practitioners. There were no substantiated investigations of inmate-on-inmate sexual assault or abuse during this audit period. As such, there was no secondary documentation to review. Knowledge of the requirement to attempt to complete these evaluations was confirmed in interviews with the PREA Compliance Manager and mental health practitioners.

Documentation provided for this standard: Health Services Section Policy and Procedure #P-B05, and Behavioral Health Services Division Policy and Procedure #MH-E-03, and daily population reports.

Based on this information, DRCl is in full compliance with all elements of standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ODOC has established *Prison Rape Elimination Act (PREA) PREA Compliance Manager (PCM) Guidelines (01/28/2016)*, outlining the process for completing sexual abuse incident reviews. Incident reviews are conducted for all substantiated and unsubstantiated investigations of sexual abuse allegations. The elements examined during these reviews exceed those specified in this standard. Action plans are developed as indicated by this review.

Currently, incident reviews are conducted electronically through the agency's Offender Management System (OMS). When the PREA incident in the system is closed out following completion of the related investigation, the facilities PREA Compliance Manager receives an automated system-generated email notifying him/her of the need to complete an incident review. Local procedures regarding incident review require that the PREA Compliance Manager (PCM) meet with stakeholders, gathering all required information. Information would be gathered, as applicable, from the investigator, medical practitioners, and supervisory staff responsible for areas such as security operations, programming, shift operations, etc. The PCM would then enter all information into OMS, which would then forward the review to the Superintendent for comment and approval, including authorization of any identified corrective action. The PREA Coordinator also participates in the review, adding comments and electronic signature to the review. If the allegation is substantiated, the Institutions Administrator would also participate in the incident review. The automation began in October 2016; prior to implementation, paper review forms were used.

The review includes the following questions:

- The allegation or investigation indicated a need to review policy or practice to better prevent, detect or respond to sexual abuse?

- The incident or allegation was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics?
- Were there any physical barriers that may have prevented detection of the abuse?
- Could monitoring technology be deployed or augmented to supplement supervision by staff?
- Were required medical and mental health assessments offered to the victim?
- Was all the required documentation completed and sent to the Agency PREA Coordinator?
- Were the staffing levels adequate to the area of the incident?
- Were the victim and perpetrator informed of the allegation determination?
- What if any corrective actions were determined or are recommended?
- What action was taken?
- If not all recommended corrective action was taken, why not?
- Was a thorough investigation completed?
 - If criminal, referred to state police?
 - All witnesses interviewed?
 - Video monitoring was reviewed, if available?
 - Telephone records, mail reviewed if available?
 - All other elements of the investigation thorough and objective?

The multi-layered review system is intended to identify incident-specific issues as well as trends in incidents or reports. Individuals participating in the review look for areas of possible improvement, even if the allegation is not substantiated. The information from incident reviews is also considered in staffing plan revision and camera prioritization. The Superintendent confirmed that the incident review process looks at staffing, physical plant, cameras, training needs, needed procedural changes, restricted access areas, key control and other areas. The Superintendent indicated that the team looks at trends in information to identify weaknesses and areas of concern, addressing through structural revisions, supervision changes, and other methods available. He reported that depending on the area and nature of the concern, the review may lead to a shift in practice or training. The Superintendent reported that those participating in a review examine the areas of incidents for barriers and other items that may create risk.

While onsite, interviews with staff, to include the Superintendent, the PREA Compliance Manager, and member of the incident review team, confirmed compliance with standard and policy requirements. The PCM indicated that incident reviews are conducted in the Offender Management System and are based on the finding and level of the allegation. She indicated that they look at risk areas and determine what they can do better to protect both staff and inmates and minimize the likelihood that allegations will recur.

During the last 12 months, one investigation was completed that indicated the requirement for an incident review. A review of documentation and the incident review component of OMS confirmed that incident review was conducted as required. The incident review following the one substantiated staff sexual misconduct investigation (#14891) resulted in corrective action that include boundaries training for all staff and a reminder to continue to look for ways to minimize time when a staff member may be in

a one on one situation with an inmate. Documentation of training completion was also provided to the Audit Team.

Documentation provided for this standard: PREA Compliance Manager Guidelines, documentation of incident review, and facility door inspection.

Based on this information, DRCI is in full compliance with all elements of standard 115.86.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policy 40.1.13 (09/01/2016), section XIII. A and B (page 12 – 13), defines data collection requirements relative to PREA. The PREA Coordinator oversees the collection of accurate, uniform data for all PREA allegations at its facilities using a standardized instrument and definitions outlined in the federal Survey of Sexual Violence (SSV).

ODOC does not contract with any private facilities for the confinement of inmates. As such, DRCI is compliant with standard subsection (e).

SSV summary information for 2015 and 2016 as well as Incident Forms (SSV-IA) were reviewed. These have been submitted to the Department of Justice in compliance with established procedures and timelines.

Documentation provided for this standard: policy 40.1.13, and SSV data for 2015 and 2016.

Based on this information, ODOC and DRCI are in full compliance with all elements of standard 115.87.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ODOC annual PREA reports include identification of problem areas, action plans, details for each facility under the jurisdiction of the agency, and a comparison with data from the current and prior years. The agency PREA Coordinator is responsible for data review and oversight of report development. Agency policy 40.1.13 (09/01/2016), section XIII.B.5 (page 13), requires that the PREA Coordinator, "Compiles information collected directly from the inmate population by means of various survey methods which relate to the prevalence of sexual abuse within the institutions, including the circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination..." Reports include a comparison of the current year with prior years along with narrative information regarding the agency's progress in addressing sexual abuse. All reports are signed by the ODOC Director and are posted on the agency's public website (<http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>). Reports for calendar years 2013, 2014, 2015, and 2016 were reviewed.

In an interview, the PCM reported that the PREA Coordinator gathers the information, which is driven off what is entered in OMS. The facility looks for trends and at-risk locations. She indicated the facility

also does incident reviews and reviews all available information informally on a continuous basis (e.g., hot spots, multiple allegations from the same area, etc.). The facility reviews all available information and takes action accordingly.

The PREA Coordinator indicated that whenever necessary, all personally identifying information is redacted from annual reports prior to publication, with documentation maintained regarding the nature of the material redacted.

Documentation provided for this standard: policy 40.1.13; the agency's public website and PREA reports for 2013, 2014, 2015 and 2016.

Based on this information, ODOC and DRCI are in full compliance with all elements of standard 115.88.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ODOC PREA data is retained in a computerized database that is limited to personnel with a need to know. Provisions are in place to ensure the security of this information is maintained. Aggregate data is included in each of the ODOC's annual PREA reports and is available to the public on the agency's website at <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>. A review of reports for calendar years 2013, 2014, 2015, and 2016 were reviewed and the removal of all personal identifying information was confirmed. The PREA Coordinator indicated that whenever necessary, all personally identifying information is redacted from annual reports prior to publication, with documentation maintained regarding the nature of the material redacted.

Data regarding allegations and investigations is maintained in the Offender Management System (OMS). Only the PREA Coordinator can grant access to this system based on facility-level requests filtered through the local PREA Compliance Manager detailing the reason for the requested access. The PREA Coordinator also maintains any hardcopy documentation in her office at headquarters with key access restricted to a level similar to that of an Assistant Director. The PREA Compliance Managers are also required to maintain any hardcopy documentation in locked cabinets to secure all information locally.

ODOC has not specified a data purge date and all OMS records are currently maintained indefinitely. As such, data would be available for at least ten years after the date of the initial collection as required by standard.

Documentation provided for this standard: the agency's public website and PREA reports for 2013, 2014, 2015, and 2016.

Based on this information, ODOC and DRCI are in full compliance with all elements of standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Auditor was provided with policy and proof documentation for each standard, allowed free access to every part of the facility, and was allowed to conduct private interviews with identified staff and inmates. The audit notice was posted in multiple areas of the facility and it clearly articulated that letters to the auditor would be confidential and not disclosed unless required by law. The auditor received a letter from one (1) DRCI inmates prior to the on-site review and one (1) after the conclusion of the on-site portion of the audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

ODOC posts all PREA audit reports to its public website (<http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>). This includes the report from the previous audit conducted at DRCI.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Beth L. Schubach

04/11/2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.