

# PREA Facility Audit Report: Final

**Name of Facility:** Deer Ridge Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 08/27/2021

**Date Final Report Submitted:** 02/04/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jason M. Bennett	<b>Date of Signature:</b> 02/04/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Bennett, Jason
<b>Email:</b>	jason.bennett@doc.wa.gov
<b>Start Date of On-Site Audit:</b>	07/13/2021
<b>End Date of On-Site Audit:</b>	07/16/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Deer Ridge Correctional Institution
<b>Facility physical address:</b>	3920 E Ashwood Rd, Madras, Oregon - 97741
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Sharon Ball
<b>Email Address:</b>	Sharon.A.Ball@doc.state.or.us
<b>Telephone Number:</b>	541-325-5224

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Acting - Richard Ackley
<b>Email Address:</b>	Richard.R.Ackley@doc.state.or.us
<b>Telephone Number:</b>	(541) 325-5226

Facility PREA Compliance Manager	
<b>Name:</b>	Sharon Ball
<b>Email Address:</b>	sharon.a.ball@doc.state.or.us
<b>Telephone Number:</b>	O: (541) 325-5224

Facility Health Service Administrator On-site	
<b>Name:</b>	Joe Bugher
<b>Email Address:</b>	Joe.A.Bugher@doc.state.or.us
<b>Telephone Number:</b>	503-378-5520

Facility Characteristics	
<b>Designed facility capacity:</b>	1307
<b>Current population of facility:</b>	780
<b>Average daily population for the past 12 months:</b>	943
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	19-82
<b>Facility security levels/inmate custody levels:</b>	1 & 2
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	211
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	124
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	123

AGENCY INFORMATION	
<b>Name of agency:</b>	Oregon Department of Corrections
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	2575 Center St SE, Salem, Oregon - 97301
<b>Mailing Address:</b>	
<b>Telephone number:</b>	503-947-9950

Agency Chief Executive Officer Information:	
<b>Name:</b>	Colette Peters
<b>Email Address:</b>	colette.s.peters@doc.state.or.us
<b>Telephone Number:</b>	503-945-0927

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Ericka Sage	<b>Email Address:</b>	ericka.r.sage@doc.state.or.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-07-13
2. End date of the onsite portion of the audit:	2021-07-16

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Saving Grace- Madras Oregon 97741 Just Detention International via email.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1307
15. Average daily population for the past 12 months:	780
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	761
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	27
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	8
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	7
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	3
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	25
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>The number of Adults in Custody housed at Deer Ridge Correctional Institution on the first day of the onsite review was 765. A total of 35 individual interviews were conducted with adults in custody, including 18 targeted inmates and those who wrote to the auditor. The random questions were asked in each interview, targeted interviews were only counted as one interview as listed above, there were 6 duplicates in the targeted group. Noting the absence of youthful inmates and inmates placed in segregation for high risk of victimization, additional interviews were conducted to over represent the other areas indicated in this report.</p> <p>The facility does not specifically track individuals who are Limited English Proficient but were able to provide a list based on individuals presently registered or waiting for English as a second language classes.</p>
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	211
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	9

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>Due to COVID 19 there were no active volunteers onsite, the auditor did interview three volunteers that had been active with the facility prior to COVID 19, However due to the ongoing pandemic and subsequent vaccination mandate, they have not had any volunteers with onsite access.</p>
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## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>For inmate interviews, the auditor reviewed the population prior to the onsite review. Random interviews were selected by assigning a number value to each bunk then using a random number generating application developed by UX apps for the living units. These selections were then adjusted to ensure the racial make up of the facility was represented. The numbers on date of rosters was 743 (numbers on first day of audit were 761). The facility maintains 7 housing units excluding the disciplinary unit. The minimum number of interviews required by page 51 of the Auditor Handbook V 2.0 indicates at least 15 Random Interviews as such the auditor rounded up for a total of 18 random interviews for at least 2 random interviews per living unit.</p> <p>Initial Rosters were provided 2 weeks in advance of the audit. Information was pulled on 06/28/2021 On that date there were 743 Adults in Custody. With a Racial balance as follows: 8 Asian individuals representing 1.08% of the population, 49 Black individuals representing 6.59%, 70 Hispanic individuals representing 9.42%, 17 Indian individuals representing 2.29 %, 598 White individuals representing 80.48 %</p> <p>The auditor had access to information related to the population excluding length of time at the facility. However during the interviews with the population per the protocols, each individual was asked about their time of arrival 17 interviews out of 35 indicated they had been at the facility less than 12 months, 18 adults in custody indicated that they had been at the facility in excess of 12 months.</p>
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56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The facility had no youthful offenders and no physical disabilities, as such targeted interviews were increased in other categories to meet the minimum number of targeted interviews.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	18
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor was able to exam all facility rosters and walk through each living unit with full access to the population.
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	3
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	3

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	7
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	2
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The audit had access to the rosters and interviewed staff assigned to segregated housing. The auditor conducted a site survey of segregated housing and was able to see the list of individuals housed and reason for the housing assignments.

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>As previously indicated for interviews of adults in custody, the auditor reviewed the population prior to the onsite review. Random interviews were selected by assigning a number value to each bunk then using a random number generating application developed by UX apps for the living units. These selections were then adjusted to ensure the racial make up of the facility was represented. The numbers on date of rosters was 743 (numbers on first day of audit were 761). The facility maintains 7 housing units excluding the disciplinary unit. The minimum number of interviews required by page 51 of the Auditor Handbook V 2.0 indicates at least 15 Random Interviews as such the auditor rounded up for a total of 18 random interviews for at least 2 random interviews per living unit. Interviews of targeted inmates were added into the geographic representation. Based on the absence of youthful inmates and physically disabled, the audited increased the number of other targeted areas including transgender/intersex inmates, Gay, Bisexual, Blind, Deaf or hard of hearing and Limited English Proficient.</p>
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>18</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
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<p>If "Other," describe:</p>	<p>The auditor included staff from varying diverse backgrounds including both male and female staff, staff rosters did not include racial/ethnicity however the auditor noted through during interviews that racial and ethnic groups were represented in the interview process.</p>
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<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor noted no barriers present when interviewing staff, the facility provided rosters for the auditor selection and each staff member selected was provided to the auditor for interview.</p>
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**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	40
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Disciplinary Hearings Officer Grievance Coordinator Victim Advocate</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>3</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>The facility provided private areas for each of the interviews, including staff offices and conference rooms. A total of 50 individual staff (includes volunteers and contractors) were interviewed including 18 random and 40 specialized staff. Additional numbers are indicated in the protocols below noting that 9 specialized staff were asked multiple sets of protocols due to overlapping duties. Random staff were selected to provide sample representation from each shift, job class, work location, and seniority or time in service. Due to COVID-19 impacting some time frames a number of agency level supervisors and the PREA Compliance Manager were interviewed in advance via MS Teams.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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**Was the site review an active, inquiring process that included the following:**

<p><b>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>During the onsite review the audit team tested the phone system calling both the PREA hotline for notification, and calling the Victim's Advocates. The audit team left a test message on the PREA hotline that was confirmed by the PREA coordinator as being received. When testing the line for the PREA advocate, it was noted that the phone was answered by a live person. This was corroborated during an interview with the advocate staff noting that after hours and weekends someone always carries the contact phone. As part of the observations the team tested the language line. The auditor was provided the education video and transcript as part of the documentation for standard 115.33. The process was not observed at DRCI, noting that all inmates had received the education prior to arrival. This was verified by the auditor reviewing the OMS system with the PREA Coordinator. The PREA compliance manager walked the auditor through the process and provided the transcript of the education this is given the the population.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files- auditors must self-select for review a representative sample of each type of record.</p>	
<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the onsite review the auditor noted that the facility employed 211 staff. The auditor selected 51 staff records for review including background checks and training records. This selection included individuals selected in the interview process. The auditor selected records with a concentration on newer staff and varied time in the agency as well as staff who promoted or changed positions in the last year and staff who reached a five year interval for updated background checks. Prior to arrival (07/13/2021) the auditor requested 27 inmate files for review. The auditor also reviewed 5 additional files specific to mental health needs for inmates who had reported being victims or perpetrating sexual abuse. The facility reported 773 inmate grievances, 7 grievances were filed relating to sexual abuse and sexual harassment. The facility demonstrated the electronic grievance system housing all grievances and provided non-PREA samples as part of the process review. The facility noted that there had been a total of 16 allegations with completed investigations for sexual abuse in the previous 12 months, none of which were referred for criminal investigations, all were investigated administratively. A review of the allegations indicated that there was no allegations of staff/inmate sexual abuse. The facility reported 1 allegations of inmate/inmate sexual abuse, which was substantiated. There were 15 allegations of sexual harassment. It should also be noted that the allegations listed includes allegations that were first reported this year but may have occurred at any time in the past, the auditor noted new reports that allege incidents more than 30 years old.

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	1	0	1	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	6	0	6	0
Staff-on-inmate sexual harassment	9	0	9	0
<b>Total</b>	15	0	15	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	0	0	1

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	1	5	0
Staff-on-inmate sexual harassment	1	4	4	0
<b>Total</b>	2	5	9	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	15
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	6

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>107, 109 and 112. Sexual harassment is not a criminal offense in Oregon, as such there is no corresponding criminal investigations related to sexual harassment. One case of abusive sexual contacts was administratively, there were no criminal cases during the audit documentation period.</p>

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
<h2>AUDITING ARRANGEMENTS AND COMPENSATION</h2>	
<p>121. Who paid you to conduct this audit?</p>	<p> <input type="radio"/> The audited facility or its parent agency  <input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)  <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)  <input type="radio"/> Other         </p>
<p>Identify your state/territory or county government employer by name:</p>	<p>Washington State Department of Corrections</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No         </p>

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 499">115.11 (a): ODOC Policy 40.1.13 "Prison Rape Elimination Act," section I states, "The department is committed to a zero-tolerance standard for sexual abuse and sexual harassment." This statement provides a clear connection with provision (a)'s zero tolerance requirement. During the onsite review, interviews with random staff indicated that all staff received training and understood the zero-tolerance requirement in policy. Documentation of training is addressed in § 115.31. Interviews with random and targeted inmates indicated that the zero-tolerance of sexual abuse and sexual harassment was understood and education was provided to the population. Interviews with staff, contractors and volunteers also indicated an understanding of the zero-tolerance requirements of the agency.</p> <p data-bbox="242 528 1474 689">ODOC Policy 40.1.13 "Prison Rape Elimination Act," section I.A-D (pg.1) continues to demonstrate the clear connection to prevention, detection and responding to such conduct in 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 statement provides application of the requirement for response to PREA related incidents.</p> <p data-bbox="242 719 1474 913">The policy provides information relative to prevention and detection, "Through continual education of staff and inmates, the department will increase awareness of safe reporting mechanisms and available services to victims and concerned citizens, thereby creating institutional cultures that discourage sexual abuse and sexual harassment and misconduct." and "Through classification, assignment, review of new technologies, and improvements to institution architecture where feasible, the department will identify opportunities to separate and carefully monitor both sexually abused and vulnerable inmates and sexual abusers and victims to reduce the incidence of sexual misconduct."</p> <p data-bbox="242 943 1485 1240">115.11 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section II.A provides the definition of the Agency PREA Coordinator as "An administrator responsible for the development, implementation, and oversight of the department's compliance with the PREA standards in all of the department's facilities." A review of the agency's organizational chart (May 2020) indicates that the position reports to the Assistant Inspector General of the Special Programs Unit within the Office of the Inspector General. The Organization Chart identifies the PREA Administrator as Ericka Sage. As part of the onsite review the PREA coordinator was interviewed, she was asked, if she felt she had enough time to manage all of her PREA related responsibilities. She responded, "Yes, absolutely." She then elaborated that there was a lot of support with the related duties as well as using effective time management. Through Covid-19 Ericka was able to communicate with her team remotely through video conferencing and maintained access remotely to all tools to effectively complete her tasks.</p> <p data-bbox="242 1270 1465 1464">115.11 (c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section II.F provides the definition for PREA compliance manager, noting "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." It was noted that in institutions this function serves as a collateral duty to a facility manager. It was further noted that the agency and individual facilities have placed a high priority on PREA compliance, as such the PREA compliance managers are provided time to manage these tasks.</p> <p data-bbox="242 1494 1458 1657">During the interview process PREA Coordinator Sage indicated that she works with 13 PREA compliance managers at 14 facilities, (one PREA compliance manager has responsibility for two facilities in close proximity). At the Deer Ridge Correctional Institution the position is filled by Sharon Ball, who serves as a direct report to the Superintendent. This was verified by during the interview process, reviewing the facility's organization chart as well as observations made during the onsite review noting her office shared a common access with the Superintendent's office.</p> <p data-bbox="242 1686 1490 1881">According to the Agency PREA Coordinator, "Each facility has also been assigned a Sexual Abuse Response Team and a Team Leader. These positions are collateral duties but assist the PREA compliance manager in all the duties required under PREA with oversight from the PREA compliance manager." During an interview with the facility PREA compliance manager, when asked, "Do you feel that you have enough time to manage all of your PREA related responsibilities?" She stated that she believes she does noting that she has a focus on PREA and a strong team, she works closely with a staff member assigned in the role of the Sexual Assault Liaison (SAL) who assist in many of the duties.</p> <p data-bbox="242 1966 1161 1995">The following documentary evidence was analyzed in making the compliance determination:</p> <ul data-bbox="282 2047 1054 2141" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• OIG Organizational Chart</li> <li>• DRCI Organization Chart (August 2019)</li> </ul>

The following interviews were conducted and considered in making the compliance determination

- PREA Coordinator
- PREA Compliance Manager

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.11.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.12 (a) During the documentation period the Oregon Department of Corrections maintained contracts with two counties for housing inmates (adults in custody). At the time of the onsite review two contracts for housing inmates remained in effect, including: Grant County and Lane County. The Agency PREA Coordinator noted that there is no one housed at Grant County at this time. Both of the contracts contain language that requires the county to “adopt and comply with the Department of Justice Prison Rape Elimination Act (PREA) standards set forth in 28 CFR 115.5 et seq.” The contract language further provides that the, “County shall also provide information concerning compliance with the PREA standards, upon request, to ODOC.”

115.12 (b) The agency PREA coordinator has each facility fill out a PREA monitoring report in the years the contract facility does not receive a PREA audit. These reports require the facility to submit information and statistics about the facility's ongoing compliance efforts in non-audit years. Completed PREA monitoring reports were reviewed for each contract. The auditor reviewed the most recent audit reports for both Grant County and Lane County. The auditor visited the websites for both Grant County and Lane County, reviewing the most current audit reports and the annual PREA reports for each county.

Prior to the onsite review the auditor interviewed the contracts administrator, when asked “How do you monitor new and renewed contracts for confinement purposes to determine if the contractor complies with required PREA practices?” The contract administrator noted that the PREA coordinator provides the contracting agency with a self-assessment tool and they are required to complete it annually. The administrator further elaborated that the contract language requires PREA certification and ongoing monitoring. The auditor reviewed contracts for all four counties that included language specific to monitoring in that, “DOC shall monitor the Agreement to ensure that Sheriff is complying with PREA standards described in this section...”

Links to each of the County PREA audit reports and annual reports are provide below:

Lane County PREA Report (2019)

<https://www.lanecounty.org/cms/One.aspx?portalId=3585881&pageId=4240653>

Lane County Audit Report (2019)

[https://www.lanecounty.org/UserFiles/Servers/Server\\_3585797/File/Government/County%20Departments/Sheriff%20Office/Corrections%20Division/LCACF%20PREA%20Audit%20INTERNET%202019.pdf](https://www.lanecounty.org/UserFiles/Servers/Server_3585797/File/Government/County%20Departments/Sheriff%20Office/Corrections%20Division/LCACF%20PREA%20Audit%20INTERNET%202019.pdf)

Grant County PREA Report (2020)

<https://grantcountyoregon.net/DocumentCenter/View/939/Prison-Rape-Elimination-Act-PREA-Annual-Report-2020>

Grand County PREA Audit Report (2020)

<https://grantcountyoregon.net/DocumentCenter/View/806/Prison-Rape-Elimination-Act-PREA-Final-Jail-Audit-2020>

The following documentary evidence was analyzed in making the compliance determination:

- Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)
- Grant County contract 1797
- Jackson County contract #5405 (Terminated 12/01/2018)
- Lane County contract
- PREA contract boiler plate template

The following interviews were conducted and considered in making the compliance determination:

- Agency PREA Coordinator
- Agency Contract Administrator

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.12.

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1490 566">115.13 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.9 states, "The department shall ensure that each facility it operates, develops and documents a staffing plan that provides for adequate levels of staffing to protect inmates against sexual abuse." The auditor noted that the policy language provides the elements of the provision including: Generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisory staff; Institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors."</p> <p data-bbox="242 656 1474 779">The Agency initiated, a PREA Security Staffing Analysis for all facilities completed by the Association of State Correctional Administrators (ASCA) based in Maryland. The first phase of the staffing analysis began in December 2013, with the onsite review for OSP beginning July 28, 2014. The final report was submitted in December 2014. The design capacity for Deer Ridge Correctional Institution was noted as 787, with a census of 762.</p> <p data-bbox="242 813 1490 1205">The Facility OAS notes the designed capacity at 1307 with a current population of 780 and ADP for the previous 12 months of 943. The report provides an introduction noting, "ASCA conducted a review of security staffing at Department facilities with specific emphasis on offender supervision and compliance with the Prison Rape Elimination Act (PREA) standards." The report provides methodology that includes the standard requirements of 115.13, as well as a document review of organizational charts and facility descriptions; floor plans for each institution; daily population and capacity reports for each facility; current shift staffing rosters for all facilities; December 2013 ASCA facility staff in analysis report; all PREA complaints received by each facility during the past 12 months; and PREA Prisons and Jail Standards, Prevention Planning – Prisons and Jails, section 115.13 Supervision and monitoring. The report also included a site review of each facility including Deer Ridge Correctional Institution (completed on August 21, 2014). Pages 27 through 31 provide a summary report specific to Deer Ridge Correctional Facility, including the facility characteristics, operations, staffing, and housing units. The agency PREA coordinator reported that as a result of the report 33 additional correctional officer positions were provided to the agency and distributed as recommended by ASCA.</p> <p data-bbox="242 1294 1490 1585">ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.4 also provides, "Security staffing standards and deployment of video monitoring systems or technology shall be assessed for adjustments and documented by the PREA compliance managers for facilities affected and communicate to Agency PREA coordinator." During the onsite review the Superintendent was interviewed. When asked, "Does your facility have a staffing plan?" he affirmed that the facility did have a staffing plan identifying the elements of that staffing plan and that it was reviewed on an annual basis; He stated it addressed adequate staffing levels and video monitoring. When asked about if it was documented, he stated that it was. When interviewed about the staffing plan, the PREA compliance manager was able to confirm knowledge and compliance with the considerations of elements (1-11) listed in provision (a) of the standard. The information was supported by the documentation reviewed by the auditor, including the staffing plan document and annual reviews with signatures.</p> <p data-bbox="242 1619 1490 1910">In a memo to the auditor dated September 3, 2020, the Agency PREA coordinator indicated, "I have reviewed all components of the facilities physical plant (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 the prevalence of substantiated and unsubstantiated incidents of sexual abuse and all other relevant factors. .... I have reviewed each institution's staffing plan, ensuring they use generally accepted correctional practices and have considered judicial findings of inadequacy, any findings of inadequacy form Federal investigative agencies, and findings of inadequacy from internal and external oversight bodies, in which ODOC has had none." This onsite review by the agency PREA coordinator indicates an active participation in the staffing plan and assessment of the facility's approach to prevention of sexual abuse.</p> <p data-bbox="242 1944 1490 2134">115.13 (b) In a letter to the auditor the Agency PREA coordinator indicated that, all deviations from the staffing plans are documented by an exception report and reviewed by the appropriate manager at each facility. This statement was reiterated in the interviews with both the PREA coordinator and the facility PREA compliance manager. The facility indicated that there were no deviations to the staffing plan during the audit period. They provided documentation with copies of exception reports showing movement and noted that if there were deviations they would be included in similar reports. During the interview with the Superintendent he stated, that they had no diviations and he uses overtime to cover all post. He further described "pull</p>

post,” post that the facility can pull staff from to cover additional needs as they arise.

Policy 40.2.1 “Staff Deployment System,” section III.H.4 (pp. 5-6) outlines the use of the daily roster reports and requires, “The [officer in charge] OIC shall be responsible for the documentation and accuracy of the daily roster variance and exception notation.” The policy and staffing plan provides coverage and documentation of post in that, if an absence in a fixed post occurs, the absence must be filled according to the following priority: Shift relief and variable relief staff; pull posts; and overtime.

Any variation from this order of priority shall require written notice to the functional unit manager or designee on the next workday. During the onsite interviews, the superintendent confirmed that he would receive notification of any deviations from the established staffing plan.

115.13 (c) ODOC Policy 40.2.1 “Staff Deployment System,” section III.G.4 (pg. 5) Requires an Annual Post Audit and Evaluation and Staffing Analysis. The policy specifically requires that, “Posts shall be evaluated at least annually by functional unit management staff and in consultation with the functional unit 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.” This review is documented on “Staffing Standard Review and Exception Request form (CD1434).” This review includes the staff deployment manager, assistant superintendent of security and functional unit manager (facility superintendent). The review is forwarded to the Agency PREA coordinator. The facility provided the review including all associated signatures completed with the Agency PREA coordinator’s final signature dated 10/19/2020.

The review provided by the agency included supporting documents including positions, staffing levels, coverage locations and relief factors. The facility provides security staff through 86.5 Officers, 7 Corporals, 12 Sergeants, 5 Lieutenants, and 1 Captain; for a total of 111.5 security staff

The agency PREA coordinator also noted that a camera mapping plan had been created with prioritized and documented needs. Through the visits she noted that operational practices were reviewed and adjusted to maximize visibility in areas as needed. Through her assessments an increase in security mirrors were installed and current cameras have been adjusted to maximize visibility in locations of otherwise limited visibility. 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.

115.13 (d) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.A.3 (page 4) states that, “Each facility shall require intermediate and higher level supervisors to conduct and document unannounced rounds on all shifts to deter staff sexual abuse and sexual harassment. Staff is prohibited from alerting other staff members that the supervisory rounds are occurring.” This policy requirement aligns with the language in the standard.

As part of the review for this provision and the determination of intermediate supervisor, the auditor reviewed the facility organizational chart noting that security ranks included correctional officer, corporal, sergeant, lieutenant, and captain. Based on the rank structure and organizational charts the auditor determined that lieutenant and above would be required for this provision. The auditor found regular visits by staff members of the rank of lieutenant and above. These visits varied by personnel, area and shift, in addition to intermediate level supervisors the logs indicated regular visits by sergeants as well.

Unannounced rounds are documented on the “DRCI Medium Unannounced Rounds Tracking.” This documented is completed for each of the housing and program areas. The agency provided documentation of these rounds in the initial proof documents. While onsite the auditor reviewed documentation in the housing units. The documents evidenced routine visits by intermediate supervisors, with supervisory signatures noted. Informal interviews were conducted with both staff and the population during the site visits; staff indicated that they routinely saw upper level supervisors and managers visiting their areas, it was noted that the staff did see the Superintendent almost every day.

Interviews conducted with 5 intermediate and higher-level facility staff of the ranks between Assistant Superintendent and lieutenant. Each supported that unannounced rounds are conducted in all areas of the facility in compliance with agency policy and the provision of the standard. Interviewed supervisors indicated that they alternated rounds based on facility needs, providing for random visits to areas of the facility during all shifts at varied hours. Supervisors indicated that they had also provided direction to control rooms not to provide advance notice to areas that they were conducting rounds. Supervisors noted that evidence of compliance with this directive through their general observations of unit staff.

During the interviews the supervisors stated they document these rounds using both the unit logs and, on a computer, tracking sheet.

The following documentary evidence was analyzed in making the compliance determination:

- Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)
- Agency Policy 40.2.1 “Staff Deployment System” (effective 11/27/2017)

- PREA Security Staffing Analysis (effective 12/10/2014)
- Security Staffing Plan Standard Review and Exception Request (effective 10/19/2020)
- Facility Post Deployments and Staffing

The following interviews were conducted and considered in making the compliance determination:

- Prison Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Agency Director/Designee
- Intermediate or Higher-Level Facility Staff

The following site review observations were considered in making the compliance determination:

- Informal interviews during site review
- Staffing in accordance with rosters

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.13.

<b>115.14</b>	<b>Youthful inmates</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1484 465">115.14 (a-c) Deer Ridge Correctional Institution does not house youthful offenders. Engrossed HB 2251 Section 1 subsection 9 (pg. 3) states, "Notwithstanding any other provision of this section, under no circumstances may a person under 18 years of age be incarcerated in a Department of Corrections institution." The bill went into effect on 01/01/2018. According to a memo provided by PREA Coordinator, Ericka Sage, "Prior to that time, there was a technicality in the law that would allow a youth to be housed in an Oregon Department of Corrections facility, but in practice, this was not done." A link to the full text at the Oregon Legislative site is provided below.</p> <p data-bbox="240 501 943 555"><a href="https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB2251">https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB2251</a></p> <p data-bbox="240 591 1469 680">Interviews with the facility Superintendent, agency PREA coordinator and facility PREA compliance manager also indicated compliance with the state law and standard. During the onsite review the auditor reviewed facility rosters and noted no indicators of individuals under the age of 18 being housed at the Deer Ridge Correctional Institution.</p> <p data-bbox="240 716 1481 770">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.14.</p> <p data-bbox="240 806 1161 833">The following documentary evidence was analyzed in making the compliance determination:</p> <ul data-bbox="282 887 555 940" style="list-style-type: none"> <li>• Enrolled House Bill 2251</li> <li>• Population Rosters</li> </ul> <p data-bbox="240 976 1219 1003">The following interviews were conducted and considered in making the compliance determination:</p> <ul data-bbox="282 1057 587 1146" style="list-style-type: none"> <li>• Prison Superintendent</li> <li>• PREA coordinator</li> <li>• PREA compliance manager</li> </ul> <p data-bbox="240 1182 1206 1209">The following site review observations were considered in making the compliance determination:</p> <ul data-bbox="282 1263 679 1317" style="list-style-type: none"> <li>• Informal interviews during site review</li> <li>• Site Review observation</li> </ul> <p data-bbox="240 1352 1481 1406">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.14.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1469 499">115.15 (a) Oregon Administrative Rules (OAR) Chapter 291, Division 41 (Searches) provides direction to the agency including Authority, Purpose and Policy requirements. (OAR) 291-41-0010 provides definitions, section 17 defines types of searches, subsection (d) defines “unclothed” as, “A search procedure wherein the person being searched removes all of his/her clothing and is visually examined and clothing removed is carefully inspected before return and redressing, for the purpose of detecting contraband.” The description, is similar to the definition of strip search as provided in the definitions from the PREA Standards (pg. 7) 291-041-0020 section 7 provides direction that, “Unclothed searches conducted by DOC staff will be of the same gender as the inmate, unless there is an emergency.”</p> <p data-bbox="240 528 1490 790">The facility reported in the OAS that there were no instances of cross gender strip searches or cross-gender visual body cavity searches (defined by the agency as unclothed searches). During the selection of staff for interview protocols –Non-Medical staff involved in Cross Gender Strip or visual searches, the PREA compliance manager reiterated that there had been no instances of staff involved in this type of search. The question from this protocol was added to 5 random interviews by the auditor, when asked, “What urgent circumstances would require cross--gender strip searches and visual body cavity searches?” Random Staff (with the added protocol) demonstrated a knowledge of the policy in that, only in the most serious emergencies, would cross gender searches occur, even then they noted that there were no circumstances they could think of where it would occur as there was always sufficient staff available.</p> <p data-bbox="240 819 1490 913">The facility maintains a document, titled Cross-Gender Un-clothed Search Log, the document is required to be turned into the PREA compliance manager and identifies inmate number, date, time, location, staff name and reason for the search. As the facility reports there were no instances of cross gender searches the provided document was blank.</p> <p data-bbox="240 1003 1485 1162">115.15 (b) The facility asserts that Deer Ridge Correctional Institution does not house female inmates, this was confirmed by the auditor through a review of the inmate rosters and observations through the on-site review. Additionally, (OAR) 291-41-020 section 6 states, “Clothed Searches: Inmates may be searched only by authorized Department of Corrections personnel or a sworn police officer in the performance of his/her official duty. Cross-gender clothed searches of female inmates will not occur unless there is an emergency, and shall be documented.”</p> <p data-bbox="240 1252 1182 1279">115.15 (c) Oregon Administrative Rules (OAR) 291-41-020 section 7 subsection (a) requires, “</p> <p data-bbox="240 1308 1474 1467">The facility shall document all unclothed searches to include cross-gender and cross-gender visual body cavity searches. (OAR) 291-41-020 section 6 provides the additional requirement that, “Inmates may be searched only by authorized Department of Corrections personnel or a sworn police officer in the performance of his/her official duty. ....” The requirements of the administrative rule reiterate the requirements found in the provision of 115.15 (c). As noted in provision (b) of this standard Deer Ridge Correctional Institution houses male inmates.</p> <p data-bbox="240 1496 1490 1693">When reviewing documents, the facility indicated that it did not document routine unclothed searches of adults in custody unless there was an unusual report generated. The auditor reviewed samples unusual reports provided for other standards. The auditor noted that documentation of same gender unclothed searches (aka. Strip searches) was not a requirement of the standard; however, as the directive is indicated in the state administrative rules, the auditor provides the recommendation to the facility to develop local procedures to adhere to the internal rules of the State of Oregon. As noted in provision (b) the facility does houses male inmates.</p> <p data-bbox="240 1722 1490 2018">115.15 (d) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.A.4 states, “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.” This section of policy reiterates the language in provision (d) of this standard. ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.A.5 provides the additional requirement of this provision as it notes, “Opposite gender staff shall announce themselves prior to entering an inmate housing unit by the method approved by the agency.” The process has been in place since 2014. On June 11, 2014 the Assistant Director of the Operations Division, provided direction to all DOC Employees on the process in which staff will make this announcement. Oregon DOC including Deer Ridge Correctional Institution, utilizes a door bell system that can be heard throughout each unit.</p> <p data-bbox="240 2047 1485 2141">During the site review, the audit team observed the regular use of the doorbell system to announce the presence of female staff that accompanied the group. The auditor also conducted informal interviews with the population asking if female staff routinely used the doorbell to announce their presence on the unit, with little exception the population stated that female staff</p>

did ring the doorbell. During formal interviews with random staff, 100% staff members stated that female staff did make the required announcement. 34 adults in custody were asked the random interview protocols. During formal interviews with adults in custody, when asked if the female staff announced their presence, the adults in custody routinely noted that the announcements did occur, noting that staff use the doorbell, three individuals indicated most of the time or 90% of the time, and on individual indicated that they thought so. As part of the onsite review the auditor walked through each living unit observing, toilet areas, inmate cells, cameras, monitoring locations, windows, and mirrors. The auditor noted that cameras were focused away from sleeping areas. The housing units are designed with wet cells so all toilets are located within the cells themselves. All seven housing units were identical, Showers were located central to the housing units on the back wall. Shower entrance is in line of sight of the officers duty station. The shower areas have curtains to provide discretion, while providing some limited visibility for safety of the adults in custody.

115.15 (e) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.3 (page 4) states, "The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status."

Interviews with random staff indicated an understanding of this policy requirement and compliance with the policy. Oregon Administrative Rules (OAR) 291-41-020 section 7 subsection (c) also provides 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." There were no documented searches of transgender or intersex offenders for this purpose. The facility reported that they had 7 transgender and intersex adults in custody. During interviews with the adults in custody who identified as transgender or intersex, indicated that they had not been searched for this purpose or were not aware that they were searched for this purpose."

115.15 (f) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.3.b (pp.4-5) 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." The agency provided current training curriculum, "Unclothed Searches Transgender Inmates," the training covered standard search techniques for strip searches, searching of property and the unclothed search. The training provided direction such as Remove the inmate to a private area; Not done for punishment, harassment, or to determine genital status; Speak quietly and calmly, providing clear and concise instructions and explanations; and Do NOT touch the inmate during the unclothed search unless it is needed to control the inmate. The training added components specific to Searches of a transgender population including; proper pronoun usage. 18 Random staff were asked, "Have you received training on how to conduct cross--gender pat--down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs?" All 18 staff who were interviewed confirmed they had received this training.

The training noted that in general, inmates will receive an unclothed search according to the gender of the institution they are assigned. Additionally, ODOC does not house inmates based off genital status so there may be times when an inmate's genital status is different than the institution they are housed. This was evidenced by the ODOC noting the transfer of a transgender female to a female facility.

The facility noted this training is provided during new employee orientation and 100% of staff were trained in 2015. At that time, it was also placed into New Employee Training. A copy of the training was included as supporting documentation.

Recommendation:

The agency should incorporate policy and procedure that includes and operationalizes the responses from the PREA Resource Center in regards to strip searches of transgender inmates as noted the frequently asked questions posted from December 2nd 2016: "Operationally, four options are in

current practice for searches of transgender or intersex inmates/residents/detainees: 1) searches conducted only by medical staff; 2) pat searches of adult inmates conducted by female staff only, especially given there is no prohibition on the pat searches female staff can perform (except in juvenile facilities); 3) asking inmates/residents/detainees to identify the gender of staff with whom they would feel most comfortable conducting the search, and 4) searches conducted in accordance with the inmate's gender identity."

The following documentary evidence was analyzed in making the compliance determination:

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- Oregon Administrative Rule 291-41 Searches (Inmate)
- Oregon Administrative Rule 291-210 Transgender and Intersex (Inmate)
- Training curriculum
- Staff PREA Training Records

The following interviews were conducted and considered in making the compliance determination:

- Random staff
- Random adults in custody
- Transgender adults in custody
- Non-Medical staff included in cross-gender searches
- PREA Compliance Manager

The following site review observations were considered in making the compliance determination:

- Informal interviews during site review
- Observations of Housing areas
- Observations of showers
- Observations of video monitors

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.15.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 600">115.16 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B (page 6) provides the direction that, "The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." The provided policy language speaks directly towards the ability to provide services including agency PREA initiatives to prevent, detect and respond to sexual abuse and sexual harassment. During the onsite review seven individuals were interviewed with the protocols for inmates with disabilities and inmates who are limited English proficient. When asked, "Does the facility provide information about sexual abuse and sexual harassment that you are able to understand?" Six cognitively disabled and limited English proficient adults in custody stated yes, one individual stated no. The agency noted that the video is provided with audio for those with who are blind or have low vision. The facility also provides a transcript for those who are hearing impaired.</p> <p data-bbox="240 629 1485 992">ODOC Policy 40.2.11 "Effective Communication for Deaf/Hearing Impaired Inmates" provides the agency directives establishing staff, "responsibilities and procedures for ensuring that deaf and hearing-impaired inmates are afforded access to necessary hearing assessments and to auxiliary aids/services when required to permit deaf and hearing-impaired inmates to communicate effectively with others in accessing and participating in department programs, services, and activities." The policy speaks directly to ensuring it's programs, services and activities are provided to the population without discrimination. As part of the onsite review the Agency Director/Designee was interviewed, when asked, "Has the agency established procedures to provide inmates with disabilities and inmates who are limited English proficient 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?" He affirmed that educational information including posters are provided in Spanish; and the agency makes interpreters and language lines available. He also noted specific services for the hearing impaired, referencing the ADA policy.</p> <p data-bbox="240 1021 1485 1317">115.16 (b) ODOC provides several options to support individuals with the ability have meaningful access to ODOC's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has identified 2 staff as translators. Staff who do interpretation, receive a differential and must test to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. These individuals support the agency's steps in preventing, detecting and responding to sexual abuse and sexual harassment for inmates who have limited English proficiency. In addition to onsite translators, the agency provides options via CTS Language Ling and Linguistica International. During the onsite review the audit team tested the language line and found it easy to access and use. Interviews with inmates with disabilities or who have limited English proficiency were interviewed as part of the process. When asked, "Does the facility provide information about sexual abuse and sexual harassment that you are able to understand?" six individuals responded yes and one individual responded no.</p> <p data-bbox="240 1346 1485 1709">115.16 (c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D.1.g (page 8) states that, "Inmate interpreters, inmate readers, or other types of inmate assistants should not be used 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 or the investigation of the inmate's allegations." This language matches the requirements of the provision, in limiting the use of inmate interpreters to circumstances that could compromise the inmate's safety. The facility reported that it has no incidents in which inmates were used to interpret for each other in these circumstances. The audit team interviewed 17 random staff during the onsite review, when asked, "Does the agency ever allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment?" all 17 staff understood the policy requirement that limited the use of inmate interpreters, two staff indicated they believed they could use an inmate to interpret in varying degrees such as if the inmate used a friend for the initial report.</p> <p data-bbox="240 1738 1161 1765">The following documentary evidence was analyzed in making the compliance determination:</p> <ul data-bbox="280 1816 1382 1912" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• Agency Policy 40.2.11 "Effective Communication for Deaf/Hearing Impaired Inmates" (Effective 05/15/2012)</li> <li>• List of Staff Interpreters and Interpreter Services</li> </ul> <p data-bbox="240 1942 1217 1968">The following interviews were conducted and considered in making the compliance determination:</p> <ul data-bbox="280 2020 735 2148" style="list-style-type: none"> <li>• Prison Superintendent</li> <li>• Agency Head/Designee</li> <li>• Random Staff</li> <li>• Inmates who are Limited English Proficient</li> </ul>

The following site review observations were considered in making the compliance determination:

- Informal interviews during site review
- Testing of the telephone system

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.16.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 734">115.17 (a) ODOC Policy 20.4.2 "Applicants for DOC Positions with Prior Criminal Convictions," section III.B (pg. 2) indicates that, "As required by the PREA, a candidate for a position that involves contact with inmates is automatically disqualified from employment, volunteering, and interning if he/she has any of the following: 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 sub-paragraphs (1) and (2), above." The policy requirement mirrors the requirements found in provision (a) of the standard. The auditor reviewed samples of recruitments provided as well as reviewed open recruitments from the agency webpage. During the review the auditor found the following notice to applicants, "ODOC is responsible for complying with the Federal Prison Rape Elimination Act (PREA 42 U.S.C. 1997). PREA prohibits the Oregon Department of Corrections from hiring, promoting, or contracting with anyone (that will have direct contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings. For more information regarding PREA please visit: United States Department of Justice." The application process can be reviewed at the below link:</p> <p data-bbox="240 763 791 790"><a href="https://www.oregon.gov/doc/careers/Pages/home.aspx">https://www.oregon.gov/doc/careers/Pages/home.aspx</a></p> <p data-bbox="240 819 1485 1048">115.17 (b) ODOC Policy 20.4.2 "Applicants for DOC Positions with Prior Criminal Convictions," section III.C (pg. 2) states that, "Substantiated allegations of sexual abuse or sexual harassment incidents will be used in determining whether to hire or promote a candidate. Candidates with these types of incidents may be considered with the approval of the Assistant Director of Human Resources." During the onsite interview with Human Resources Staff, when asked, "Does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?" The human resources staff affirmed that the agency/facility did consider these types of incidents, They are considered however are not an automatic disqualification.</p> <p data-bbox="240 1077 1485 1373">115.17 (c) ODOC Policy 20.4.5 "Recruitment and Selection Process," section III.D (pg. 3) requires that, "Hiring managers will complete a thorough reference and/or background checks on all final applicants prior to making an offer of employment. Hiring managers shall conduct employment reference checks, criminal background, enforce the Prison Rape Elimination Act zero tolerance for sexual abuse and harassment, and other work-related background investigations on department (employees) applicants and new applicants to secure further information concerning the applicant's qualifications and to verify statements contained in an application or a statement made in an interview." The facility reported that 16 new staff were hired during the previous 12 months, and nine total promotions. The auditor completed a random sample of 51 staff that included new hires and promotions, the auditor reviewed available documentation including logs and background screenings to indicate the required reviews.</p> <p data-bbox="240 1402 1485 1630">115.17 (d) Oregon Administrative Rules (OAR) Chapter 291, Division 16 (Facility Access) states that, "All persons entering the facility will be required to provide sufficient information for the functional unit to review criminal history and background. Any persons may be denied access to a facility if it would compromise the security, sound order, or discipline of the facility." The facility indicated that they had 124 contractors within the previous 12 months and 123 volunteers for various programs. The auditor reviewed a random sample of documentation including the required criminal background check logs for contractors and volunteers. It was noted that due to Covid 19 the facility had not had any volunteers on site for more than a year, volunteers were made available via for interview via telephone.</p> <p data-bbox="240 1659 1485 1861">ODOC Policy 100.1.1 "Non-Employee Service Provider (Carded and Non-Carded)," section III.E (pg. 2) provides the additional requirement that, "Background checks will be completed on contractors and volunteers to ensure compliance with requirements of the DOC policy on Prison Rape Elimination Act (40.1.13)." As part of the onsite review, the staff member who coordinates background checks for volunteers and contractors was interviewed and she stated that she initiated the process for the background checks. The auditor requested and received logs documenting the background checks for volunteers at Deer Ridge Correctional Institution.</p> <p data-bbox="240 1890 1485 2145">115.17 (e) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.K. (pg. 13) States that, "As required by the Prison Rape Elimination Act, the Department of Corrections shall conduct criminal background records checks at least every five years of permanent, temporary employees and contractors, volunteers and interns." During the onsite review the auditor was provided documentation of criminal background checks for all staff, the earliest check was dated October 2016. During the interview with human resource staff they were asked, "What system does the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates?" The staff indicated that they use a system called Law Enforcement Data System (LEDS) and Oregon Judicial Information Network (OJIN) for conducting all background checks. The human resources staff were also asked, "Are these background checks</p>

conducted at least once every five years?" The human resources staff noted that that security staff were checked annually as part of their requirements to carry a firearm and others are run every 5 years in accordance with the policy. They noted that the five year checks were not conducted by HR but were conducted by the facility. The PREA compliance manager was able to provide documentation with dates for all staff within the previous 5 years.

115.17 (f) ODOC policy 20.1.3 "Code of Conduct," section III.B.1 (pg. 2) requires that, "...Employees shall not knowingly commit or omit acts which constitute a violation of any of the policies, rules, procedures, regulations, directives, or orders of the department." The section continues with, "...Employees shall obey all laws of the United States, state, and local jurisdiction in which the employee is present. Should an employee be charged with, arrested for, or convicted of any felony, class A misdemeanor, or traffic violation resulting in a suspended license, that employee must immediately inform his/her supervisor in writing." Noting the policy requirements above, the agency provides the requirements for employees, "a continuing affirmative duty to disclose any such misconduct, referenced in provision (a) above."

During the interview with the human resources staff she was asked, "Does the facility ask all applicants and employees who may have contact with inmates about previous misconduct described in section (a)\* in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees?" She confirmed that applicants including promotions are asked about previous misconduct, noting they complete a form 1693 "PREA Requirements for Employees, Applicants, and Employees Being Considered for Hire, Detain to Special Duty, and/or Promotion." The document asks, "Have you engaged in sexual abuse in a community confinement facility, jail, lockup or prison as defined in Prison Rape Eliminations Act-Sections 115.17." It also asks, "Have you ever been disciplined or personally sued due to allegations of engaging in the activity described in number 1 above?" Third and finally the form asks, "Have you ever had a charge or conviction of sexual abuse or any sexual harassment charge filed against you while working in the areas listed in number 1 above?"

115.17 (g) ODOC policy 20.1.3, "Code of Conduct", section III.B.1 (pg. 1), identifies prohibited behavior found in the code of conduct, noting in, "Violation of Directives: Employees shall not knowingly commit or omit acts which constitute a violation of any of the policies, rules, procedures, regulations, directives, or orders of the department." Section A states, "Failure by employees to follow this policy may result in appropriate disciplinary action, up to and including dismissal." The existing requirements of the policy and consequences provide the necessary elements of provision (g) of this standard. During the onsite review the human resources staff was asked, "Does the facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct?" Human resource staff confirmed that staff have a continuing duty to disclose pertinent misconduct.

115.17 (h) ODOC policy 20.5.13, "Employment References", section II.A (pg. 1), requires designated supervisors to "Provide all pertinent factual information, whether positive or negative. Do not mislead the prospective employer by revealing only some information if it is not the whole picture. In situations where the employee may have engaged in illegal or criminal acts, or has demonstrated dangerous behavior, the supervisor shall contact the assigned Human Resources Consultant who will seek legal advice before a response is made." The auditor noted that the policy pre-dated the PREA Standards but did not limit the ability to release negative information. During the interview with human resources staff, they were asked, "When a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law?" The human resources staff indicated that they would provide the requested information. The agency provided documentation of a release of information to another agency regarding a staff member who was a suspect of a substantiated allegation of sexual abuse.

The following documentary evidence was analyzed in making the compliance determination:

- Agency Policy 20.4.2 "Applicants for DOC Positions with Prior Criminal Convictions" (Effective 07/08/2014)
- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- Agency policy 20.1.3 "Code of Conduct" (effective 07/01/2015)
- Agency Policy 20.5.13 "Employment References (effective 07/15/1998)
- Oregon Administrative Rule 259-008 Department of Public Safety standards and training
- Oregon Administrative Rule 291-016 Facility Access
- Agency Policy 20.4.5 "Recruitment and Selection Process" (effective 07/08/2014)
- Agency Policy 100.1.1 "Non-Employee Service Provider (Carded and Non-Carded)" (Effective 01/01/15)
- Employee Files

The following interviews were conducted and considered in making the compliance determination:

- Human Resources

The following site review observations were considered in making the compliance determination:

- Open Recruitments

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.17

115.18	<b>Upgrades to facilities and technologies</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1477 432">115.18 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.7 (pg. 4), States, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse." The Agency PREA coordinator noted that ODOC had not acquired any new facilities or substantially modified or expanded any existing facilities since the previous PREA audit conducted at Deer Ridge Correctional Institution in 2017.</p> <p data-bbox="240 439 1461 598">During the onsite review both the Agency Head (Designee) and the superintendent were asked, "How has the facility considered the effect of the expansion or modification upon the facility's ability to protect inmates from sexual abuse?" The superintendent noted that there had been no expansions, but any modification would consider the impact on the ability to keep the population safe. The facility has repurposed one of the empty living units for a call center. The area is wide open with see through cubicles. Providing no impact to the ability to provide safe programming areas to the population.</p> <p data-bbox="240 629 1422 757">115.18 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.8 (pg. 4) requires that, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The agency provided a list of items used t</p> <p data-bbox="240 788 1469 882">The interview with the superintendent and agency head designee indicated that there had been no recent updates in technology to the Deer Ridge Correctional Institute, it was indicated that based on funding the agency would consider "how such technology may enhance the agency's ability to protect inmates from sexual abuse," in accordance with the standard.</p> <p data-bbox="240 913 1481 1008">When asked, "When installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, how has the facility considered using such technology to enhance inmates' protection from sexual abuse?" The Superintendent provided that the safety of the population would definitely be considered.</p> <p data-bbox="240 1039 1449 1099">The facility has worked with the Agency PREA Coordinator and PREA Compliance Manager to draft a plan for expanding camera instillation, with significant consideration for the safety of the population as it relates to PREA.</p> <p data-bbox="240 1131 1161 1158">The following documentary evidence was analyzed in making the compliance determination:</p> <ul data-bbox="280 1207 1054 1234" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> </ul> <p data-bbox="240 1265 1217 1292">The following interviews were conducted and considered in making the compliance determination:</p> <ul data-bbox="280 1344 584 1438" style="list-style-type: none"> <li>• Agency Director (designee)</li> <li>• Prison Superintendent</li> <li>• PREA Coordinator</li> </ul> <p data-bbox="240 1469 1203 1496">The following site review observations were considered in making the compliance determination:</p> <ul data-bbox="280 1545 619 1572" style="list-style-type: none"> <li>• Site review visual observations</li> </ul> <p data-bbox="240 1603 1481 1664">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.18</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1474 465">115.21 (a-b) ODOC Policy 70.1.3 "Criminal &amp; Administrative Evidence Handling," Section III.A (pg. 1) states, "Any crime scene and any evidence seized as part of a criminal investigation, for the purpose of criminal prosecution, or for DOC administrative cases will be handled in a uniform and consistent manner by DOC employees to ensure the integrity and security of the evidence. An administrative investigation can turn into a criminal investigation depending on the circumstances. Therefore, all evidence should be treated as criminal evidence. For this reason, all evidence will be treated with the same integrity to preserve the chain of evidence."</p> <p data-bbox="240 499 1453 723">The policy provides the agencies uniform protocols for evidence handling. The policy covers crime scene preservations, security and processing. This includes sections on securing the scene; photographing the scene/evidence; and evidence custodian. The policy also addresses evidence packaging and sealing as well as standards of evidence and evidence lockers. As the policy is inclusive of PREA but not limited, it also addresses controlled substance evidence. The protocol has been adapted from the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." During the interviews with random staff, staff indicated they understood their responsibilities regarding preservation of a crime scene and evidence.</p> <p data-bbox="240 813 1490 1137">115.21 (c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.H (pg. 11) provides that, "Medical access to services for victims of sexual abuse will be handled in accordance with Health Services policy on 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 Behavioral Health Services; and Communication with the sexual abuse liaison regarding any information deemed not confidential." The auditor noted that the updated Health Services policy is number P-F-06.1 for "Procedure in the event of sexual abuse". Forensic medical exams are conducted at an outside facility. The Agency noted that there were no forensic exams during the previous 12 months.</p> <p data-bbox="240 1227 1485 1391">Documentation from the facility notes onsite medical staff do not conduct medical examinations, inmates are sent to St. Charles Hospital in Madras for forensic examinations if needed. Facility medical staff also noted that forensic exams are not completed at the facility, victims are sent St. Charles Hospital in Madras, Oregon for forensic examinations, The auditor spoke with staff at the St. Charles Hospital in Madras who verified that they have a SAFE/SANE nurse available to conduct forensic examinations and would provide services to Deer Ridge Correctional Institution.</p> <p data-bbox="240 1480 1474 1675">115.21 (d-e) The ODOC/Deer Ridge Correctional Institution maintains a memorandum of understanding with Saving Grace to provide inmates with access to outside victim advocates for emotional support service related to sexual abuse. ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.F. (pg. 10) requires, "As requested by the inmate, a victim advocate shall accompany and support the inmate through the forensic medical examination and investigatory interview providing emotional support, crisis intervention, information, and referrals." The policy language mirrors the language in the standard memorandum of understanding with Saving Grace.</p> <p data-bbox="240 1765 1474 2056">The auditor spoke with a representative from Saving Grace who verified the extent of the services provided including emotional support services and advocacy for victims of sexual abuse. Interviews with random inmates and inmates who reported sexual abuse were inconclusive as few individuals noted they were familiar with the information. During the onsite review the auditor observed posters with the advocacy contact information provided including telephone contact information (Dial 711). The facility orientation handbook provides community based PREA advocacy program information on pages 21 and 22. The agency provides a pamphlet in English and Spanish, as well as ongoing education in newsletters advising the population on the advocacy services available and how to contact an advocate. The agency has a PREA Sexual Assault Forensic Exam: Advocacy guideline (updated 04/25/2016) for escort staff and advocates that outlines the roles, responsibilities and interactions.</p>

115.21 (f-g) The Oregon State Police conducts all criminal investigations. The MOU between the Department of Corrections and the State Police states that, "sexual assault investigations will be conducted in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by Oregon Statute and best practices. Investigators with the Oregon State Police also completed the training by the National Institute of Corrections specific to investigating Sexual Abuse in a Confinement Setting.

The following evidence was analyzed in making the compliance determination

1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- Agency Policy 70.1.3 "Criminal & Administrative Evidence Handling" (eff. 05/1/2014)
- Health Services Section Policy and Procedure #P-F-06.1 (June 2018)
- MOU with Saving Grace (final signature 12/06/2017)
- MOU with Oregon State Patrol (final signature 10/08/2018)
- Advocacy Notification (10/06/2016)
- Pamphlet "How to reach and Advocate"

2. Interviews:

- PREA Compliance Manager
- Random Staff
- SAFE/SANE Nurses

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.21

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1484 566">115.22 (a) The agency ensures that investigations are completed for all allegations of sexual abuse and sexual harassment. The requirements our outlined in ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.G (pg. 10) which states, “Allegations of sexual abuse or sexual harassment of an inmate by a staff member as defined in this policy will be reviewed and referred to the appropriate investigator as specified in the ODOC policy on Investigations 70.1.4.” Identical requirements are found in Section G.2 relating to sexual abuse or harassment by an inmate. 40.1.13 provides the direction that investigations will occur. ODOC Policy 70.1.4 “Investigations,” outlines which entity will be assigned the investigation. The facility noted that there had been a total of 1 allegation with completed investigations for sexual abuse in the previous 12 months, which was not referred for criminal investigations, it investigated administratively. A review of the allegation indicated that it was a substantiated case of inmate/inmate sexual abuse.</p> <p data-bbox="240 656 1493 815">During the interview with the agency director/designee, was asked, “Does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment?” He stated, “Yes”. He noted that all allegations are investigated. Inmate to inmate allegations are investigated by the facility, while investigators from HQ investigate allegations involving staff. Matters that are criminal in nature are referred to the Oregon State Police, investigators provide a supporting role or serve as liaisons to law enforcement.</p> <p data-bbox="240 904 1474 1131">115.22 (b) ODOC Policy 70.1.4 “Investigations,” section III.C. (pp. 5-6) identifies the factors in who has the investigation responsibilities. Investigation assignments may include the Inspector General's Office, The Oregon State Police, or the facility investigators. This process is also outlined in the Investigations Decisions Chart attached to policy 70.1.4. Referrals to law enforcement are documented on the OIC checklist indicating, who, date, time and a case number. Interviews with investigators support the assertion that administrative or criminal investigations are completed for all allegations. All administrative investigations are completed by the agency, criminal allegations of sexual abuse are referred to local law enforcement. The auditor verified that the policy is available on the agency website, the address/link is provided.</p> <p data-bbox="240 1162 916 1189"><a href="https://www.oregon.gov/doc/rules-and-policies/Pages/policies.aspx">https://www.oregon.gov/doc/rules-and-policies/Pages/policies.aspx</a></p> <p data-bbox="240 1220 1477 1447">115.22 (c) DOC Policy 70.1.4 “Investigations,” section III.C. (pp. 5-6) states the Oregon State Police,” have the primary role in certain types of criminal investigations and are the Department of Corrections’ primary law enforcement partner in conducting criminal investigations arising from criminal acts alleged to have been committed in state correctional facilities or another property occupied by the department.” The policy is not limited to PREA investigations, but does include, “PREA cases that allege a criminal act, including but not limited to: custodial sexual misconduct, rape, sodomy and sexual abuse.” The auditor reviewed the current Interagency Agreement with the Oregon State Police (IAA-331-2018) which outlines the roles and responsibilities of each agency in the conduct of criminal investigations at correctional facilities.</p> <p data-bbox="240 1536 1161 1563">The following documentary evidence was analyzed in making the compliance determination:</p> <ul data-bbox="284 1615 1054 1771" style="list-style-type: none"> <li>• Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)</li> <li>• Agency Policy 70.1.4 “Investigations” (eff. 11/20/2018)</li> <li>• Investigation Decision Chart (Rev 08/03/2005)</li> <li>• CD 1621 OIC PREA Allegation Checklist (rev. 02/18)</li> <li>•</li> </ul> <p data-bbox="240 1803 1217 1830">The following interviews were conducted and considered in making the compliance determination:</p> <ul data-bbox="284 1881 580 2011" style="list-style-type: none"> <li>• Agency Director (designee)</li> <li>• Prison Superintendent</li> <li>• Investigators</li> <li>• Agency PREA Coordinator</li> </ul> <p data-bbox="240 2040 1481 2101">Based on the auditor’s observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.22</p>

115.31	<b>Employee training</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1493 734">115.31 (a &amp; c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.1.a (pg. 4) requires that, "DOC employees will receive training, based on PREA employee training standards, on inmate sexual abuse and sexual harassment every two years. The agency shall provide refresher information on current sexual abuse and sexual harassment policies on years when trainings are not conducted." The auditor reviewed the curriculum for both new employees and the refresher training provided. The training information was provided noting that new employees received an hour of classroom and two hours of online training. The auditor noted that this training covers each of the required elements of the standard including but not limited to, "Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Inmates' rights to be free from sexual abuse and sexual harassment; The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; .....". Interviews were completed with 18 randomly selected staff, with almost no exception staff indicated that they recalled receiving this training. The auditor reviewed records for 50 random staff and found them all to be compliant with the training. As refresher training for 2020 the facility completed training using an agency developed program titled Maintain Professional Boundaries" The auditor reviewed this training and noted that it met the compliance requirements of 115.31 (c).</p> <p data-bbox="242 819 1469 947">115.31 (b) The agency noted that they train all staff on both genders during the training. As such staff transferring between facilities that house different genders have already received the necessary training. The training material was provided by the facility and reviewed by the auditor. The auditor noted that the curriculum was mutually applicable to both male and female inmates.</p> <p data-bbox="242 978 1493 1308">115.31 (d) Staff are required to confirm they understand the training provided to them through the iLearn electronic training system This is completed at the end of the electronic training and required to receive credit for the class, as such the document training completions also indicate acknowledgement of their understanding of the material as that was provided. During the onsite review 18 random staff were interviewed and asked about the training they received specific to PREA. The individuals interviewed with the random staff protocols understood the training they received including the policies on prevention, detection, reporting and response. The auditor reviewed records for 50 random staff and found them all to be compliant with this provision. Staff are also required to sign form CD 1623 "PREA Acknowledgement Statement" and initial the statement, "I have read and reviewed the PREA Policy 40.1.13. I acknowledge that I understand the Department's position on zero-tolerance of sexual abuse and sexual harassment, and I acknowledge that I will report any findings of sexual abuse or sexual harassment immediately."</p> <p data-bbox="242 1339 1019 1368">The following evidence was analyzed in making the compliance determination</p> <p data-bbox="242 1451 852 1480">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="284 1532 1117 1727" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• Compliance memo from the PREA Coordinator addressed to the US DOJ Auditor</li> <li>• DOC-BCC- Prison Rape Elimination Act (PREA)</li> <li>• NIC "PREA: Your Role Responding to Sexual Abuse"</li> <li>• PREA Training "Maintain Professional Boundaries" (2020)</li> <li>• Training Records</li> </ul> <p data-bbox="242 1756 376 1785">2. Interviews:</p> <ul data-bbox="284 1836 448 1865" style="list-style-type: none"> <li>• Random Staff</li> </ul> <p data-bbox="242 1895 1493 1955">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.31</p>

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.32 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.1.c (pg. 5) states, "The department shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero- tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents."</p> <p>During the onsite review both volunteers and contractors were interviewed as part of the process. When asked if they receive training in regards to their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure, all interviewees noted that they had and described elements of the training related to notification to staff if they became aware of an issue. The training provided information on preventing, detecting, reporting, investigating, and responding to sexual misconduct against offenders, as well as information on red flag behaviors. The facility indicated that there are 123 volunteers, however by the completion of the interim audit report they were unable to produce the training records to evidence completion.</p> <p>115.32 (b) ODOC Policy 100.1.2 "Non-Employee Service Provider Training," section III.B.1 (pg. 2) provides for training requirements and states, in part, "Training requirements for non-employee service providers will be based on: Duration of service to the agency (short duration or long duration), Amount of contact with inmates (high contact or low contact), Frequency of entry into facilities (high frequency or low frequency) (not applicable for short-duration NSPs), and Facility access requirements." The policy further identifies, "The minimum training requirements for all non-employee service providers, based on duration, contacts, and frequency, are identified in the NSP Training Requirements Flowchart (Attachment A to this policy)." The facility provided the attachment outlining training requirement (including PREA) for contractors, mentors, and volunteers. The facility reported that fulltime regular contractors received the same PREA training as staff, this statement was also supported by the identified flowchart. Training requirements for volunteers who provide part-time services are required to complete the "PREA and Boundaries for Volunteers" v. 8-1-13 along with the self-study guide. Contractors under escort are required to read a PREA Statement when entering into the facilities.</p> <p>During the onsite review both volunteers and contractors were interviewed. Both volunteers and contractors identified elements of the training including requirements to separate victims and notify staff. All volunteers and contractors confirmed that they were aware of the agency's zero-tolerance policy.</p> <p>115.32 (c) Identical to the acknowledgement for Staff in 115.31 (d) contractors and volunteers are also required to sign form CD 1623 "PREA Acknowledgement Statement" and initial the statement, "I have read and reviewed the PREA Policy 40.1.13. I acknowledge that I understand the Department's position on zero-tolerance of sexual abuse and sexual harassment, and I acknowledge that I will report any findings of sexual abuse or sexual harassment immediately." The facility provided the blank document that indicates the understanding as identified above, however by the completion of the interim report the facility was unable to provide the necessary documentation to evidence volunteers acknowledgement of training and understanding.</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• Agency Policy 100.1.2 "Non-Employee Service Provider Training (Eff 01/01/15)</li> <li>• DOC-BCC- Prison Rape Elimination Act (PREA) v7-1-2014</li> <li>• NIC "PREA: Your Role Responding to Sexual Abuse"</li> <li>• Volunteer and Contractor Training Records</li> <li>• Correspondence received 12/11/2021</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Volunteers</li> <li>• Contractors</li> </ul> <p>Corrective Action</p> <p>During the corrective action period, ODOC provided the following clarification on the status of volunteers, " As you know, we</p>

did not have volunteers during Covid and then started back up for a bit and stopped again. Additionally, our governor issued a mandate for Covid vaccinations, which required volunteers and contractors to submit vaccination information.

All volunteer ID's were turned off on October 1st. It was after this deactivation that we would be able to review and validate vaccination requirements. Once a volunteer uploads their vaccination card into their Workday account, DOC will re-activate their ID cards and they will again be allowed access to DOC facilities listed for their ID card, provided they have met all other requirements, to include PREA training, criminal history check, etc.

As of October 1st, no volunteer has been allowed in any facility without the necessary training and criminal history checks."

DRCI has no volunteers with access to the facility population at this time, and indicated that prior re-activating the id's and access, that the necessary training will be provided. based on this correction Deer Ridge Correctional Institution is now compliant with 115.32

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 633"><b>115.33 (a)</b> ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.2 (pp. 5-6) provides the requirements for inmate education in that, "Upon admission to DOC custody inmates will receive information about: How to avoid risk situations related to sexual abuse and harassment; How to safely report allegations or suspicion of sexual abuse or sexual harassment, sexual coercion and sexual solicitation; How to obtain mental health services and/or medical services if victimized; What the risks and potential consequences are for engaging in any type of sexual activity while incarcerated; An inmate's right to be free from sexual abuse and harassment; An inmate's right to be free from retaliation from reporting such incidents; and The agencies policies and procedures for responding to such incidents." The facility reported that during the documentation period 1876 adults in custody were admitted to the facility and 624 remained for 30 days or more. The facility stated that all inmates received information at the intake center located at Coffee Creek Correctional Facility. The Agency PREA Coordinator provided documentation of compliance from the Offender Management System, the report showed no adults in custody missing the required training.</p> <p data-bbox="242 665 1485 958">As part of the on-site review the auditor visited the intake area and observed appropriate signage providing information to the population that Sexual Abuse or Harassment is never okay, and provided options on how to report including: telling staff members, calling the PREA Hotline, how to contact and advocate, as well as addresses to write to the Governor's Office of Constituent Services. The signage also contained 3rd party contact number for family using the Inspector General's public hotline at (877) 678-4222. During the on-site review the auditor also observed the intake process as well as interviewed the staff that complete the intake process. During the interviews staff noted that inmates are provided with information about the zero tolerance policy and how to report incidents of sexual abuse or harassment. The auditor noted that the information was posted throughout the institution and during the screening process the inmates are informed as well as provided access to the literature found throughout the institution.</p> <p data-bbox="242 990 1485 1518"><b>115.33 (b-c)</b> Comprehensive education is provided to all inmates during intake at the Coffee Creek Correctional Facility which serves as the agency's intake facility. This education is usually provided within a week, however never beyond 30 days of intake. Both the video and a transcript were provided to the auditor. The information begins with, "You have the right to be free of sexual abuse and sexual harassment. You have the right to be free from retaliation for reporting such incidents. You have the right to be free from harm of any kind (e.g. violence, harassment, bullying, retaliation, intimidation, etc.)." Both random and targeted interviews supported compliance in that the population watched the video within a week of intake. The facility reported that 624 inmates were admitted that remained longer than 30 days, noting that all had received their comprehensive education. The facility reported that inmates who were in custody and admitted prior to August 20, 2012 had received their comprehensive education. The auditor reviewed documentation for 31 randomly selected inmates including completion of PREA Education. The files were selected by the auditor as both Random and Targeted. Random file reviews were selected by assigning a number value to each bunk then using a random number generating application developed by UX apps for the living units. These selections were then adjusted to accommodate the targeted file reviews. As a minimum custody facility, Deer Ridge Correctional Institution does not have audits in custody for longer than their last 4 years, as such there are no adults in custody prior to August 20, 2012. For those individuals who arrive new the facility an email is generated from the Offender Management System if the comprehensive education is not completed. The auditor reviewed a copy of the email and noted that there were no inmates from Deer Ridge Correctional Institution listed.</p> <p data-bbox="242 1550 1485 1809"><b>115.33 (d)</b> ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B (page 6) provides the direction that, "The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." The provided policy language speaks directly towards the ability to provide services including agency PREA initiatives to prevent, detect and respond to sexual abuse and sexual harassment. While not exclusive to comprehensive education it is inclusive of such. The auditor noted that posters in the living units are in both English and Spanish as well as large easy to read fonts, with clear contrast from the background. The educational video is provided with audio for visually impaired individuals as well as a transcript for audio impaired individuals.</p> <p data-bbox="242 1841 1485 1935">Cognitive and Limited English Proficient adults in custody were interviewed as part of the audit process, when asked, "Does the facility provide information about sexual abuse and sexual harassment that you are able to understand?" They responded with an affirmative, yes. Standard 115.16 provides additional information regarding provision 115.33 (d).</p> <p data-bbox="242 1966 1485 2060"><b>115.33 (e)</b> The agency maintains documentation of the comprehensive education in the Offender Management System. The agency PREA coordinator was able to demonstrate the system to the auditor during the onsite phase of the audit and pull 29 sample documents for the auditor while onsite.</p> <p data-bbox="242 2092 1485 2157"><b>115.33 (f)</b> ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B (page 5-6) provides the requirement for continuous and readily available information in that, "The department shall ensure that key information is continuously and</p>

readily available or visible to inmates through posters, inmate handbooks, or other written formats.” The policy continues to state, “Each institution will display posters or other materials, in appropriate locations to include housing units and common areas where inmates gather, which are designed to inform all inmates: That DOC has a zero-tolerance policy toward sexual abuse and sexual harassment; That all inmates are encouraged to report any and all instances of sexual abuse or sexual harassment; and the current methods available for reporting.” The auditor reviewed the available posters within the living units and common areas during the onsite review. The posters provided contact information for reporting as well as statements, “that Sexual Abuse or Harassment is never okay.”

In addition to the standard posters and pamphlets the facility publishes a weekly newsletter to the population titled “Deer Ridge Prints.” Unlike an informational pamphlet that may not be picked up or retained, the newsletter contains information on meals, incentives, sports, special activities and weekly movies. Each newsletter contains an article on PREA.

The Deer Ridge Adults in Custody Handbook provides the following information on pages 20-21:

“In 2003 the federal government enacted the Prison Rape Elimination Act (PREA). In May 2012, the US Department of Justice released its final rule in accordance with PREA. The purpose of this law is to reduce sexual assault and sexual harassment in confinement settings by focusing on prevention, detection and response.

The Oregon Department of Corrections fully supports the guidelines set forth in this law and remains committed to a zero-tolerance policy for sexual abuse and sexual harassment. Sexual abuse or harassment from other AICs or staff is never okay and never your fault.

There are some key things you can do to protect yourself from being a victim.

- Avoid isolated or secluded areas
- Be aware of your body language
- Never share personal information
- Never borrow canteen items
- Never accept gifts from another AIC
- Be cautious of AICs offering to protect you
- Report all acts of violence against you

If you are the victim of sexual abuse or sexual harassment, your best defense is to report the incident as quickly as possible. There are multiple ways to report, including reporting anonymously.

- In person to any staff
- Through an AIC Communication
- Through the grievance system
- Call the Inspector General’s Hotline (Pick up handset and dial “9”)
- Write the Governor’s Office (State Capitol, Room Suite 254, 900 Court St., Salem, Oregon 97301)
- Friends or family can report on your behalf (877- 678-4222)

By reporting, you will receive treatment to deal with the consequences of being victimized and you will prevent the perpetrator from victimizing others. You can be assured that the information will be received in a confidential manner.

If you have been victimized, it is important to remember not to wash away the evidence.

- Don’t shower
- Don’t remove or wash your clothes
- Don’t brush your teeth

The Department of Corrections rules prohibit any form of sexual activity, including sexual harassment. Beyond rules, forced or coerced sexual behavior is a criminal offense and the department will take every action possible to hold perpetrators accountable, including prosecution resulting in additional time in prison.

You need to be aware that it is against the law for staff to engage in any type of sexual activity with an AIC. By law, an incarcerated person is unable to legally consent to sexual activity of any kind with a staff member. This type of activity is referred to as Staff Sexual Misconduct and is punishable up to and including loss of employment, civil suit, or imprisonment. Any reports of such incidents will be investigated thoroughly by State Police, and the employee will be held accountable if found guilty.

However, it is also the Department’s responsibility to protect staff from false allegations. AICs who allege sexual misconduct

by staff or other AICs, and whose allegations are proven by investigators to be false, or who through investigation have been determined to have engaged in sexual solicitation of staff or AICs, will be held accountable through all means available to the DOC. That said, if you make a report that is investigated, but cannot be proven, you will not be punished for making the report.”

#### Prison Sexual Abuse Advocacy

“After a sexual assault you may want to speak with someone who can assist you with what happens next. Whether you choose to have a forensic medical exam and report the assault to the institution or not, you can get help from an advocate. The advocate will help you by providing you with information about the process as well as provide emotional support.

Advocates offer survivors information about the different options available to them and support a survivor’s decision-making. Advocates do not tell survivors what to do. Advocates are committed to maintaining the highest possible levels of confidentiality in their communication with survivors.

#### Role of an advocate-

Provide over the phone confidential support and crisis intervention related to sexual abuse

Talk with a survivor about their current and ongoing safety

Explain reporting options available through PREA

Support survivor at a sexual assault forensic medical examination

Support survivor at an investigatory interview related to sexual abuse as requested.

Educate/teach survivor coping skills for healing from sexual abuse

Provide resources and referrals

Provide follow-up and support”

The following evidence was analyzed in making the compliance determination

#### 1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)
- Adults in Custody Handbook (Revised 2021)
- PREA Intake Video Transcript
- Offender Management System Screen Shots
- Offender Management System sample emails.
- Inmate Records
- Deer Ridge Prints – Newsletters (weekly)

#### 2. Interviews:

- Random Staff
- Random Inmates
- LEP Inmates

#### 3. Observations

- Area Postings

Based on the auditor’s observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.33

115.34	<b>Specialized training: Investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 499">115.34 (a-b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.1.d (pg. 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 identified by the department." The policy adopts the requirement of the standard for specialized training for these positions, including investigators. As part of the process the audit team interviewed three facility investigators and the Special Investigators Unit PREA investigator, each investigator confirmed completion of the required training and recalled element of the training including Miranda, Garrity, evidence collection, and interviewing victims.</p> <p data-bbox="240 530 1493 757">The facility reported that investigators completed the NIC training "PREA: Investigation Sexual Abuse in a Confinement Setting." The auditor has reviewed the curriculum for this training from the PREA Resource Website which notes in part, "The curriculum.... includes content on PREA standards relating to investigations;.....proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female,....report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases." Based on the content of the training the auditor determined it met the criteria for provisions (a &amp; b).</p> <p data-bbox="240 788 1477 947">In addition to the above noted training members of the Sexual Abuse Response Team members receive an additional 2 day training that includes mock interviews. The auditor was provided with the training presentation and noted that the required elements for 115.34 we reiterated in this supplemental training. As part of the onsite review 3 investigators (2 facility investigators and 1 agency investigator) were interviewed. Investigators were able to discuss topics covered by the training including: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity, and evidence collection.</p> <p data-bbox="240 978 1453 1104">115.34 (c) The auditor was provided with certificates of completion for the training provided by the Department of Justice, National Institute of Corrections specific to investigating Sexual Abuse in a Confinement Setting. The facility identified 14 members of the Sexual Assault Response Team investigative staff, the auditor was provided the NIC certificates for each member. The auditor was also provided with certificates for 16 agency level investigators, and 16 Oregon State Police</p> <p data-bbox="240 1135 1489 1229">115.34 (d) The auditor was provided certification of training completed by Investigators from the Oregon State Police. This is supplemental for PREA as OSP investigators have completed more comprehensive training related criminal investigations than that required by ODOC for administrative investigations.</p> <p data-bbox="240 1261 1019 1288">The following evidence was analyzed in making the compliance determination</p> <p data-bbox="240 1319 855 1346">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="280 1400 1054 1525" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• DOC-BCC- Prison Rape Elimination Act (PREA) v7-1-2014</li> <li>• NIC "PREA: Your Role Responding to Sexual Abuse"</li> <li>• NIC Training Certificates</li> </ul> <p data-bbox="240 1556 378 1583">2. Interviews:</p> <ul data-bbox="280 1637 437 1664" style="list-style-type: none"> <li>• Investigators</li> </ul> <p data-bbox="240 1695 1481 1749">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.34</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="242 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1485 600">115.35 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.1.d (pg. 5) states, 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 identified by the department. Interviews were conducted with both medical and mental health, the staff reported that they did receive additional training specific to offenders in confinement. Medical staff completed an online course provided by ODOC, "PREA Training; Health Services" A review of the course outline, and screen shots of the online training displayed (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. ODOC Also introduced "PREA Reporting and Aftercare v2020" as part of an updated training for Medical and Behavioral Health Services staff.</p> <p data-bbox="242 631 1465 790">Health Services for Deer Ridge Correctional Institution total staffing includes 22 staff including: three support staff, 13 registered nurses, one nurse manager, one nurse practitioner, one doctor, two psychiatric nurse practitioners and one medical services manager. Behavioral Health Services staffing includes 6 total staff: 4 Behavioral Health Specialists, one support staff and one Behavioral Health Services Manager. Excluding the support staff who do not provide patient care the total staffing required to take this training is 24 staff.</p> <p data-bbox="242 822 1485 913">The Auditor reviewed documentation evidencing the completion of the required training by 100.00 % of medical and behavioral health staff. Interviews with medical staff and mental health staff confirmed that they had received the specialized training through the online course.</p> <p data-bbox="242 945 1485 1104">115.35 (b) Documentation from the facility and notes that the facility and onsite medical staff do not conduct medical examinations, inmates are sent to Salem Health Hospital for forensic examinations in needed. Interviewed medical staff also noted that forensic exams are not completed at the facility, victims are sent Salem Health Hospital for forensic examinations. The auditor spoke with staff at the St. Charles Medical Center (Madras), who verified that they have a SAFE/SANE nurse available to conduct forensic examinations and would provide services to Deer Ridge Correctional Institution.</p> <p data-bbox="242 1135 1422 1227">115.35 (c-d) The auditor reviewed documentation indicating health services staff employed at Deer Ridge Correctional Institution completed both the specialized training noted in provision (a) of this standard and completed the "Maintain Professional Boundaries" course provided to all staff in standard 115.31.</p> <p data-bbox="242 1258 1018 1285">The following evidence was analyzed in making the compliance determination</p> <p data-bbox="242 1317 852 1344">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="284 1397 1054 1525" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• DOC-BCC- Prison Rape Elimination Act (PREA) v7-1-2014</li> <li>• NIC "PREA: Your Role Responding to Sexual Abuse"</li> <li>• DOC-HS PREA Reporting and Aftercare v2020</li> </ul> <p data-bbox="242 1556 376 1583">2. Interviews:</p> <ul data-bbox="284 1637 604 1695" style="list-style-type: none"> <li>• Health Services Staff</li> <li>• SAFE/SANE staff (Non-DOC)</li> </ul> <p data-bbox="242 1727 1481 1785">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.35</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1490 398">115.41 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.3 (page 6) states, "Inmates will be assessed within 72 hours of arrival at all DOC facilities and again within 30 days to determine whether they meet specific criteria indicating either vulnerability or likelihood of perpetrating sexual abuse." The policy statement provides the requirement for all inmates to be screened at all facilities.</p> <p data-bbox="242 432 1458 524">During the onsite review a member of the audit team observed the intake process including the vulnerability assessment interview. The auditor was provided a demonstration of the computer system that houses the screening tool, discussed in greater detail in provisions (b-f).</p> <p data-bbox="242 557 1485 882">Random Inmates who were interviewed as part of the audit process largely supported the assertion that they were interviewed and asked questions specific to the screening tool including "whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here?" Out of 17 inmates who received this question 13 answered affirmatively, two did not remember, and two stated no, they were not asked these questions. There were 48 adults in custody interviewed with the random protocols; however, only 17 of them arrived in the preceding 12 months. As part of the review of documentation, the auditor reviewed files for 29 inmates present at Deer Ridge Correctional Institution during the audit, the screening tool notes the assessment type as "Facility Transfer – 72" or "30 Day Review." The Agency PREA coordinator provided a memo outlining elements of the system noting that, "Currently all institutions receive a PREA Transfer alert email daily, telling them how many inmates are arriving with PREA designators.</p> <p data-bbox="242 916 1477 1207">Staff who complete risk assessments were interviewed as part of the process, when asked "Do you screen inmates upon admission...for risk of sexual abuse victimization or sexual abusiveness..." The staff noted that they did. In addition, members of the audit team observed the intake process for newly arriving inmates including the completion of the risk assessment. The auditors observed the interview process including the completion of the risk assessment interviews. The facility noted that the risk assessments are completed as part of the intake process, well in advance of the 72 hour time line. The facility provided initial proof documents showing completion of the assessments. During the on-site phase the auditor identified 29 inmates and requested the associated documentation. All documentation requested was received and reviewed, the auditor noted no discrepancies, noting that documentation was provided to support all screenings being completed in a timely manner.</p> <p data-bbox="242 1240 1469 1397">115.41 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.3 (page 6) states, "Inmates will be assessed within 72 hours ...." During the onsite review, audit team members observing the intake and screening process noted, that intake screening occurred on the first day the individuals arrive at the facility. Deer Ridge Correctional Institution is not a reception center, as such inmates arrive from other facilities. The facility noted that they had received a total 1965 inmates whose length of stay was greater than 72 hours.</p> <p data-bbox="242 1487 1490 1713">The screening Audit Summary Report from 11/01/2018 through 11/01/2019 indicated 1851 or 96.4% were completed timely (within 72 hours). The PREA coordinator noted that the system will automatically generate email messages to the PREA coordinator and the PREA compliance manager when reports are not completed in a timely manner. The PREA compliance manager follows up to ensure that all are subsequently completed. During the onsite review the PREA coordinator demonstrated the system including reports, indicating that there were no outstanding screenings for Deer Ridge Correctional Institution at the time. The system also provided the agency PREA coordinator the access to see current standing across the agency, in order to make contact with local PREA compliance managers and address timeliness issues if they arise.</p> <p data-bbox="242 1747 1469 1904">During the onsite review, staff who completed the screening were interviewed. When asked if the inmates were screened within 72 hours, staff confirmed the timely completion of these screenings within 72 hours noting that they are actually completed on the day they arrive. 48 adults in custody were asked the random interview protocols of those interviewed 17 had arrived in the previous 12 months, 76% who were interviewed who arrived within the previous 12 months, remembered being screening and asked the screening questions.</p> <p data-bbox="242 1937 1485 2130">Due to fires threatening Coffee Creek Correctional Facility the population of DRCI was moved from the main facility back to the minimum facility, so that the main facility could temporarily accommodate the population of CCCF. The facility provided the following statement regarding the transfer. "AICs housed at DRCI where moved from the Medium facility to the Minimum facility on 09/10/2020 due to the fire evacuation of CCCF, the DRCI AICs were moved unit by unit and subsequently, housed in the same unit cohorts when entering the Minimum facility. Although moving from one facility "footprint" to the other, the makeup of the units did not change.</p>

In the medium facility, there are 7 celled housing units and 3 dormitory housing units as well as the disciplinary segregation unit consisting of four celled pods. Due to the size of DRCI's population, only 5 of the 7 celled housing units and all 3 of the dormitory housing units were occupied at the time of the evacuation. In addition, due to the minimum custody level of the DRCI AICs, the cell doors (under normal operating conditions) were locked open in the Medium facility. Of note, all housing at the Minimum facility is dormitory housing.

In all housing units in the Medium facility, prior to the fire evacuation, consideration was consistently given to victim/aggressor designators when housing AICs either in shared cells with the doors locked open or in dormitory housing units. Typically, in a dormitory housing unit, separation is maintained by placing victims and aggressors in different areas of the dormitory. This was the pattern that was therefore followed when moving to dormitory housing in the Minimum facility. DRCI and CCCF moved from three 8-hour shifts daily to two 12-hour shifts daily."

When discussing the move of the female population to the then empty DRCM, the staff noted that the female AIC's were moved also moved in Cohorts maintaining the same unit and cellmates from Coffee Creek Correctional Facility. It was noted that due to a life-threatening emergency and time to move the population from CCCF to DRCM the decision was made to transfer them in direct cohorts maintaining the status quo thereby keeping the existing screenings completed at CCCF. It was noted that this action was for the sake of life safety first and foremost, the standard does not create exemptions for unforeseen emergency moves, as such not completing the screenings in 72 hours may not meet the technical aspects of this standard it is also noted that this action occurred approximately 11 months ago and outside any potential corrective action as 72 hour screenings are up to date currently.

115.41 (c) The agency PREA coordinator stated in a memo to the auditor that the agency uses an objective screening tool. The Auditor reviewed the risk assessment tool including sample assessments and the screening scoring system, noting an objective scoring based on information identified in the risk assessments as identified in provision (d). The vulnerability assessment scores are based on specific factors and cumulative points and is not left open for subjective interpretation, the auditor noted that the scoring tool assigns a specific value to each category found on the assessment including mental illness, physical disability, developmental disability, age, physical build, etc. The interviewer answers yes or no to specific questions and the system provides the final score.

115.41 (d) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1.a (page 6) provides directive for specific factors used in the vulnerability assessment including: age; physical stature; mental, physical or developmental disability; sex offense convictions; first time offender status, (first time in DOC custody); past history of sexual victimization; inmate's own perception of vulnerability; whether the inmate is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming and whether the inmate's criminal history is exclusively nonviolent. The agency does not detain persons solely for civil immigration purposes. This was verified by the auditor through a review of the U.S. immigration and Customs Enforcement website, which indicated no contractual housing with Oregon Department of Corrections. As part of the review for this provision of the standard, staff who complete these screenings were interviewed, they noted that the components found in the provision were also part of the interview process they complete with inmates. The facility provided a sample of completed assessments, while on site the auditor selected 29 additional inmate files for review and also found evidence that the required elements were included in the screening process.

During the onsite review the audit team observed the intake and screening process, during the intake screening process the auditor observed that some inmates would be interviewed in an area that provided limited privacy, in an open area with approximately 20 feet of separation. During the screenings the staff would review each question with the inmate and allow either a verbal response or allow them to point at a response sheet with multiple choices. While technically, the facility is soliciting a response from each individual for each questions, the opportunity for an individual being screened is not provided. It was noted by the screening staff that if there is a positive response to certain questions that the PREA Compliance Manager or SART staff would meet with the individual being screening. Based on the process a recommendation is provided below.

115.41 (e) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1.b (pg. 6) speaks directly to inmates initial requirements for screening related to aggressiveness, it states in part, "...The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive." It was noted that the system does not rely solely off an inmate's self-report but is automatically fed into the assessment through other parts tracked in their systems. A review of the tool by the auditor noted the presence of each of these factors as part of the assessment.

115.41 (f) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1. (pg. 6) provided the direction for the initial 72 hour assessment. This section of policy also provides the agency requirement for the 30 day assessment noting in part, "... again within 30 days.." using the same criteria provided in provision (d) of this standard.

During the onsite review random inmates were asked about the risk assessment process and if they had been asked questions from the vulnerability tool again at a later date. Out of 18 inmates who received this question 8 answered affirmatively, seven did not remember, and two stated no, they were not asked these questions. There were 35 adults in

custody interviewed with the random protocols; however, only 18 of them arrived in the preceding 12 months. As part of the review of documentation, the auditor reviewed files for 30 adults in custody present at Deer Ridge Correctional Institution during the audit, the screening tool notes the assessment type as "Facility Transfer – 72" or "30 Day Review." The auditor found evidence that the 30 day reviews were at a rate of 93.9%. In addition to hard copy reviews, the facility agency also runs compliance reports from the Offender Management System which identifies if the appropriate screening has not been completed and entered.

The agency provided compliance reports from January 1st through June 30th 2021. The totals indicated that 395 individual 30 day reviews were expected, however only 371 were completed on time, at 93.9%. As such corrective action is indicated below.

115.41 (g) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1.d (pg. 6) requires that, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." The policy requirement for reassessment matches the requirement in the standard. Interviews with staff who conduct risk assessments, indicated that they would not complete these types of assessments. These assessments would be completed by members of the facilities Sexual Abuse Response Team. The facility has assigned intake assessments to the intake sergeants to ensure they happen on arrival. The 30 day assessments and for cause, special assessments are completed by the Sexual Abuse Response Team members when required as noted in section III.C.1.d. of the policy. The auditor reviewed documentation of these "special" assessments, noting that they were completed when warranted by staff identified as members of the Sexual Abuse Response Team.

115.41 (h) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1 (page 6) notes that, Inmates may not be disciplined for refusing to answer, or for failing to disclose information in regards to the assessment questions. Staff who complete risk screenings affirmed this, when responding no to the question, "Are inmates disciplined in any way for refusing to respond to (or for not disclosing complete information related to) the following.." The auditor reviewed the Rules of Misconduct and found no rule or disciplinary sanction for refusing to answer.

115.41 (i) The agency has implemented controls related to information contain in the PREA Risk Assessment. It was noted by the PREA coordinator that all staff can view the PREA risk designator (outcome score), this was done by design to increase staff awareness and the safety of the population. This designator does not provide any information as to why the inmates scores as a potential victim or aggressive, it only provides the actual designator. The agency PREA coordinator is the only person who can assign a staff access to the assessments. These are done on a case by case basis; ensuring information is not exploited to the inmate's detriment by staff or other inmates. This access is controlled and the PREA coordinator demonstrated the control levels found in the system. Prior to increasing access, a request must be processed through the local PREA compliance manager who provides the justification for additional access. Final approval or denial is determined by the agency PREA coordinator.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- Oregon Administrative Rule 291-210 Transgender and Intersex (Inmate)
- Screening Scoring System
- Sample of Screenings

2. Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Staff Responsible for Screening
- Random Inmates

A review of the evidence provided by the facility, as selected by the auditor indicates that the 72 hour reviews are routinely being completed in a timely manner at a rate of 96.9% or higher. A review of the 30 day reviews indicated approximately 93.6% of them were completed within the 30 day time frame, Below the minimum 95% threshold. As such corrective action is required for this standard.

Update 01/26/2022

During the corrective action period the facility demonstrated a marked improvement in timelines of reviews outlined in 115.41 (f) specifically the reassessment with 30 days. 134 assessments out of 135 assessments between 09/01/2021 and 11/20/2021 were on time representing 99.3 %. From 10/01/2021 to 12/17/2021 the facility completed 151 out of 153 assessments within 72 hours of arrival, representing 98.7%.

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.41.

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 600">115.42 (a) The agency reports in the PAQ that it uses information from the screening tool to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually abusive. This assertion is supported in ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.4. (page 7) which reiterates the language from the provision in that, "The department shall use information from the risk screening to inform housing, bed, work, education, and program assignments....." The Agency PREA coordinator provided a memo outlining elements of the system noting that, "Currently all institutions receive a PREA transfer alert email daily, telling them how many inmates are arriving with PREA designators. Facilities then need to go in the Offender Management System and check that they have reviewed the inmate arriving. The system does a hard stop on all inmates designated as potentially aggressive being housed with an inmate being housed with someone who is potentially vulnerable." The facility demonstrated the system and displayed copies of the generated emails to the auditor during the onsite review.</p> <p data-bbox="242 689 1469 947">The agency provided documentation on the Offender Management System (OMS) "hard stop" feature that does not allow inmates who score as potentially vulnerable to be housed with an individual that is aggressive (or potentially aggressive). The agency provided a copy of the IT Service Request SR2804 that initiates these blocks. If attempted, the screen notes, "Vulnerable inmates cannot be housed with aggressive inmates. Find alternative housing placement." Access to the PREA risk identifier is provided to staff who change bunk and job assignments. The agency considers the inmates views on their safety and provides opportunity for them request appropriate programming. The facility provides position recruitments advertised in the weekly newsletter "Deer Ridge Prints", the auditor observed recruitments for the DRCM physical plant recruitment.</p> <p data-bbox="242 1037 1477 1294">When asked, "How does the agency/facility use information from the risk screening during intake (per 115.41) to keep inmates safe from being sexually victimized or from being sexually abusive?" Staff who complete screenings, confirmed that the screenings were used to determine their housing and what level of supervision the inmates would receive. The PREA compliance manager also noted that the information was used to keep the population safe in determining housing and programming assignments. The OMS system provides alerts for bunks and jobs. During the onsite review, the Agency PREA coordinator demonstrated the Offender Management System for the Auditor including a walkthrough of the housing and programming assignment process, indicating the hard stop if an individual was being placed in housing or programming with a potentially aggressive individual.</p> <p data-bbox="242 1384 1477 1709">115.42 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.3. (pg. 7) provides directive with language from the standard that states, "The department makes individualized determinations about how to ensure the safety of each inmate." The policy provides additional information as it notes, "... including housing, work assignments and access to services." The agency noted that, notifications are made to staff who assign housing, bed, work, education and program assignments and when they are making those assignments, their PREA designator is displayed. Inmates who have designators are placed in high visibility areas. Each institution has identified which areas they need to be careful to place inmates with designator, especially focusing on aggressive inmates. When asked, "How does the agency/facility use information from the risk screening during intake (per 115.41) to keep inmates safe from being sexually victimized or from being sexually abusive?" Staff who complete screenings, stated that the screenings were used to determine their housing and what level of supervision the inmates would receive.</p> <p data-bbox="242 1798 1477 1955">115.42 (c) Oregon Administrative Rules (OAR) Chapter 291, Division 210 Transgender and Intersex (Inmate) provides direction to the agency including authority, purpose and policy requirements. The administrative rule speaks to the policy of the department to "Assess, review, and manage inmates who identify as transgender or intersex on a case-by-case basis, in a respectful manner, considering each inmate's individual circumstances, including but not limited to the inmate's physical sexual characteristics, gender identification, physical presentation, behavior, and programming needs."</p> <p data-bbox="242 2045 1461 2145">The Agency PREA coordinator explained that, "ODOC has a Transgender and Intersex Committee, which meets on an as-needed basis to determine the best housing and program assignments for transgender and intersex inmates." The committee consists of: superintendent of CCCF (intake center for the state), assistant director of operations (Institutions),</p>

institutions administrators (both East and West), agency PREA coordinator, medical director, behavioral health services (mental health) administrator, population management administrator and others as needed. This group meets any time a new transgender or intersex inmate arrives in ODOC custody or every time there is a concern with a transgender or intersex inmate's placement. These reviews are tracked in an automated system and no inmate can be moved without prior approval from the committee." The auditor selected and received copies of these committee meetings, noting attendance and inmate input. In interviews with the PREA compliance manager it was noted that housing would be considered on a case-by-case basis using information from the assessment tool to screen for vulnerability and consideration for the inmate's views in respect to his or her own safety. The agency provided documentation of these meetings. The agency asserts that decisions are made on a case by case basis and has evidenced the placement of a transgender female into a female prison.

115.42 (d) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.2. (pg.6) requires that, "The PREA Compliance Manager will review 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. As noted in the policy requirement this is completed by the PREA compliance specialist, this was affirmed by the PREA compliance specialist during the onsite interview. The reviews are generated by the automated system and completed by the PREA compliance specialist, with continual input by the inmate. During the interviews with staff who complete screenings, when asked, "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?" Interviewees affirmed that they are completed, but noted it was completed by members of the Sexual Abuse Response Team. The auditor reviewed documentation of reviews demonstrating twice yearly reviews. The auditor reviewed files reviews recent six month reviews and historical reviews for at least 18 months.

115.42 (e) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1.f.2 (pg.7) requires that, "A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration." This language is consistent with the standard. During the onsite review when asked about if the facility considered a transgender or intersex inmates views with respect to his or her safety, both the PREA compliance manager and the screening staff indicated that this would be considered. Inmates who identified as transgender or intersex were interviewed as part of the process and indicated they believed that their views were considered. The auditor reviewed documentation of six month reviews for 5 individuals containing input from inmates in respect to their safety.

115.42 (f) Oregon Administrative Rules (OAR) 291-210-0030, section 8 provides that, "Shower and Hygiene at Intake Center: Inmates who identify as transgender or intersex at intake shall be given the

Opportunity to shower privately from other inmates." The PREA coordinator asserts that, "As required by policy transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Each institution has a plan to ensure this can be accomplished even if they don't currently have transgender inmates housed at their facility. We ask this question during every review with the inmate. Auditors will be able to view showers onsite. During the onsite review the auditor observed the shower areas for the facility. The facility provides a separate showering time for the transgender population to shower without other adults in custody present in the receiving area, by request.

Interviews with the PREA compliance manager and staff who perform screenings further confirmed this statement during the interview process. Transgender and Intersex inmates who were interviewed also noted that they had opportunity to shower privately from non-transgender adults in custody.

115.42 (g) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.10. (page 4) states, "The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates."

The Agency PREA coordinator asserted that, "LGBTI inmates are not placed in dedicated facilities, units or wings solely based of such identification or status. The ODOC is not subject to a consent decree, legal settlement, or legal judgement for protecting such inmates. All inmates are housed on a case by case basis depending on their needs." The PREA compliance manager supported this statement, noting that the facility uses the individualized assessment to determine housing, and that LGBTQ inmates would be placed according to their individual needs and safety. Inmates who identified as LGBTQ were interviewed as part of the onsite review. When asked, "Have you been put in a housing area only for gay, lesbian, bisexual, transgender, or intersex inmates?" The general response was that they were not.

During the on-site review, the auditor received a list of inmates who identified as transgender or intersex. The list contained 7 individuals divided by 3 separate housing areas, indicating no dedicated units for the purpose of this population. The auditor team noted that during tour and the interview process the population was not centralized.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- Oregon Administrative Rule 291-210 Transgender and Intersex (Inmate)
- Unapproved Cellmate designators (11/01/2020)

2. Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Staff Responsible for Screening
- LGBTI Inmates

3. Observations

- Offender Management System

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.42.

<b>115.43</b>	<b>Protective Custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.43 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1 (pg. 6) duplicates the standard language and states, "Inmates at high risk for sexual victimization shall not be placed in administrative housing unless an assessment of all available alternatives determines that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in administrative housing for less than 24 hours while completing the assessment." The facility notes that no inmates were placed in involuntary segregated housing due to high risk of victimization during the preceding 12 months. The superintendent confirmed this during the interview process.</p> <p>115.43 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1 (pp. 6-7) duplicates the requirements of provision (b) in that, "Inmates placed in administrative housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: The opportunities that have been limited; the duration of the limitation; and the reasons for such limitations." The facility reported in the OAS and during interviews that no inmates were placed in involuntary segregated housing. Interviews with staff who supervise inmates in segregation confirmed that in those cases an inmate would be placed in administrative segregation for risk of victimization, they would be provided the required opportunities and the facility would document the limitations, duration and reasons.</p> <p>115.43 (c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1 (pg. 7) Mirrors the standard and requires, "The facility shall assign such inmates to administrative housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days. An inmate placed in involuntary administrative housing exceeding 30 days will receive a hearing by a hearings officer in accordance with the rule on Administrative Housing (OAR 291-046)." While not limited specifically to PREA related housing, OAR 291-046 requires, "An inmate may be voluntarily or involuntarily assigned to administrative housing for a period not to exceed 30 days without a hearing." During the interview process the superintendent confirmed the requirement for a hearing at no later than 30 days and noted meetings would be much earlier. Staff who supervise inmates in segregation confirmed compliance with the policy requirement.</p> <p>115.43 (d) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1 (pg. 7) states, "If an administrative housing assignment is made the officer-in-charge shall 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." The facility reported that there were no instances of individuals being placed in administrative segregation due to risk of victimization.</p> <p>115.43 (e) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1 (pg. 7) states, "Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population." Noting no inmates have been placed in administrative segregation for this purpose, staff who supervise inmates in segregation confirmed they would follow the requirements of the policy and administrative rule.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)</li> <li>• Oregon Administrative Rule 291-046-0005 Segregation (Administrative)</li> </ul> </li> <li>2. Interviews: <ul style="list-style-type: none"> <li>• Superintendent</li> <li>• Staff who supervise inmates in segregation</li> </ul> </li> </ol> <p>Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.43</p>

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1490 533">115.51 (a) The agency reports that it has established multiple internal avenues for inmates to report privately to the agency regarding concerns about sexual abuse, sexual harassment, and retaliation for making reports. This is supported in ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D (pg. 9) states, "The Department of Corrections, through the Inspector General's Office, shall offer a "PREA Hotline" to accept recorded reports of sexual abuse or sexual harassment in DOC institutions or other areas under DOC control..." During the onsite review the auditor observed multiple ways for the population to report sexual abuse and sexual harassment, including: direct reporting to any staff member; in writing through a grievance or other correspondence; the agency provides access to a hotline to the inspector general's office; and they may write directly to the Governor's Office of constituent services.</p> <p data-bbox="242 562 1477 757">Education is provided to the population as outlined in 115.33 with information provided on the various reporting avenues listed. Reporting avenues are also provided in continuous education through posters, that include phone numbers and addresses for reporting allegations of sexual abuse or sexual harassment. The auditor noted that posters also provided ongoing education and reporting information including: "In person to any staff; Through an inmate communication; Through the grievance system; Call the Inspector General's Hotline (Pick up handset and dial "9"); Write the Governor's Office (State Capitol, Room 160, 900 Court St., Salem, Oregon 97301); Friends or family can report on your behalf (877- 678-4222)"</p> <p data-bbox="242 786 1455 846">The facility also provides ongoing education and reporting information in the current Adults in Custody Handbook (revised 2021), the information is consistent and identical to the reporting options noted above.</p> <p data-bbox="242 875 1469 936">The audit team tested the grievance system during the onsite phase and was notified by the PREA compliance manager of the receipt and processing of the grievance in accordance with agency policy.</p> <p data-bbox="242 965 1469 1025">Prior to the onsite review the auditor tested the third party reporting process by calling the number from the agency website and leaving a recording. The auditor received confirmation of receipt of the call by the agency PREA coordinator.</p> <p data-bbox="242 1055 1484 1218">During the onsite review 35 adults in custody were interviewed as part of the process and asked, "How would you report any sexual abuse or sexual harassment that happened to you or someone else? Is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment?" With almost no exception, all other individuals were able to confirm knowledge of the ability to report allegations. During interviews with random staff, staff members were able to identify ways for inmates to report allegations.</p> <p data-bbox="242 1247 1495 1509">115.51 (b) The agency noted that they provided at least one way for inmates to report abuse or harassment to an entity that was not part of the agency. ODOC reports that it has an agreement with the Governor's Office to allow for an inmate to remain anonymous. This was confirmed by the auditor with the receipt and review of the operating procedure for the Governor's Office of Constituent Services. The auditor noted that the procedure outlines processing for the Oregon Department of Corrections and the Oregon Youth Authority. This information is outlined on posters throughout the living units and common areas in the facility. The facility stated that it did not detain persons solely for civil immigration purposes, immigrant services agencies. This was further supported through a review of information available from the U.S. immigration and Customs Enforcement.</p> <p data-bbox="242 1597 1479 1760">115.51 (c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D (pg. 9) mandates staff reporting in that, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an inmate that he/she has been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form." Interviews with random staff confirmed an understanding of the requirements to accept and document all reports.</p> <p data-bbox="242 1848 1453 2011">115.51 (d) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D (pg. 9) provides staff with two methods to for private reporting opportunity in that, "Staff may utilize the Inspector General's Hotline or the Governor's Office to privately report all allegations of sexual abuse or sexual harassment. Such reports will be investigated within the limitations of information provided." During interviews with random staff, staff understood the various avenues of privately reporting including the use of the PREA Hotline as well as speaking to directly to the officer in charge or superintendent</p> <p data-bbox="242 2040 1021 2067">The following evidence was analyzed in making the compliance determination</p> <p data-bbox="242 2096 855 2123">1. Documents: (Policies, directives, forms, files, records, etc.)</p>

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- Agency Policy 100.1.2 "Non-Employee Service Provider Training (Eff 01/01/15)
- Agency Website (Reviewed 07/30/2021)
- NIC "PREA: Your Role Responding to Sexual Abuse"
- Adults in Custody Handbook (Revised 2021)
- PREA Intake Video Transcript
- Offender Management System Screen Shots
- Offender Management System sample emails.
- Adult in custody Records

2. Interviews:

- PREA Compliance Manager
- Random Staff
- Random adults in custody

3. Observations

- Agency Website
- Area Postings

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.51

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1481 465">115.52 (a-b) The agency reports that it does provide an administrative procedure for dealing with inmate grievances, including those regarding sexual abuse. The administrative procedure is outlined in the Oregon Administrative Rules (OAR) 291-109-0100 section 3 subsection (b) which states, "Recognizing that due to the complex nature of the correctional setting some issues or disputes between staff and inmates may not be readily resolved at an informal level, it is the policy of the Department of Corrections to permit and encourage inmates to seek resolution of issues or disputes using the department's internal inmate grievance review and appeal system established in these rules."</p> <p data-bbox="240 555 1485 846">Oregon Administrative Rule 291-109-0175 provides additional guidelines specific to allegations of sexual abuse. These rules mirror the requirements in the standard stating, "There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse." And "The grievance coordinator may not refer a grievance alleging sexual abuse to a staff member who is the subject of the grievance. The grievance coordinator will coordinate with the appropriate manager by sending the grievance and a grievance response form (CD 117b) to the manager respondent for reply." The grievance procedure provides no requirement for the alleged victim to resolve the grievance informally. During the onsite review the auditor interviewed the grievance coordinator who confirmed the practice of accepting grievances related sexual abuse with no time limit, as well as not requiring them to submit the grievances to the alleged abuser. The auditor tested the grievance process during the onsite review.</p> <p data-bbox="240 936 1493 1131">115.52 (c) Inmates who allege sexual abuse may do so without submitting it to the staff member who is the subject of the complaint nor will that staff member investigate themselves, this was confirmed during the interview with the facility grievance coordinator as well as noted in the Oregon Administrative Rules (OAR) 291-109-0175 which states, "The grievance coordinator may not refer a grievance alleging sexual abuse to a staff member who is the subject of the grievance. The grievance coordinator will coordinate with the appropriate manager by sending the grievance and a grievance response form (CD 117b) to the manager respondent for reply."</p> <p data-bbox="240 1220 1469 1310">115.52 (d) The agency issues the final decision on the grievance within 90 days as outlined in (OAR) 291-109-0175 which states, "The department shall 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."</p> <p data-bbox="240 1400 1490 1460">115.52 (e) The administrative rules allow for third parties to assist inmates in filing grievances. Compliance with this provision and the administrative rule was confirmed by the grievance coordinator.</p> <p data-bbox="240 1491 1469 1753">The auditor reviewed the Oregon Administrative Rules (OAR) 291-109-0175 which duplicates the standard in that, "Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be 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; If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision." The agency reported that there were no 3rd party allegations of sexual abuse.</p> <p data-bbox="240 1843 1490 2134">115.52 (f) Emergency grievance procedures are outlined Oregon Administrative Rules (OAR) 291-109-0175. The procedures provide for response in line with this provision of the standard noting, "An inmate who alleges that he or she is subject to a substantial risk of imminent sexual abuse may provide the grievance directly to the officer-in-charge (OIC) or the OIC's designee; After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the OIC or the OIC's designee shall immediately review and take immediate corrective action as necessary to mitigate the risk of sexual assault; The OIC or the OIC's designee shall provide the emergency grievance and the initial response to the inmate and the grievance coordinator within 48 hours of the submission of the grievance; The grievance coordinator will issue to the inmate a final response to the emergency grievance within five days of the submission of the emergency grievance; The initial and final responses shall document the department's determination whether the inmate is in</p>

substantial risk of imminent sexual abuse and any action, if necessary, taken in response to the emergency grievance.”

The facility reported that there were no emergency grievances alleging substantial risk of imminent sexual abuse filed within the previous 12 months.

115.52 (g) The facility reports that there has been no discipline for bad faith allegations of sexual abuse. The Oregon Administrative Rules (OAR) 291-109 “Grievance Review System (Inmate)” maintains no language providing for discipline for any grievance report. ODOC Policy 40.1.13 “Prison Rape Elimination Act” (pg.8) restricts disciplinary action for bad faith allegations in that, “..... The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith.” During the onsite review the auditor interviewed the disciplinary hearings officer who confirmed there had been not disciplinary action for bad faith grievances.

The following evidence was analyzed in making the compliance determination

1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)
- Oregon Administrative Rule 291-109 Grievance Review System
- DRCI Security Inmate Handbook (revised 2021)

2. Interviews:

- Random Staff
- Grievance Coordinator
- Disciplinary Hearings Officer

3. Observations

- Offender Management System
- Grievance Process

Based on the auditor’s observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.52

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 329 1485 656">115.53 (a) Oregon Department of Corrections including Deer Ridge Correctional Institution provide inmates with access to outside victim advocates for emotional support service related to sexual abuse. ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.F. (pg. 10) requires, "The department shall make available to inmates mailing addresses and telephone numbers, (including toll-free crisis line numbers where available), of local, State, or national victim advocacy or rape crisis organizations and outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible." The policy also requires, "As requested by the inmate, a victim advocate shall accompany and support the inmate through the forensic medical examination and investigatory interview providing emotional support, crisis intervention, information, and referrals." The policy provides for the elements of the standard and operationalizes the policy through a memorandum of understanding with Saving Grace.</p> <p data-bbox="240 745 1493 940">The auditor spoke with a representative from Saving Grace who verified the extent of the services provided including emotional support services and advocacy for victims of sexual abuse. Interviews with random adults in custody and adults in custody who reported sexual abuse were inconclusive as few individuals noted they were familiar with the information. Staff at Saving Grace stated that there was a good partnership with the Deer Ridge Correctional Institution, although interaction had been limited in the past year due to COVID-19. During the onsite review the auditor observed posters with the advocacy contact information provided including telephone contact information (Dial 711).</p> <p data-bbox="240 969 1485 996">Pages 21-22 of the facility orientation handbook provides community based PREA advocacy program information as follows:</p> <p data-bbox="240 1025 1382 1088">"Community-Based PREA Advocacy (Support) Program: ODOC has partnered with community based, confidential advocates of sexual abuse victims to provide services to AICs.</p> <p data-bbox="240 1117 1434 1180">AICs at ODOC who have experienced sexual abuse may reach a community-based advocate by dialing 711 on the AIC telephone systems or may request a private call through the PREA Compliance Manager at the facility.</p> <p data-bbox="240 1209 1449 1272">Advocates provide victims of sexual abuse information about their options, resources, information and emotional support. There is no charge for calls to advocates.</p> <p data-bbox="240 1301 453 1328">Role of an Advocate:</p> <ul data-bbox="240 1357 924 1554" style="list-style-type: none"> <li>Provide confidential support and crisis intervention</li> <li>Inform you about the investigation and medical examination process</li> <li>Educate you about healing from sexual abuse</li> <li>Offer resources and referrals</li> </ul> <p data-bbox="240 1583 394 1610">Advocates will:</p> <ul data-bbox="240 1639 1139 1787" style="list-style-type: none"> <li>Not tell you what to do,</li> <li>Not communicate with the institution unless you request them to do so and sign a release,</li> <li>Not provide legal advice.</li> </ul> <p data-bbox="240 1816 1155 1843">Community-based advocacy centers provide sexual abuse support to people of all genders.</p> <p data-bbox="240 1872 1414 1899">Community-based advocates will not report unless you request them to do so and if you sign a release of information.</p> <p data-bbox="240 1928 1262 1955">DOC is committed to providing AICs with avenues to seek assistance. Below are additional resources:</p> <p data-bbox="240 2045 663 2130">Just Detention International Headquarters 3325 Wilshire Blvd., Suite 340</p>

Los Angeles, CA 90010

The community-based advocacy crisis line is for individuals needing assistance coping with sexual abuse related issues and should not be used for other purposes.

Telephone calls and mail with community-based advocacy centers is considered privileged communication and will be handled similar to legal calls/official mail. “

Supplemental information specific to advocacy was provided to the population as recently as the October 23rd 2020 of the facility newsletter “Deer Ridge Prints” The article provided the following information:

Prison Sexual Abuse Advocacy:

“After a sexual assault you may want to speak with someone who can assist you with what happens next. Whether you choose to have a forensic medical exam and report the assault to the institution or not, you can get help from an advocate. The advocate will help you by providing you with information about the process as well as provide emotional support.

Advocates offer survivors information about the different options available to them and support a survivor’s decision-making. Advocates do not tell survivors what to do. Advocates are committed to maintaining the highest possible levels of confidentiality in their communication with survivors.

Role of an advocate-

Provide over the phone confidential support and crisis intervention related to sexual abuse

Talk with a survivor about their current and ongoing safety

Explain reporting options available through PREA

Support survivor at a sexual assault forensic medical examination

Support survivor at an investigatory interview related to sexual abuse as requested.

Educate/teach survivor coping skills for healing from sexual abuse

Provide resources and referrals

Provide follow-up and support”

115.53 (b) The agency reports that the population is provided confidential communications with advocacy groups and information related to the confidentiality of those conversations. Oregon Administrative Rules (OAR) 291-131 “Mail (inmate),” identifies sexual abuse advocacy programs as official mail, and as in legal and official mail sent from or received in a Department of Corrections facility in sealed envelopes or parcels shall be opened and examined for contraband in the presence of the inmate, but shall not be read or photocopied, except as authorized in subsection (3) of this rule.

The population is also provided a pamphlet that 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.”

115.53 (c) The Oregon Department of Corrections, Deer Ridge Correctional Institution and Saving Grace maintain a current Memorandum of Understanding. The auditor noted the most current memorandum was signed 12/06/2017 and supersedes the previous memorandums from 2015.

The current agreement prefaces with, “A key principle of this collaboration is to provide sexual abuse survivors in custody with services comparable to those received by sexual abuse survivors in the community. Advocates can provide education, support services, information on options for reporting, and safety planning to their clients.” The MOU provides specific services for 115.21 (e) including: “As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.” The auditor reviewed the current and historical MOU’s noting the MOU also outlines services in accordance with standard 115.53, this section of the MOU reads verbatim to this standard as, “The facility shall provide inmates with access to outside victim advocates .....The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.”

The following evidence was analyzed in making the compliance determination

1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- Deer Ridge Prints (10/23/2020)
- Oregon Administrative Rules (OAR) 291-131 "Mail (inmate)"
- Saving Grace (final signature 12/06/2017)
- Brochure-How to Reach and Advocate (undated)

2. Interviews:

- Random Staff
- Random Sample of Inmates
- Inmates who reported sexual abuse

3. Observations

- Area Postings
- Phone Test

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.53

115.54	<b>Third-party reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.54 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section 1.A states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports..." The agency provides third party reporting information directly on their website at</p> <p><a href="https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/report-an-incident.aspx">https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/report-an-incident.aspx</a>.</p> <p>The Page is titled "How to Report an incident" and provides the number to the Inspector General Hotline, noting, "Reports can also be made by staff, inmates, or the public using the toll-free Inspector General Hotline at (877) 678-4222. Hotline calls are not charged to inmate phone accounts. This number may be used to report the following: Abuse; Extortion; Fraud; Inmate prohibited conduct; Staff misconduct; and Waste." The agency also provides information pamphlets in the visiting rooms titled, "What can I do to help keep my family and friends safe while in prisons?" The document provides the Inspector General's Hotline and the Governor's Citizen Message Line (503) 378-4582. The PREA Posters in the living units and common areas also provide the third party reporting information.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• PREA Posters</li> <li>• PREA Visiting Pamphlets</li> <li>• ODOC Website</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> </ul> <p>Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.54</p>

115.61	<b>Staff and agency reporting duties</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1469 465">115.61 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D.2 (pp. 8-9) provides the provision language in 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..." Interviews with random staff confirmed an understanding of their requirement to immediately report any information regarding sexual abuse, harassment or retaliation. The training provided in §115.31 also provides direction for the staff members to direction for reporting information as required by this policy.</p> <p data-bbox="240 555 1469 680">115.61 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D (pg. 8) provides confidentiality requirements in 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." 18 out of 18 Random staff who were interviewed confirmed the understanding the confidentiality requirements.</p> <p data-bbox="240 770 1493 1160">115.61 (c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D (pg. 8) states in part that, "Information provided in confidential communications to the DOC staff listed below will be shared consistent with and according to the standards required by state statute, professional licensure, and ethical standards.; DOC Medical Services staff; Behavioral Health Services staff..." The policy also states 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." This disclosure is provided to the adults in custody through a "Health Services Information Disclosure" that each inmate signs. The statement reads, "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: danger to self or others; 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; escape plans or attempts; sexual abuse of or by another inmate." The auditor reviewed completed samples of these forms.</p> <p data-bbox="240 1249 1485 1344">115.61 (d) Deer Ridge Correctional Institution does not house youthful offender (individuals under the age of 18). Engrossed HB 2251 Section 1 subsection 9 (pg. 3) states, "Notwithstanding any other provision of this section, under no circumstances may a person under 18 years of age be incarcerated in a Department of Corrections institution."</p> <p data-bbox="240 1433 1469 1559">Specific to vulnerable adults, Oregon Revised Statutes (ORS) 124.100 provides for the definition of vulnerable adults which includes: Elderly persons (65 years of age or older); financially incapable, incapacitated, and person with disabilities. The agency reports that all staff are mandatory reporters and report information under the state's vulnerable person law. This requires that the applicable employees provide notification.</p> <p data-bbox="240 1648 1493 1872">115.61 (e) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D (pg. 9) mandates staff reporting in that, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an inmate that he/she has been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form." The policy further requires that, allegations of sexual abuse or sexual harassment of an inmate by a staff member or other inmates will be reviewed and referred to the appropriate investigator as specified in the DOC policy on Investigations 70.1.4. The superintendent confirmed the requirements to review and investigate allegations regardless of the source.</p> <p data-bbox="240 1962 1018 1989">The following evidence was analyzed in making the compliance determination</p> <p data-bbox="240 2078 855 2105">1. Documents: (Policies, directives, forms, files, records, etc.)</p>

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- Agency Policy 70.1.4 "Investigations" (eff. 11/20/2018)
- Health Services Information Disclosure (including completed samples)

2. Interviews:

- Superintendent
- Agency PREA Coordinator
- Random Staff
- Medical and Mental Health Staff

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.61

<b>115.62</b>	<b>Agency protection duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1493 465">115.62 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section 1.A states, "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." The facility reported that there were no instances in which the facility determined that an individual was at risk to a substantial risk of imminent sexual abuse. The facility did provide documentation noting facility moves when there was even a slight concern, that wasn't imminent. This was in order to provide protection for a potential victim, the facility relocated the potential aggressor and not the potential victim.</p> <p data-bbox="242 555 1493 750">In all random staff interviews the random staff confirmed they would take action "immediately," there was no indication of delay. Actions noted varied from separation, observation, conversation and notification. During the interview with the agency head, he indicated immediate action to make sure the adult in custody is safe. During the interview with the superintendent, when asked, "When you learn that an inmate is subject to a substantial risk of imminent sexual abuse what protective action does the facility take?" He noted that the facility takes immediate action to keep the victims safe which may administrative housing albeit as a last resort.</p> <p data-bbox="242 835 1026 864">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 949 1054 1317" style="list-style-type: none"> <li data-bbox="242 949 874 978">1. Documents: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 1028 1054 1057" style="list-style-type: none"> <li data-bbox="284 1028 1054 1057">• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> </ul> </li> <li data-bbox="242 1144 379 1173">2. Interviews: <ul data-bbox="284 1223 544 1317" style="list-style-type: none"> <li data-bbox="284 1223 544 1252">• Agency Head/designee</li> <li data-bbox="284 1256 464 1285">• Superintendent</li> <li data-bbox="284 1290 448 1319">• Random Staff</li> </ul> </li> </ol> <p data-bbox="242 1404 1493 1464">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.62</p>

115.63	<b>Reporting to other confinement facilities</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1465 465">115.63(a-c): ODOC Policy 40.1.13 "Prison Rape Elimination Act", section III.E (pg. 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." The policy also requires that, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation." Subsection b. of the policy provides the requirements of provision (c) in that, "The agency shall document that it has provided such notification." The policy requirements come directly from provisions (a-c) of the standard.</p> <p data-bbox="242 555 1485 846">The ODOC uses a Confinement Notification Template for standardize notifications from its superintendents (facility heads). The form is used in providing allegation notifications to other jurisdictions. The form identifies to the receiving facility that the notification is being provided per "PREA Standard 115.63 Reporting to other confinement facilities." The template provides the language from provision (a) and a summary of the report including the date and location the abuse occurred. The notification provides contact information for the PREA compliance manager and agency PREA coordinator. The template is sent from the superintendent to the head of the receiving . The facility reported that there were allegations received that occurred at other facilities and each was reported accordingly, however none during this reporting period. The facility noted that the notification is drafted by the PREA Compliance Manager or other senior staff and sent to the superintendent to be sent from his email account.</p> <p data-bbox="242 936 1485 1099">115.63 (d): ODOC Policy 40.1.13 "Prison Rape Elimination Act", section III.E (pg. 9) requires, "The facility head or agency office that receives such notification shall ensure that the allegation is investigated." During the onsite review the facility superintendent was interviewed and confirmed that an allegation received from another agency would be investigated just as if it had originated at the facility. The facility reported such notifications were received and each was investigated or had previously been investigated by the facility.</p> <p data-bbox="242 1182 1018 1211">The following evidence was analyzed in making the compliance determination</p> <p data-bbox="242 1301 852 1330">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="284 1379 1054 1440" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• Confinement Notification Template</li> </ul> <p data-bbox="242 1529 376 1559">2. Interviews:</p> <ul data-bbox="284 1608 587 1668" style="list-style-type: none"> <li>• Superintendent</li> <li>• PREA compliance manager</li> </ul> <p data-bbox="242 1753 1481 1814">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.63</p>

115.64	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.64 (a) Policy 40.1.13 "Prison Rape Elimination Act," section III.E.2 (pg. 8) requires, "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. When an inmate reports incidents of sexual abuse, sexual solicitation, sexual harassment or sexual coercion to DOC staff members, staff will ..... contact the OIC or supervisor immediately. The OIC will initiate action as outlined in this policy and the OIC PREA Checklist (CD 1621) to mitigate: Immediate harm to the victim or reporter; and/or Damage to potential crime scenes or evidence." Staff are provided with a job aid (card) that highlights initial responsibilities consistent with their training and this standard including: "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." The facility reported in the OAS that during the previous 12 months, 2 allegations were received that an inmate was sexually abused. During the same 12 months there were no instances first responders being notified in a time period that allowed for the collection of evidence.</p> <p>During the onsite review, 18 random staff, were asked, "If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" The interviewed staff consistently indicated the need to separate the victim and make notification. Similar responses were provided to five additional staff (security and non-security) were asked, "Can you describe the actions you take as a first responder to an allegation of sexual abuse?" The responders were able to confirm the initial steps including separating the victim from abuser, notification and preservation of the crime scene/evidence. The auditor noted that medical and mental health response is at the direction of the OIC and is included in the checklist for response.</p> <p>115.64 (b) The agency notes that Policy 40.1.13 "Prison Rape Elimination Act," section II.N (pg. 3) does not differentiate between security and non-security duties and states, "For purposes of this policy staff includes DOC employees, OCE employees, contract service providers, and volunteers." Non-security staff are referred to as "security plus" in the agency and are required to complete the same first responder training and duties as security staff. Non-security staff who were interviewed confirmed their requirements in first responder and random staff interviews. Training provided to all staff in § 115.31 did not differentiate roles between security and security plus staff.</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• CD1620 Staff Reporting form</li> <li>• CD 1621 OIC Checklist</li> <li>• Training rosters for § 115.31</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>• Random Staff</li> <li>• Security staff first responders</li> <li>• Non security first responders</li> <li>• Inmates who reported sexual abuse</li> </ul> <p>Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.64</p>

115.65	<b>Coordinated response</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1493 533"><b>115.65 (a)</b> The Deer Ridge Correctional Institution has developed a written plan to coordinate actions taken in response to an incident of sexual abuse. This plan is outlined in Procedure 30 "Responding to Sexual Abuse and Sexual Harassment Allegations (Effective 05/01/2019). The plan is local to the facility and operationalizes elements of ODOC 40.1.13 "Prison Rape Elimination Act." The plan notes that all staff who work with inmates at OSP shall be trained as first responders and are provided instruction for when an inmate reports sexual abuse or sexual harassment. The plan outlines the responsibilities of the Officer in Charge and includes specific measures if the sexual abuse allegation is less than 96 hours old. The plan incorporates notifications to the Oregon State Police, the Special Investigations Unit, Sexual Abuse Liaison, Behavior Health Services Manager and Medical Services Manager.</p> <p data-bbox="240 622 1493 949">The plan outlines the responsibility of the facility PREA compliance manager as, "Coordinate with the SAL to ensure all resources are available to conduct a thorough investigation; Coordinate with the PREA coordinator and other institutions PCM's for long-term housing changes; Review all retaliation checks for completeness and accuracy; Meet with alleged victim related to changes in the status of the investigation; Report final outcome of investigation to inmate (substantiate, unsubstantiated or unfounded); Conduct a Sexual Abuse Incident Review to look at potential facility changes to reduce opportunities for future sexual abuse." The coordinated response activities are noted on a checklist (CD 1621) completed by the Officer in Charge. The superintendent confirmed the presence and knowledge of the facility's plan for response. The ODOC has created Sexual Abuse Response Teams at each facility, this includes Oregon State Penitentiary. These teams are led by the facility PREA compliance manager, the team is responsible for actions including investigations, incident review, and retaliation monitoring.</p> <p data-bbox="240 1039 1026 1066">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 1155 855 1182">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="284 1234 1366 1294" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• Procedure 3 "Responding to Sexual Abuse and Sexual Harassment Allegations" (Effective May 1st, 2019)</li> </ul> <p data-bbox="240 1384 376 1411">2. Interviews:</p> <ul data-bbox="284 1462 464 1489" style="list-style-type: none"> <li>• Superintendent</li> </ul> <p data-bbox="240 1579 1493 1639">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.65</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p><b>115.66 (a)</b> ODOC participates in collective bargaining with the American Federation of State, County and Municipal Employees - AFL-CIO (AFSCME Local 75), The union represents two separate bargaining units, the first includes Security Staff (Officers, Corporals, Sergeants). The second bargaining unit (Security Plus) includes: counselors, health services, kitchen services, and other non-security represented staff. These two groups maintain separate contracts. The facility noted that the agreements are consistent with Standards 115.72 and 115.76.</p> <p>The auditor reviewed the contract language noting that the language in the CBA indicates that staff bid for shifts and days off, not location. This limitation provides the facility additional opportunity to move staff as needed with no noted restraint on the ability of the agency to remove staff who are alleged sexual abusers from contact with inmates during the investigation process.</p> <p>Article 43 of the collective bargaining agreements provide for the usage of "just cause" in disciplinary matters. The auditor noted that the just cause burden of proof relies upon "substantial evidence" and does not exceed the preponderance of evidence for proof. As part of the process, the agency director designee was interviewed, he also noted that contract language allows the agency to move staff if necessary to maintain the safety of the population.</p> <p>The following evidence was analyzed in making the compliance determination</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li>• Collective Bargaining Agreement for Security Staff 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 Council 75) 2020-2021</li> <li>• Collective Bargaining Agreement for Security Plus Staff 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) 2020-2021</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>• Agency Head/Designee</li> </ul> <p>Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.66</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 432"><b>115.67 (a)</b> Policy 40.1.13 “Prison Rape Elimination Act,” section III.E.2 (pg. 9) requires, “The PREA Compliance Manager shall be responsible for monitoring 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.” The policy notes that the facility PREA compliance manager is responsible for retaliation monitoring, this was confirmed with him during the interview process.</p> <p data-bbox="240 517 1493 678"><b>115.67 (b)</b> Policy 40.1.13 “Prison Rape Elimination Act,” section III.E.2 (pg. 9) requires, “All actions taken to remedy any such retaliation will be documented and forwarded to the Agency PREA coordinator and the sexual abuse liaison.” The facility reported that there were no acts of retaliation noted for the previous 12 months. The superintendent confirmed that actions would be taken to prevent and address any retaliation. The director’s designee discussed the various measures to monitor and address retaliation for alleged victims.</p> <p data-bbox="240 763 1493 1032"><b>115.67 (c)</b> Policy 40.1.13 “Prison Rape Elimination Act,” section III.E.2 (pg. 9) provides for the 90 day monitoring requirement in, “Monitoring will continue for at least 90 days following a report of sexual abuse. The PREA compliance manager 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 changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.” Both the superintendent and the PREA compliance manager confirmed that monitoring would continue for at least 90 days unless it was warranted to maintain it longer or end it sooner if the investigation was determined to be unfounded. During the interview with an individuals that reported sexual abuse, they indicated they felt they were protected and safe.</p> <p data-bbox="240 1117 1477 1413">The auditor reviewed sample document of retaliation monitoring and noted that the retaliation monitoring is built into the Offender Management System, and provides automatic notifications. The monitoring process for Deer Ridge Correctional Institution includes SART Team members assigned the individual reviews with periodic meetings with the individuals. Documentation is then reviewed by the PREA compliance manager. All actions are documented electronically on a PREA Retaliation Check sheet. Each check sheet reviews if there has been changes in housing assignments in the previous 90 days; specific conflicts; disciplinary action; conduct issues; and programming changes. During the onsite review the auditor reviewed the OMS system with the agency PREA coordinator and the PREA compliance manager. I was noted that the program assigns retaliation monitoring to sexual harassment cases as well as cases of sexual abuse. The sample documents reviewed by the auditor supported this assertion.</p> <p data-bbox="240 1498 1493 1659"><b>115.67 (d)</b> Policy 40.1.13 “Prison Rape Elimination Act,” section III.E.2.d (pg. 10) states, “In the case of inmates, such monitoring shall also include periodic status checks.” The policy statement comes directly from the standard. The PREA compliance manger is responsible for retaliation monitoring and noted that periodic status checks are completed by members of the Sexual Abuse Response Team and reported back to him. Sample documentation was reviewed by the auditor, indicating such status checks.</p> <p data-bbox="240 1744 1493 1879">115.67 (e) Policy 40.1.13 “Prison Rape Elimination Act,” section III.E.2.f (pg. 9) requires, “If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.” Both the agency head designee and the superintendent confirmed that steps would be taken to monitor and address any concerns raised by and individual who cooperates with an investigation.</p> <p data-bbox="240 1964 1026 1991">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 2018 855 2045">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="280 2098 1054 2159" style="list-style-type: none"> <li>• Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)</li> <li>• Offender Management System samples</li> </ul>

2. Interviews:

- Agency Director/Designee
- Superintendent
- PREA Compliance Manager
- Staff Responsible for Retaliation Monitoring
- Inmates who reported sexual abuse

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.67

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1489 566">115.68 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1 (pg. 6) duplicates the language from the standard and states, "Inmates at high risk for sexual victimization shall not be placed in administrative housing unless an assessment of all available alternatives determines that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in administrative housing for less than 24 hours while completing the assessment." The facility notes that no inmates were placed in involuntary segregated housing due to high risk of victimization during the preceding 12 months. The superintendent confirmed this during the interview process. Interviews with staff who supervise segregation also noted no individuals placed in segregation housing as victims, stating the facility looks for the least impact on victims. During the auditor's review of investigation files, it was noted that there were no indications of victims placed in administrative segregation.</p> <p data-bbox="240 598 748 624">Additional information provided in standard 115.43</p> <p data-bbox="240 710 1026 736">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 826 855 853">1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="282 907 1021 969" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)</li> <li>• Oregon Administrative Rule 291-046-0005 Segregation (Administrative)</li> </ul> <p data-bbox="240 1055 379 1081">2. Interviews:</p> <ul data-bbox="282 1135 738 1198" style="list-style-type: none"> <li>• Superintendent</li> <li>• Staff who supervise inmates in segregation</li> </ul> <p data-bbox="240 1225 1484 1288">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.68</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 465">115.71 (a) Policy 40.1.13 "Prison Rape Elimination Act," section I.A (pg. 1) states, "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." ODOC Policy 70.1.4 "Investigations," section III.C. (pg. 3) states that, "An allegation against an employee, contractor, volunteer or inmate from any source may be verbal or in writing. Verbal and written complaints/allegations must contain sufficient information for an investigation to be considered. Information must be detailed to the greatest extent possible and meet the guidelines established in this policy."</p> <p data-bbox="242 497 1484 622">The policy also provides the requirement that, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports." When asked about how to handle anonymous and third party reports, investigators reported that they are investigated just the same and treated just as seriously. When asked about how long it took to initiate an investigation, the investigators confirmed that the investigation began immediately.</p> <p data-bbox="242 654 1484 748">ODOC Policy 70.1.4 "Investigations," section III.C. (pp. 5-6) identifies the factors in who has the investigation responsibilities. Investigation assignments may include the Inspector General's Office, The Oregon State Police, or the facility investigators. This process is also outlined in the Investigations Decisions Chart attached to policy 70.1.4.</p> <p data-bbox="242 779 1484 1039">115.71 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B. (pg. 5) states "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." The facility reported that investigators completed the NIC training "PREA: Investigation Sexual Abuse in a Confinement Setting." The auditor was provided with 16 certificates of completion for the training provided by the Department of Justice, National Institute of Corrections (NIC) specific to investigating Sexual Abuse in a Confinement Setting to the special investigations unit. The facility identified 16 members of the Sexual Assault Response Team investigative staff; the auditor was provided additional documentation of training for each member.</p> <p data-bbox="242 1070 1484 1263">In addition to the above noted training members of the Sexual Abuse Response Team members receive additional training that includes mock interviews. The auditor was provided with the training presentation and noted that the required elements for 115.34 were reiterated in this supplemental training. As part of the onsite review 3 investigators were interviewed. Investigators were able to discuss topics covered by the training including: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity, and evidence collection. Additional information for this provision is provided in standard 115.34.</p> <p data-bbox="242 1294 1484 1657">115.71 (c) 70.1.3 "Criminal &amp; Administrative Evidence Handling," section III.C. (pg. 2) states, "Regardless of whether the criminal investigation will be handled by Oregon State Police, SIU, or Institution staff, the crime scene and all evidence will be handled in the same manner to preserve the chain of custody." ODOC Policy 70.1.4 "Investigations," section III.F.7 (pg. 9) states that, "Evidence acquired during the investigative process will be processed in accordance with the department policy on Criminal Evidence Handling 70.1.3." The agency uses a report template that includes a checklist that directs a review of evidence including; if the subject had prior allegations of sexual abuse or sexual harassment; witnesses and evidence collection (including video, phone recordings, and documents). As part of the process investigative staff were interviewed. The staff confirmed that they would take steps by reviewing the reports, and gathering all evidence including video, phone calls, documents, etc. The investigators noted they would review previous allegations, develop questions and interview witnesses, the victim and the alleged perpetrator. The auditor reviewed completed investigation reports that confirmed compliance with the policy and provision.</p> <p data-bbox="242 1688 1484 1904">115.71 (d) ODOC Policy 70.1.4 "Investigations," section III.D. (pg. 6) States that, "The Oregon State Police have the primary role in certain types of criminal investigations and are the Department of Corrections' primary law enforcement partner in conducting criminal investigations arising from criminal acts alleged to have been committed in state correctional facilities."</p> <p data-bbox="242 1814 1484 1904">Agency and facility staff are provided training specific to Garrity rights noting that, "it is important to let the criminal case pass into the charged state before the administrative investigator begins to interview the staff suspect." The investigators noted that is done to avoid interference with a criminal investigation.</p> <p data-bbox="242 1935 1484 2161">115.71 (e) Policy 40.1.13 "Prison Rape Elimination Act," section III.D.1.e (pg. 8) states, "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 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." This is reiterated on the PREA report template which provides instruction on Credibility Assessments, noting that "Credibility shall be assessed on an individual basis and shall not be determined by the status as an inmate or staff." It was noted during the onsite review by the agency PREA Coordinator that this statement is being strengthened by adding it to a checklist with an affirmative statement for the</p>

investigation template. During the interviews with investigators they confirmed that credibility is assessed individually based on known facts as well as an individual's history with corroborating facts and not on the status as an inmate. When asked, "Would you, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation?" The investigators consistently stated no.

115.71 (f) The agency reports that administrative investigations do include an effort to determine whether staff actions or failures to act contributed to the abuse. The agency also notes that reports are in written format; include a description of the physical and testimonial evidence; and attaches copies of all documentary evidence where feasible. The auditor requested and received samples of written investigation reports. Upon review, these reports include descriptions of evidence both physical and testimonial. The report template also includes a checklist to review if the subject had prior allegations of sexual abuse or sexual harassment, witnesses and evidence collection (including video, phone recordings, and documents). The report also requires an assessment, asking did staff actions or failures to act contribute to the abuse.

115.71 (g)/(l) ODOC Policy 70.1.4 "Investigations," section III.D. (pg. 6) States that, "The Oregon State Police have the primary role in certain types of criminal investigations and are the Department of Corrections' primary law enforcement partner in conducting criminal investigations arising from criminal acts alleged to have been committed in state correctional facilities or another property occupied by the department..." The section continues to provide the Oregon State Police responsibility for investigations of, "PREA cases that allege a criminal act, including but not limited to: custodial sexual misconduct, rape, sodomy and sexual abuse." The Oregon Department of Corrections maintains an interagency agreement with the Oregon State Police for these investigations; this agreement also states that written reports will be provided to the Special Investigations Unit (SIU). Investigators with the Special Investigation Unit reported that they serve as a liaison with the State Police. This was confirmed by the superintendent during his interview. This was also confirmed in interviews with the PREA coordinator and PREA compliance manager. The PREA coordinator also noted that ODOC and the State Police have a good working relationship, and the State Police are good about keeping the agency updated.

115.71 (h) The facility reports that, substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. During interviews with investigative staff, when asked, "When do you refer cases for prosecution?" The investigators confirmed that referrals would be made by the state police when they appeared to be criminal with sufficient evidence to prosecute.

115.71 (i) Policy 40.1.13 "Prison Rape Elimination Act," section III.J.2.c.4 (pg. 13) requires, "The retention of all written reports referenced as long as the alleged abuser is incarcerated by the department, plus five years." The agency uploads all reports into the Offender Management System. Prior to the onsite review, the PREA coordinator demonstrated the system for the auditor who noted that older reports were present, the system does not purge any reports.

115.71 (j) ODOC Policy 70.1.4 "Investigations," section III.F.7 (pg. 9) States, "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." During the interviews with investigators they were asked, "How do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct?" The investigators each stated that the investigation continues through the process regardless of release or discharge.

The following evidence was analyzed in making the compliance determination:

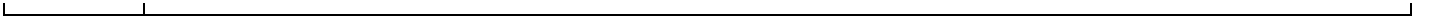
1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
- Agency Policy 70.1.3 "Criminal & Administrative Evidence Handling" (eff. 05/01/2014)
- Agency Policy 70.1.4 "Investigations" (eff. 11/20/2018)
- INTERAGENCY AGREEMENT IAA-331-2018
- PREA Reporting flowchart
- PREA Investigative Report Template

2. Interviews:

- Investigators
- Agency PREA Coordinator
- PREA Compliance Manager

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.71



<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 465">115.72 (a) Policy 40.1.13 "Prison Rape Elimination Act," section III.G (pg. 11) states, "DOC shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The training for investigators provides the criteria for administrative action noting the language directly from the standard, "The agency shall impose no standard higher than preponderance of evidence...." The training further clarifies that a preponderance is 51% of the evidence supports the allegation. During interviews with investigative staff, all interviewees understood the standard of evidence as a preponderance.</p> <p data-bbox="242 499 1026 526">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 555 1058 831" style="list-style-type: none"> <li data-bbox="242 555 1058 696">1. Documents: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 633 1058 696" style="list-style-type: none"> <li data-bbox="284 633 1058 660">• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li data-bbox="284 665 647 696">• Investigator Training Presentation</li> </ul> </li> <li data-bbox="242 723 485 831">2. Interviews: <ul data-bbox="284 801 485 831" style="list-style-type: none"> <li data-bbox="284 801 485 831">• Investigative staff</li> </ul> </li> </ol> <p data-bbox="242 916 1485 978">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.72</p>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.73 (a) and (e) The agency reports that notification is provided by the PREA compliance manager to an inmate following an allegation so sexual abuse. The requirement is documented in ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.G (pg. 10) and states, "Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the PREA compliance manager of that facility shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." The facility reported that there were 16 investigations (includes both abuse and harassment) completed by the agency in the previous 12 months, with 16 notifications provided to the alleged victims. The auditor reviewed samples of these notifications as part of the evidence review. During the onsite review the superintendent confirmed that notifications of the investigation outcome are provided to the alleged victim in each case. During the interview process investigative staff stated that inmates are notified of the outcome; however, notification is made by the PREA compliance manager not by investigators. The PREA compliance manager stated that she or the Sexual Assault Liaison (SAL) provides notification to the alleged victim and maintains a copy of the notification Form CD 1622. The inmate is not provided copies of the notification form for their safety. The form provides the incident date, investigative agency and outcome. Interviews with alleged victims confirm notification of the outcome, it was noted that they don't receive the response in writing, which is consistent with agency process.

115.73 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.G (pg. 10) states that, "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate." The agency reports that criminal cases are investigated by the Oregon State Police. The PREA compliance manager confirmed that investigators with the special investigations unit maintain regular contact with the state police and serve as a liaison. Additionally, it was noted that the local facility also shares a good working relationship with the Oregon State Police. The facility stated that there were no completed cases investigated by an outside agency during this review period.

115.73 (c-d) The facility states that following an inmate's allegation that a staff member or inmate has committed sexual abuse against an inmate, the agency/facility informs the alleged victim of changes to the staff members posting, employment or the status of criminal charges and conviction as applicable. The agency provides this as a directive in ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.G (pg. 10) and states, "Following an inmate's allegation that a staff member has committed sexual abuse against the inmate and the finding are substantiated or unsubstantiated; the PREA compliance manager or designee shall inform the inmate whenever: The staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility." It was noted that although the policy is specific to allegations against staff, that the form and the OMS system provides the requirement for notification regardless of who the alleged abuser is. During the evidence review the auditor reviewed samples of notifications, the notification form, that provided an outcome section with date and initials, indicating when each of the above noted actions take place.

The following evidence was analyzed in making the compliance determination:

Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
- Agency Policy 70.1.3 "Criminal & Administrative Evidence Handling" (eff. 05/01/2014)
- Agency Policy 70.1.4 "Investigations" (eff. 11/20/2018)
- PREA Reporting flowchart
- PREA Investigative Report Template

Interviews:

- Superintendent
- Investigative Staff
- PREA Compliance Manager
- Inmates who reported sexual abuse

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.73

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1441 331">115.76 (a) Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."</p> <p data-bbox="240 362 1465 456">115.76 (b) Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse." The facility reports there have been no instances of staff from the facility violating agency policies on sexual abuse in the previous 12 months.</p> <p data-bbox="240 488 1485 645">115.76 (c) Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "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." The facility reports there have been no instances of staff from the facility violating agency policies on sexual abuse or sexual harassment in the previous 12 months.</p> <p data-bbox="240 676 1481 833">115.76 (d) Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies." Interviews with investigative staff confirmed that even if staff resigned, the investigation into sexual abuse allegations would continue.</p> <p data-bbox="240 864 1342 891">The auditor noted that the policy citations for provisions (a-d) maintain language directly from standard 115.76.</p> <p data-bbox="240 981 1161 1008">The following documentary evidence was analyzed in making the compliance determination:</p> <ul data-bbox="280 1061 1010 1088" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)</li> </ul> <p data-bbox="240 1120 1219 1146">The following interviews were conducted and considered in making the compliance determination:</p> <ul data-bbox="280 1200 437 1227" style="list-style-type: none"> <li>• Investigators</li> </ul> <p data-bbox="240 1312 1481 1370">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.76</p>

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1465 398">115.77(a): Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." The facility reported that there were no investigations related to misconduct by a volunteer or contractor or during the previous 12 months.</p> <p data-bbox="240 432 1465 560">115.77(b): Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by contractor or volunteer." During the interview, the superintendent confirmed that actions could include termination of facility access during any investigation from a PREA-related allegation.</p> <p data-bbox="240 593 1267 620">The auditor noted that the policy requirements are duplicate with the standard and therefore compliant.</p> <p data-bbox="240 701 1163 728">The following documentary evidence was analyzed in making the compliance determination:</p> <ul data-bbox="280 781 1010 808" style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)</li> </ul> <p data-bbox="240 871 1219 898">The following interviews were conducted and considered in making the compliance determination:</p> <ul data-bbox="280 952 464 978" style="list-style-type: none"> <li>• Superintendent</li> </ul> <p data-bbox="240 1041 1482 1104">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.77</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 365">115.78 (a) The facility reports that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse as well as following a criminal finding of guilt for inmate on inmate sexual abuse.</p> <p data-bbox="240 398 1477 589">OAR 291-105-0005, "Prohibited Inmate Conduct and Processing Disciplinary Actions," provides the authority and direction for the disciplinary process as well as identifying the rules of conduct for the inmate population. Section (k) 2.20 states, "Sexual Assault: An inmate commits Sexual Assault if he/she engages in non-consensual sexual activity with another person, or when force is used or when the person is unable to consent because of age or incapacitation (mental defect, mental incapacitation or physical helplessness)." The facility reports that there were no findings of guilt for inmate on inmate sexual abuse that have occurred at the facility in the previous 12 months.</p> <p data-bbox="240 678 1485 936">115.78 (b) Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "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." The superintendent confirmed that sanctions were commensurate with similar offenses. The agency uses a Major Violation Grid/Inmates Misconduct History Scale that provides sanction to remain in a consistent range with similar infraction behavior. The grid provides for 6 separate categories based on seriousness of the offense and provides for progressive action based on the number of major violations within the previous 2 years.</p> <p data-bbox="240 1025 1485 1350">115.78 (c) OAR 291-105, "Prohibited Inmate Conduct and Processing Disciplinary Actions," section 0026 "Hearings Officers Responsibilities paragraph (7) states, "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 disciplinary hearing." Section 8 continues to note, "The mental health evaluation shall address the following; is the inmate able to understand the charges and the hearing process at this time; from a mental health standpoint, should sanctions be modified or are sanctions for the alleged misconduct contraindicated; and did the inmate's mental health status contribute to the alleged violation." These rules are applied to all conduct rule violations, including but not limited to those related to sexual abuse or sexual harassment. The superintendent confirmed that an inmate's mental health status would be considered during the hearings process. During the onsite review the auditor interviewed the disciplinary hearings officer, who noted that mental health status is a consideration in the process.</p> <p data-bbox="240 1440 1406 1534">115.78 (d) 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. Interviews with the mental health staff affirmed sex offender treatment is not provided.</p> <p data-bbox="240 1568 1493 1825">115.78 (e) Oregon state law considers adults in custody (inmates) to be the victim in cases of sexual contact. The Oregon Revised Statute 163.452 Custodial sexual misconduct in the first degree reads, "A person commits the crime of custodial sexual misconduct in the first degree if the person: Engages in sexual intercourse or oral or anal sexual intercourse with another person or penetrates the vagina, anus or penis of another person with any object other than the penis or mouth of the actor knowing that the other person is: In the custody of a law enforcement agency following arrest; confined or detained in a correctional facility; participating in an inmate or offender work crew or work release program; or on probation, parole, post-prison supervision or other form of conditional or supervised release." Oregon Revised Statute 163.454 Custodial sexual misconduct in the second degree, differs in the use of sexual contact instead of sexual intercourse.</p> <p data-bbox="240 1915 1477 2009">115.78 (f) Policy 40.1.13 "Prison Rape Elimination Act," section III.D.1 (pg. 8) states, "The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith." The disciplinary hearings officer noted that there were no incidents of individuals being disciplined in the previous 12 months.</p> <p data-bbox="240 2098 1461 2159">115.78 (g) The agency prohibits all sexual activity between inmates as outlined in (OAR 291-105-0015 "Rules of Misconduct," subsection (m) 2.30 which reads, "Non-assaultive Sexual Activity: An inmate commits Non assaultive Sexual</p>

Activity if he/she engages in sexual activity and the sexual activity is conducted without violence, threat of violence, coercion, or use of a weapon." Non-assaultive sexual activity is listed in section III of the Major Violation Grid.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
- OAR 291-105-0005, "Prohibited Inmate Conduct and Processing Disciplinary Actions"
- OAR 291-105-0015 "Rules of Misconduct"
- Major Violation Sanction Grid

2. Interviews:

- Superintendent
- Disciplinary Hearings Officer

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.78

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 633">115.81(a): ODOC HS BHS Policy and Procedure # MH-E-02 (pg. 3) requires, "All inmates who have reported that they have disclosed prior sexual abuse in an institutional setting or in the community will be referred to a mental health treatment provider for a mental health assessment within 14 days of the intake screening." The policy provides additional mental health considerations and further requires that, "Those inmates who have reported that they have disclosed prior sexual abuse in an institutional setting or in the community and have a valid PAI with no elevated scales and have only answered yes to either of the questions in the PREA section of the Medical Receiving Screening form or the Intake Victimization Screening Tool will be referred to a mental health specialist within 14 days to complete a Suicide Risk Screening form. If it is determined that any inmate who has experienced prior sexual abuse meets criteria for a mental health diagnosis he/she will be referred to a mental health treatment provider for a more comprehensive mental health or prescriber evaluation." The referrals for these mental health evaluations are automated from the Offender Management System. The system sends an automated email to mental health staff which states:</p> <p data-bbox="240 663 1465 723">Inmate @@offenderName@@, @@offenderSID@@ at @@offenderLocation@@ states they have been sexually abused during a PREA Risk Screening Assessment.</p> <p data-bbox="240 752 517 779">The PREA standards state:</p> <p data-bbox="240 808 1474 938">§ 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.</p> <p data-bbox="240 967 367 994">Additionally:</p> <p data-bbox="240 1023 1469 1220">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.</p> <p data-bbox="240 1308 1484 1368">Staff who completed risk screenings confirmed that the process was automated. During the onsite review the agency PREA coordinator and PREA compliance manager demonstrated the system to the auditor, including the auto generated emails.</p> <p data-bbox="240 1375 1445 1435">Inmates who disclosed sexual victimization during screening were interviewed as part of the onsite review, those interviewed indicated they were offered mental health services, only one accepted and stated it was provided right away.</p> <p data-bbox="240 1523 1490 1653">115.81 (b) ODOC HS BHS Policy and Procedure # MH-E-02 (pg. 3) requires that, "All inmates who have reported that they have previously perpetrated sexual abuse in an institution setting or in the community will be referred to BHS for a mental health assessment." This process is automated similar to provision (a). The Offender Management System sends an email to mental health staff that reads:</p> <p data-bbox="240 1740 1461 1800">"Inmate @@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.</p> <p data-bbox="240 1830 1481 1960">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."</p> <p data-bbox="240 2047 1484 2141">Staff who completed risk screenings confirmed that the process was automated. During the onsite review the agency PREA coordinator and PREA compliance manager demonstrated the system to the auditor, including the auto generated emails. The auditor examined sample callouts for individuals who requested to meet with behavior health services.</p>

115.81 (c) This provision only applies to jails, Deer Ridge Correctional Institution is a state correctional facility.

115.81 (d) Policy 40.1.13 "Prison Rape Elimination Act," section III.D.1 (pg. 8) states, "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." During the interview with the agency PREA coordinator, she confirmed that the information going into the assessment was confidential and was limited through controls within the Offender Management System.

115.81 (e) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D (pg. 8) states 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." This disclosure is provided to the adults in custody through a "Health Services Information Disclosure" that each inmate signs. The statement reads, "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: danger to self or others; 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; escape plans or attempts; sexual abuse of or by another inmate." The auditor reviewed completed samples of these forms.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
- Health Services Section Policy #P-E-02
- BHS Clinical Practice MH-B-04 (Effective 06/23/2020)
- OAR 291-124 "Health Services-Health evaluation and Screening"

2. Interviews:

- Agency PREA Coordinator
- PREA Compliance Manager
- Staff who complete risk screenings

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.81

115.82	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.82 (a) The ODOC reports that inmates received timely, unimpeded access to emergency medical services. ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.H (pg. 11) provides the supporting direction and states, in part, "Medical: Medical access to services for victims of sexual abuse will be handled in accordance with Health Services policy on 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," This was confirmed with medical and mental health staff as part of the interview process. The auditor noted that policy citation references the previous numbering system for "Procedure in the Event of Sexual Abuse," which is now identified as P-F-06.1</p> <p>115.82 (b) P-F-06.1, "Procedure in the event of sexual abuse" (pg. 2) states, "If there is no mental health professional on site, the assessment will be conducted by a health services nurse, who will complete a suicide risk screening and consult with the on-call PMHNP." The OIC/PREA Allegations checklist requires immediate notifications to the Medical Services Manager and the BHS manager. First responders who were interviewed noted that these notifications are made by the Officers in Charge (OIC).</p> <p>115.82 (c) Procedure P-F-06.1 States, "Prophylactic treatment for sexually transmitted diseases, including HIV disease, will be offered to all victims. A referral will be made to the appropriate health care professional(s) for possible HIV testing and/or health counseling." This was confirmed during interviews with medical staff. Treatment and testing was reiterated in ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.H (pg. 11).</p> <p>115.82 (d) Procedure P-F-06 (pg. 2) states, "Treatment services shall be 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." Medical staff confirmed treatment would be provided at no cost to the victim.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li>• HS Policy and Procedure #P-F-06.1</li> <li>• Behavioral Health Services Clinical Practice MH-B-05 (effective 08/23/2019)</li> <li>• OIC Checklist</li> </ul> <p>2. Interviews:</p> <ul style="list-style-type: none"> <li>• Medical staff</li> <li>• Mental health staff</li> <li>• Security and non-security staff first responders</li> </ul> <p>Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.82</p>

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1461 465">115.83 (a) The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison. Treatment and mental health services are outlined in HS Policy P-F-06.1 "Procedure in the event of sexual abuse," (pg. 1) states, "Inmates who report or seek health care attention as a result of a sexual abuse during incarceration shall receive prompt attention for treatment and evidence gathering." During the onsite review medical and mental health staff were interviewed and confirmed that victims of sexual abuse receive treatment and crisis intervention.</p> <p data-bbox="240 555 1469 712">115.83 (b) HS Policy P-F-06.1 "Procedure in the event of sexual abuse," states, "The evaluation and treatment of such victims shall 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." During the onsite review medical and mental health staff were interviewed and confirmed services would include treatment plans, and referrals for continued care if transitioning to the community.</p> <p data-bbox="240 801 1453 864">115.83 (c) During the onsite review medical staff and mental health staff were interviewed. During the interviews the staff confirmed the level of care is consistent with the community level of care.</p> <p data-bbox="240 954 1302 981">115.83 (d-e) Provision (d) is not applicable noting that Deer Ridge Correctional Institution is a male facility.</p> <p data-bbox="240 1070 1453 1196">115.83 (f) HS Policy P-F-06.1 "Procedure in the event of sexual abuse" (pg. 2) states, "Prophylactic treatment for sexually transmitted diseases, including HIV disease, will be offered to all victims. A referral will be made to the appropriate health care professional(s) for possible HIV testing and/or health counseling." During interviews medical staff confirmed that inmates will be provided testing and treatment.</p> <p data-bbox="240 1285 1477 1375">115.83 (g) HS Policy P-F-06.1 (pg. 2) states, "Treatment services shall be 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." Medical staff confirmed treatment would be provided at no cost to the victim.</p> <p data-bbox="240 1464 1477 1621">115.83 (h) ODOC BHS Division Policy and Procedure #MH-E-03, Transfer Screening, section D (pg. 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." Mental health staff confirmed that an evaluation is completed within 60 days. The ODOC does not provide sex offender treatment.</p> <p data-bbox="240 1711 1026 1738">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 1827 1058 2114" style="list-style-type: none"> <li data-bbox="240 1827 1058 2002">1. Documents: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 1906 1058 2002" style="list-style-type: none"> <li data-bbox="280 1906 1058 1933">• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> <li data-bbox="280 1937 1058 1964">• HS Policy P-F-06.1 "Procedure in the event of sexual abuse" (06/2018)</li> <li data-bbox="280 1968 1058 1995">• BHS Policy #MH-E-03 "Transfer Screening"</li> </ul> </li> <li data-bbox="240 2085 379 2112">2. Interviews:</li> </ol>

- Medical Staff
- Mental Health Staff
- Adults in Custody who report sexual abuse

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.83

115.86	<b>Sexual abuse incident reviews</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

**115.86 (a-b)** The agency noted that, "When the PREA incident closes out the facilities PREA compliance manager receives an email notifying them that they need to complete an incident review." This is an automated notification that comes from the OMS. The agency provided screenshots to the auditor and demonstrated the system during the onsite review. The PREA compliance manager demonstrated that the system automatically sends a notification when the investigation is closed and requires the review to be completed within 30 days. The facility reported that 2 investigations were completed during the previous 12 months and both were completed after the 30 day window. The facility recognized the concerns related to timely completion of reviews and initiated corrective action planning ahead of the onsite review on June 8th, 2021. The facility plan includes completion of the in person reviews within 14 days of the close of the investigation so that it can be formalized and forwarded to the Superintendent for review and final local signature within the 30 day mark. As part of the review it was noted that following the local review, the Agency PREA Coordinator reviews all documentation and signs off on all Sexual Abuse after action reviews.

**115.86 (c)** The facility notes that the incident review team includes upper-level management officials and allows input from line supervisors, investigators and medical or mental health practitioners. The roster for the Incident review team includes the assistant superintendent, the PREA compliance manager, medical staff and mental health staff, sexual abuse liaison (SAL). The auditor reviewed samples of the incident review and noted that after the review is completed it is reviewed by the superintendent and then by the agency PREA coordinator.

**115.86 (d-e)** The auditor noted that the PCM guidelines and the auto-generated review form require consideration of, "The allegation or investigation indicated a need to review policy or practice to better prevent, detect, or respond to sexual abuse?" as well as, "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 (notify STM Coordinator); 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." The PCM is required to complete the report and secure the signatures of the superintendent and the agency PREA coordinator and in substantiated cases the institutions administrator.

Interviews with the incident review team confirmed that these actions took place during the review as well as a tour of the area if necessary. The PREA compliance manager was interviewed as part of this process and noted the requirement to complete incident reviews for both substantiated and unsubstantiated cases of sexual abuse. The superintendent also confirmed reviewing the findings of the incident review team and usually accepting the recommendations provided or documenting the reasons the actions are not accepted.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
  - PREA Compliance Manager guidelines
  - Incident Reviews
  - Investigation packets (indicating substantiated and unsubstantiated)
2. Interviews:
  - Superintendent
  - PREA Compliance Manager
  - Incident Review Teams

Based on a review of the Sexual Abuse Incident Reviews, noting that the reviews were not completed ordinarily within 30 days, corrective action is required.

Update 12/21/2021-

As indicated in provision a and b, the facility initiated corrective action to meet timeframes this action was initiated in writing on 06/28/2021 in advance of the onsite review. The agency reported on 12/21/2021 that there had been no substantiated or unsubstantiated cases of sexual abuse closed during this time frames. In absence of qualifying cases during the corrective action period, the agency provided a plan for a sustainable solution with more than 180 days opportunity for implementation and observation.

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.86.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.87 (a)/(c)</b> Policy 40.1.13 "Prison Rape Elimination Act," section III.J (pp.12-13) requires, "The Agency PREA coordinator shall be responsible to identify the specific data that must be collected and to work with the PREA compliance manager from each institution to assure data is submitted within the required timeframe." The policy also provides standardized definitions outlined in section II of this policy. Subsection f. of the policy mirrors the provision requirement in that, "The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice." The PREA coordinator indicated that she aggregates this data at least annually for the directors review, and then it is provided to the Department of Justice using the most recent SSV by the due date.</p> <p><b>115.87 (b)</b> The PREA coordinator indicated that she aggregates this data at least annually for the directors review, and then is provided to the Department of Justice using the most recent SSV by the due date. The policy also requires, "This data will be compiled into monthly and annual reports for submission to the director." The agency provided the documentation of the SSV summary information and Incident Forms (SSV-IA) for 2016, 2017, 2018 and 2019 for review by the auditor. These have been submitted to the Department of Justice in compliance with established procedures and timelines.</p> <p><b>115.87 (d)</b> The agency reports that they maintain, review and collect data as needed from all incident based documents. During the onsite review the agency PREA coordinator demonstrated the Offender Management System (OMS) to the auditor, noting all PREA-related information is maintained. This includes but is not limited to incident reports, investigation files, and sexual abuse incident reviews.</p> <p><b>115.87 (e)</b> The agency reports that ODOC does not contract with private facility for the confinement of its inmates, but if it did the PREA coordinator would collect aggregate data.</p> <p><b>115.87 (f)</b> The agency reported that they provided the requested data to the Department of Justice. The agency provided the documentation of the SSV summary information and Incident Forms (SSV-IA) for 2016, 2017, 2018 and 2019 for review by the auditor.</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li>1. Documents: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> <li>• Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)</li> </ul> </li> <li>2. Interviews: <ul style="list-style-type: none"> <li>• Agency Director/Designee</li> <li>• Agency PREA Coordinator</li> <li>• PREA Compliance Manager</li> </ul> </li> </ol> <p>Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.87</p>

115.88	<b>Data review for corrective action</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

**115.88 (a)** Policy 40.1.13 "Prison Rape Elimination Act," section III.J (pg.12) outlines the requirement for data collection by assigning the PREA coordinator to, "Compile 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 by: Identifying problem areas; taking corrective action on an ongoing basis; preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole." The agency PREA coordinator asserted that the agency collected this data and noted that it was provided to the auditor as well as available to the public on its website.

During the interview process the facility PREA compliance manager stated that they provide any information requested; however, the PREA coordinator has access through the OMS. The agency director/designee stated that they gather the data and used it to identify the problem areas, noting the use of the automated system to look for trends with a focus on improving sexual safety. In addition to the report on the website the agency provides a report to the legislature. The Agency Website is provided below:

<https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/statistics-and-reports.aspx>

**115.88 (b)** The auditor reviewed the reports for years 2013 through 2019, each report provided a comparison of data from previous years. Page five of the 2019 report provides comparison data for years: 2016, 2017, 2018 and 2019; breaking down the number substantiated, unsubstantiated and unfounded sexual abuse allegations as an agency and by individual facility. The auditor noted that the reports provide the information in easy to read graphs as well as the raw numbers.

**115.88 (c)** The auditor reviewed the recent reports from the website and noted that the 2016 report indicates approval by Colette S. Peters, Director. The 2019 report was approved by Director Colette Peters. During the interview with the agency director/designee, Inspector General Craig Pins was asked if he "Approves the reports written pursuant to 115.88?" He noted that either himself or Director Peters does, he noted that the Ms. Peters is Keenly interested. He noted that the reports are on the website. The website is provided in provision (a) of this standard.

**115.88 (d)** Policy 40.1.13 "Prison Rape Elimination Act," section III.J (pg.13) notes that, "Redacting specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, and indicating the nature of the material redacted." During an interview with the PREA coordinator, she stated all personally identifying information is redacted from annual reports prior to publication. She noted that documentation is maintained relative to the nature of the material redacted.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)

- Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- PREA Annual Report 2019
- PREA Annual Report 2018
- PREA Annual Report 2017
- PREA Annual Report 2016
- PREA Annual Report 2015
- PREA Annual Report 2014

2. Interviews:

- Agency Director/Designee
- Agency PREA Coordinator
- PREA Compliance Manager

Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.88.

115.89	<b>Data storage, publication, and destruction</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1481 465"><b>115.89 (a)</b> ODOC PREA data is physically retained through a lock and key. Digital data is maintained in a computerized database that is limited to staff with a need to know, the agency PREA coordinator controls the levels of access in the Offender Management System. As part of the pre-onsite phase the agency PREA coordinator was interviewed, and asked, “How does the agency ensure that data collected pursuant to 115.87 are securely retained?” The agency PREA coordinator indicated that based on need to know, she controlled the level of access to the OMS. During the onsite review, the Agency PREA coordinator demonstrated the restrictions to access within the system.</p> <p data-bbox="242 555 1481 647"><b>115.89 (b)</b> The auditor reviewed the public website, noting the information is available for years 2014 through 2019 and includes access to individual audit summary reports for each facility between 2014-2019. The information is available to the public on the agency’s website at:</p> <p data-bbox="242 734 925 797"><a href="https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/statistics-and-reports.aspx">https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/statistics-and-reports.aspx</a></p> <p data-bbox="242 884 1481 1010"><b>115.89 (c)</b> The auditor reviewed Annual Agency Reports from the agency website for calendar years 2014 through 2019 and noted that the reports provided no personal identifying information. During an interview with the agency PREA coordinator, she was asked, “What type of materials are typically redacted from the annual report?” She indicated that the agency does not include any personally identifying information.</p> <p data-bbox="242 1097 1481 1160"><b>115.89 (d)</b> The ODOC does not have a purge date and indicates that the information would be available for a minimum of ten years from the date of collection in compliance with the standard.</p> <p data-bbox="242 1305 1026 1335">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 1422 1058 1921" style="list-style-type: none"> <li data-bbox="242 1422 1058 1727">Documents: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 1503 1058 1727" style="list-style-type: none"> <li data-bbox="284 1503 1058 1532">• Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)</li> <li data-bbox="284 1536 579 1565">• PREA Annual Report 2019</li> <li data-bbox="284 1570 579 1599">• PREA Annual Report 2018</li> <li data-bbox="284 1603 579 1632">• PREA Annual Report 2017</li> <li data-bbox="284 1637 579 1666">• PREA Annual Report 2016</li> <li data-bbox="284 1671 579 1700">• PREA Annual Report 2015</li> <li data-bbox="284 1704 579 1733">• PREA Annual Report 2014</li> </ul> </li> <li data-bbox="242 1816 579 1921">Interviews: <ul data-bbox="284 1895 579 1921" style="list-style-type: none"> <li data-bbox="284 1895 579 1921">• Agency PREA Coordinator</li> </ul> </li> </ol> <p data-bbox="242 2009 1481 2072">Based on the auditor’s observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.89.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 434">115.401 (a-b) The Auditor reviewed documentation regarding the facility and agency audit cycle, noting that Deer Ridge Correctional Institution was completed in the previous three year cycle. The agency operates 14 facilities. Due to COVID-19 audits were delayed, however ODOC had initiated action to complete all audits within appropriate timeframes. It was noted that Deer Ridge Correctional Institution was scheduled to be completed in October 2020. Due to COVID-19 the onsite portion of the audit was delayed but completed in July 2021, meeting the 2020-2021 timeframes for this cycle.</p> <p data-bbox="229 434 1509 591">115.401 (h-i) The audit team was provided unrestricted access to the all areas of the facility including housing units, administration, and control rooms. Documentation for each standard, was provided by the facility and agency, the auditor was able to review additional documentation and request supplemental supporting documentation, the facility provided each document accordingly.</p> <p data-bbox="229 591 1509 815">115.401 (m-n) The auditor and team were afforded opportunity to conduct private and confidential interviews with inmates. The auditor received documentation that the audit notices were posted prior to arrival, the audit notices were placed in multiple areas throughout the facility. The notices stated that letters to the auditor would be treated as confidential. Prior to the audit, the auditor received three letters from two adults in custody at Deer Ridge Corrections Center, all letters were treated like legal mail and none appeared to be opened or tampered with. The auditor received no letters from staff or visitors.</p> <p data-bbox="229 815 1509 920">Based on the auditor's observation, review of documentation, and interviews, the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.401.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Oregon Department of Corrections posts all Final PREA audit reports to its public website at <a href="http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx">http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx</a>.</p> <p>Presently there are 25 Audit Reports including the report from the previous audit conducted at Deer Ridge Correctional Institution final report completed April 2018.</p> <p>Based on the auditor's observation, review of documentation the Deer Ridge Correctional Institution is in full compliance with all elements of standard 115.403.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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.)	yes

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</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).)	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).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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).)	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).)	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).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies 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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</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
	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
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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 receive 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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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 or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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?	no

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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
	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

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
	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

<b>115.43 (b)</b>	<b>Protective Custody</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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</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
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	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
	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
	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
	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
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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
	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

<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit 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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</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

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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 inmate 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
	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
	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
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, 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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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? (N/A if the facility is not a jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes