

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

Interim       Final

Date of Report    03/13/2019

### Auditor Information

Name:    Jeneva M. Cotton

Email:    jmcotton@doc1.wa.gov

Company Name:    WA State Department of Corrections

Mailing Address:    191 Constantine Way

City, State, Zip:    Aberdeen, WA 98520

Telephone:    360-537-1856 / 360-986-6820

Date of Facility Visit:    10 / 08 – 11 / 2018

### Agency Information

Name of Agency:

Oregon Department of Corrections

Governing Authority or Parent Agency (If Applicable):

State of Oregon, Governor's Office

Physical Address:    2575 Center Street NE

City, State, Zip:    Salem, OR 97301

Mailing Address:    Click or tap here to enter text.

City, State, Zip:    Click or tap here to enter text.

Telephone:    503-945-9090

Is Agency accredited by any organization?     Yes     No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission:    Working together for safe communities

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

### Agency Chief Executive Officer

Name:    Colette Peters

Title:    Director

Email:    colette.s.peters@doc.state.or.us

Telephone:    503-945-0927

### Agency-Wide PREA Coordinator

Name:    Ericka Sage

Title:    Agency PREA Coordinator

Email:    ericka.r.sage@doc.state.or.us

Telephone:    503-947-9950

PREA Coordinator Reports to: Assistant Inspector General	Number of Compliance Managers who report to the PREA Coordinator 13
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### Facility Information

**Name of Facility:** Eastern Oregon Correctional Institution

**Physical Address:** 2500 Westgate, Pendleton, Oregon 97801

**Mailing Address (if different than above):** [Click or tap here to enter text.](#)

**Telephone Number:** 541-276-0700

**The Facility Is:**  Military  Private for profit  Private not for profit

Municipal  County  State  Federal

**Facility Type:**  Jail  Prison

**Facility Mission:** Same as agency: Working together for safe communities

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

### Warden/Superintendent

**Name:** Sue Washburn **Title:** Superintendent

**Email:** sue.k.washburn@doc.state.or.us **Telephone:** 541-278-3601 [Click or tap here to enter text.](#)

### Facility PREA Compliance Manager

**Name:** Jason Walker **Title:** Captain

**Email:** jason.m.walker@doc.state.or.us **Telephone:** 541-276-0700

### Facility Health Service Administrator

**Name:** Dorothy Wettlaufer **Title:** Medical Services Administrator

**Email:** Dorothy.a.wettlaufer@doc.state.or.us **Telephone:** 541-922-0700

### Facility Characteristics

**Designated Facility Capacity:** 1767 **Current Population of Facility:** 1679

**Number of inmates admitted to facility during the past 12 months** 579

**Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** 579

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		579	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		800	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 19+	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		13.37 Years	
Facility security level/inmate custody levels:		Medium	
Number of staff currently employed by the facility who may have contact with inmates:		432	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		48	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		4	
<b>Physical Plant</b>			
Number of Buildings: 22		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		8	
Number of Segregation Cells (Administrative and Disciplinary):		144	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>462 cameras located throughout institution. There are 429 cameras inside and 33 cameras outside of the secure perimeter, to include in housing units, yards, perimeter fences, work and program areas, health services and hallways. Cameras include both digital and analog, with DVR retention of 60 days minimum. Currently in process of replacing older cameras with new cameras with ability to pan/tilt/zoom. Control center is located just past visitation check in, where all recording and monitoring equipment is located. Some cameras for areas such as Infirmary and Disciplinary Segregation Unit may be viewed by staff on-site for safety.</p>			
<b>Medical</b>			
Type of Medical Facility:		24/7 nursing on site; ability to house up to 8 patients in low-level infirmary	
Forensic sexual assault medical exams are conducted at:		St. Anthony Hospital – Pendleton, OR and Good Shepherd Medical Center – Hermiston, OR	
<b>Other</b>			

<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	163/58
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	20

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

### Audit Team Information

Jeneva Cotton, a U.S. Department of Justice (USDOJ) Probationary Certified PREA Auditor for adult facilities conducted the Prison Rape Elimination Act (PREA) onsite audit of the Eastern Oregon Correctional Institution (EOCI) from 10/08-11/2018. EOCl is operated by the Oregon Department of Corrections (ODOC). Prior to the onsite portion of the audit, on 09/28/2018, Ms. Cotton sent a letter to who had been listed as the EOCl Superintendent (Brigitte Amsberry) regarding her Auditor Probationary Status, as well as the process of the audit completion based on that status and associated timeframes. Ms. Cotton did not receive a response from Ms. Amsberry. However, upon arrival to the facility on 10/08/2018, Ms. Cotton and her team were notified that Richard McGraw was the Acting Superintendent and had been since approximately 09/01/2018. On 12/03/2018, Ms. Cotton was notified that effective 12/10/2018, which was after submission of the EOCl Interim Report, Sue Washburn would be the Superintendent of EOCl.

The audit was conducted as part of the Western States PREA Audits Consortium agreement. The Consortium participates in reciprocal audits and currently includes the Departments of Corrections from Oregon, Washington, California, Hawaii, Nevada, Montana, and New Mexico. The Lead Auditor was assisted by Washington State Department of Corrections (WADOC) employees acting as support staff: Lori Scamahorn (Washington State Penitentiary), Theresa Cohn (Monroe Correctional Complex – a former DOJ Certified Auditor), David Flynn (Cedar Creek Corrections Center), and Jason Bennett (Olympic Corrections Center – currently in Field Training Program as part of DOJ Certified Auditor process). During the course of the audit, Ms. Cotton conducted the documentation review, informal interviews with random staff and inmates, formal interviews with random and specialized staff, and authored this report. She also reviewed the most recent EOCl PREA Audit Report from 06/02/2016. All other team members conducted formal and informal interviews with random and specialized staff and inmates. Ms. Cotton and the support staff, hereinafter referred to as the Audit Team, conducted the site review together.

### Phase I: Pre-Onsite Audit

Notice of audit was sent to the EOCl PREA Compliance Manager (PCM), Captain Jason Walker, via email on 08/20/2018 to be posted in every housing unit, facility access, and other areas where staff and inmates congregate. The PCM verified via date-stamped photos sent via email on 08/22/2018 that the audit notice was posted through the facility in a timely manner. The audit notice read as follows:

*The Eastern Oregon Correctional Institution will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for Prisons and Jail standards during the following period: October 8 – 12, 2018. Any person with information*

*relevant to this compliance audit may confidentially\* correspond with the auditors via the following address:*

*Jeneva Cotton – PREA  
WDOC  
Stafford Creek Corrections Center  
191 Constantine Way  
Aberdeen, WA 98520*

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

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

In conversations with the ODOC PREA Coordinator, it was noted that inmates in Oregon are not able to send mail without putting their own personal information on the envelope in the return address section. However, she did verify that mailroom staff at all facilities have been instructed to treat mail to PREA Auditors as Legal Mail, which means the mail is to be unopened and uninspected. Mail sent to the Lead Auditor from an inmate at EOCI had not been opened prior to delivery upon inspection.

While on site, the Audit Team observed the audit notice that was printed on yellow paper posted in various locations throughout the facility, to include all inmate housing units, receiving and discharge, public access areas and outside of the visitation room, ensuring that EOCI staff, inmates and visitors had the opportunity to contact the Auditor.

The Auditor received proof documents via flash drive from the ODOC PREA Coordinator on 09/14/2018. The flash drive contained relevant documentation pertaining to the PREA standards and the audit. This included, but was not limited to, the pre-audit questionnaire (PAQ), agency policies, facility procedures, memorandums of understanding and contracts, inmate posters, brochures and handbooks, compliance memorandums for each standard from the agency PREA Coordinator, and training documentation. Documentation also included samples of various reports, risk screenings and investigations. Initial review allowed for increased familiarity with ODOC policies and assisted the Auditor in preparing for the on-site documentation review as noted below.

In addition, prior to the onsite review, the Auditor exchanged numerous emails with the EOCI PCM and the ODOC PREA Coordinator as they related to follow up questions and concerns regarding the received documentation. Answers were received in a timely manner, and further clarification was provided on-site as well. As noted above, the Auditor also reviewed the EOCI PREA Audit Report from their first, which was also their most recent, PREA Audit dated 06/02/2016, the ODOC public website and related PREA information, the ODOC Annual PREA Report from 2017 and the ODOC 2016 Annual Assessment and Survey of Sexual Victimization. Prior to arrival, the Auditor conducted telephone interviews with the ODOC PREA Coordinator, ODOC Director Designees and the Contract Administrator.

A telephonic interview was held with staff at Good Shepherd Medical Center in Hermiston, OR on 10/03/2018 who confirmed there are eight SAFE/SANE nurses on-call and available 24 hours a day,

seven days a week to provide forensic examinations as needed. A telephonic interview was also held with staff at St. Anthony's Hospital in Pendleton, OR who confirmed they have SANE/SAFE staff available as well; however, if a SAFE/SANE is unavailable to respond, the alternate location for a forensic examination by a SAFE/SANE is Good Shepherd Medical Center in Hermiston.

A telephonic interview was held with the Executive Director of Domestic Violence Services (DVS), the local agency providing victim advocacy support services. She indicated that although her agency does not track the number of calls or services provided to EOCl, she estimated they "probably get about 25 calls a year. Sometimes they call for other things, but once in a while they do want advocacy services, which we do provide." She confirmed services were provided via mail, confidential phone calls and sometimes in person. An email was sent to Just Detention International (JDI) to ascertain about any complaints of sexual abuse or sexual harassment from EOCl inmates or community members. JDI responded via email on 11/19/2018 that there have been no reports of such complaints received at JDI.

### **Phase II: Onsite Audit**

On Monday, 10/08/2018, the Audit Team arrived at EOCl at 0800. The PCM and the ODOC PREA Coordinator met the Team in the Administration Building outside of the secure perimeter of the facility. Upon arrival, the Audit Team was provided with rosters of all staff available at the facility for the four days of the onsite audit, indicating post and shift hours. In addition, rosters were received indicating which individuals filled each specialized staff position. A roster was received detailing all inmates housed at the facility on the first day of the onsite audit. The Auditor also requested full lists of all inmates meeting targeted interview criteria and were provided with such. These lists included inmates with both physical and cognitive disabilities, those with Limited English Proficiency (LEP), Lesbian/Gay/Bisexual/Transgender/Intersex (LGBTI) inmates, inmates who had reported a sexual abuse allegation, and inmates who had reported sexual victimization during a PREA risk screening. The requests for inmate lists for youthful inmates and inmates in segregated housing for risk of sexual victimization were not fulfilled as EOCl had no inmates meeting that criteria. This was also verified by reviewing full inmate rosters (no inmates under the age of 18) and reasons for housing in the Disciplinary Segregation Unit (DSU) - none noted for imminent risk of sexual victimization. Therefore, additional targeted inmate interviews in other categories were conducted.

All rosters noted above were used to select the staff and inmates to participate in random and specialized interviews throughout the onsite portion.

At 0830, an initial meet and greet was held in the second-floor conference room, attended by members of the facility executive and management teams along with the ODOC PREA Coordinator and Audit Team members. In attendance were the following:

- R. McGraw, Acting Superintendent
- D. Pedro, Assistant Superintendent of Security
- L. Emory, Food Service Manager
- B. Collins, Assistant Food Service Manager
- M. Ventura, Statewide ADA Coordinator
- K. West, Oregon Corrections Enterprises
- N. Large, Maintenance Supervisor
- M. Cleveland, Physical Plant Manager
- T. Burchard, Tool and Key Sergeant
- A. Neistadt, HR Manager
- B. Kubesh, Behavioral Health Services Manager

- E. Sage, ODOC PREA Coordinator
- A. Rasmussen, PREA Compliance Captain
- J. Walker, Captain and PCM
- L. Scamahorn, Audit Team
- T. Cohn, Audit Team
- D. Flynn, Audit Team
- J. Bennett, Audit Team
- J. Cotton, Lead Auditor

During this meet and greet, the Audit Team introduced themselves and the Auditor explained the entirety of the PREA Audit process, namely pre-onsite, onsite (including agenda), and post-onsite phases. Also discussed were the modified timeframes for reports due to the Auditor's Probationary Status. The Auditor also answered questions from the facility administration.

Following the meet and greet, and prior to entering the secure perimeter of the facility, the Public Access staff member verified the identification of all team members and provided each with a red visitor's badge. The tour began with the reception area where visitors are processed. There was no reading from EOCL staff of the Visit Form which is typically used for all facility visitors stating the agency and facility's zero-tolerance policy regarding PREA.

The tour proceeded to the Administration Area, E Unit, F Unit, G Unit, Receiving and Discharge (R&D), the Disciplinary Segregation Unit (DSU), H Unit, East Gate, Clothing Room, Inmate Work Programs areas, Carpentry Shop, Plumbing Shop, OCE Prison Blues Factory, Physical Plant Buildings, Shakedown Area, East Yard, Multipurpose Area, C Unit, B Unit, A Unit, Laundry and Dining areas. Housing units will be discussed in further detail below under Facility Characteristics.

While touring these areas, the Audit Team paid particular attention to the camera placements, lines of sight, potential blind areas, doorbell system (in housing units), and privacy for inmates in these specified areas. The Team also paid attention to areas that could potentially be isolated for staff and inmates, noticed placement of PREA and Advocacy posters (in both English and Spanish), as well as audit notice postings in all housing units. The tour ended with Medical, Dental, Canteen, the "tunnels", Visit Room and Storage (Attic) Area in Administration. The Auditor also toured the Control Center at the entrance to the secure perimeter. The Audit Team conducted informal discussions with staff and inmates encountered while touring. The tour was led by Captain Walker (PCM), Sgt. Burchard (Key Control Sergeant), Maintenance Supervisor Nick Large, and Ericka Sage, ODOC PREA Coordinator.

During the facility tour, the Audit Team discussed areas that could possibly be blind spots and other physical plant issues to be addressed. The staff were extremely responsive and immediately took action or developed plans to address the identified issues. Maintenance Supervisor Large provided photos of work completed while the Audit Team was onsite, and the Auditor verified the work in person in many areas. The remaining items unable to be completed while the Audit Team was onsite were placed onto work orders, as follows:

- Cameras in Infirmary and DSU cells need to be modified to not show an inmate using the toilet on video monitor – Verified completed with photos on 01/15/2019
- Ordered doors/partitions for recreation yard toilet areas – Verified completed with photos on 12/26/2018
- Ordered large half-moon style mirror for blind area in Oregon Corrections Enterprises (OCE) work area – Verified completed with photos on 01/15/2019

During the corrective action period, all of the modifications noted above were completed, with the PCM sending the Lead Auditor photographic verification of the work completed.

Additionally, recommendations were made that did not rise to the level of non-compliance, but would likely provide a safer environment:

- Remove blinds in office areas where inmates have access – As of the date of this report, blinds remain in certain executive level offices, but the facility administration has agreed to keep the blinds raised other than when dealing with sensitive personnel issues with staff only.

Physical plant modifications and additions completed while the Audit Team was onsite included the following:

- Mirrors added in several work areas
- Signage added to restroom doors to indicate use by staff only
- Locks changed to require key access
- Some shower doors expanded to restrict viewing of inmates
- Curtains removed for viewing ability into blind areas
- Removable screen added to medical area in DSU for privacy in medical examinations
- Windows frosted in Disciplinary Hearing area (blinds removed)

Following the facility tour, Audit Team members began interviews with random and specialized staff and inmates and the Lead Auditor began documentation review. Inmate interviews were conducted in a private area regularly used by the PCM for interviews. Staff interviews were held both on worksite locations as well as near the PCM's main office, all in private areas. Random staff and inmates were selected to ensure equitable representation from all shifts, housing units, and programming / operational areas of the facility. For the random staff, interviews were selected first by selecting an adequate number to represent each shift, then to ensure a multitude of housing units were represented. Random staff were equally chosen for a fair and adequate representation of both security and non-security staff. For non-security staff, the Auditor chose representation from classification, food services, physical plant, health services, and clerical support staff. For random inmate interviews, at least one inmate was chosen from each housing unit to include specialized units noted below, as well as those working in areas to include physical plant, OCE, and food services. Random inmates were chosen to represent all identified ethnic categories (Caucasian, Black, Hispanic, Asian/Pacific Islander, and Native American) as well as ages ranging from 21 to 69.

Interviews conducted were as follows:

The total of staff interviews conducted: 50 (Out of 432 staff, 163 volunteers, and 58 contractors)

- Agency Head/Designee = 1
- PREA Coordinator = 1
- Agency Contract Administrator = 1
- Superintendent = 1
- PREA Compliance Manager = 1
- Administrative (HR) Staff = 1
- Contractors = 2
- Supervisors who conduct rounds = 3

- Medical and Mental Health staff = 1 Medical staff and 1 Mental Health staff
- Non-medical staff who conduct searches = 2
- SAFE/SANE = 2
- Victim advocate = 1
- Investigators = 2
- Staff who conduct screenings = 1
- Staff who supervise inmates in segregation = 2
- Staff who participate in incident reviews = 1
- Staff responsible for monitoring for retaliation = 1
- Staff who serve as first responders = 3
- Intake staff = 1
- Volunteers = 1
- Random staff = 20

The number of inmates housed at EOCI on the first day of the onsite review was 1680. A total of 43 inmate interviews were conducted:

- Youthful inmates (NOTE – the facility currently houses none) = 0 – Confirmed via inmate rosters, ODOC policies, and random interviews
- Physically disabled / blind / deaf / hard of hearing = 2 (of 10)
- LEP inmates = 2 (of 10)
- Cognitively disabled inmates = 1 (of 1)
- LGB = 3 (of 12)
- Transgender / intersex inmates = 4 (of 7)
- Inmates in segregation for high risk of victimization (NOTE – the facility has had no applicable inmates in the last 12 months) = 0 – Confirmed via DSU rosters and interviews with staff who supervise segregated housing and PCM
- Inmates who reported sexual abuse = 4 (of 8)
- Inmates who reported sexual abuse during an assessment = 4 (of 8)
- Random inmates = 22
- Inmate who wrote to Auditor prior to onsite audit = 1

The Auditor received letters from one EOCI inmate prior to the onsite audit, addressed as instructed on the audit notice. The letter was received unopened. While onsite, the Auditor met with the inmate that had written a letter. The inmate wanted to discuss his closed case, and did indicate that for the most part, he felt as though staff treated him with respect and confidentiality during the investigation process. His initial allegation was reported as staff sexual misconduct and was determined to be unfounded.

During random and targeted interviews, inmates confirmed understanding about the facility's rules against sexual abuse and sexual harassment as well as information about their rights to not be sexually harassed or abused and how to report. Every interviewed inmate was able to detail several different ways to report PREA allegations to include via third party. However, inmates were also consistent regarding not believing they could truly make an anonymous report, as even to call the PREA Hotline established through the Oregon Inspector General's Office, the inmates must enter their inmate personal identification number (IPIN) twice to connect the call. They are able to state they want to remain anonymous, but due to being required to enter their IPIN number, those interviewed stated they felt ODOC could easily find out who made the reporting calls.

It should be noted that an Audit Team member asked an inmate to input his IPIN so she could test the reporting system to the Inspector General's Office via the PREA Hotline. The ODOC PREA Coordinator did receive an email notification regarding the call and forwarded it to the Auditor; the email notification did include the inmate's IPIN and name. However, when the same Audit Team member utilized another inmate's IPIN number in another unit and called the same PREA Hotline and left a message that she was calling as part of the audit but wanted to make an anonymous report, the email notification that was received by the ODOC PREA Coordinator and forwarded to the Auditor did not include the name or IPIN of the inmate. This confirmed that an inmate could utilize his IPIN to make an anonymous report and his information would not be shared. Additionally, a test of the victim advocacy support line via Domestic Violence Services was also conducted from an inmate telephone. All tests were successful.

As noted, an IPIN is required for all outgoing calls. ODOC has been working with the agency's contracted inmate telephone vendor to modify the system to allow calls to the PREA hotline and victim advocates to be IPIN free.

All interviewed inmates stated that female staff use the doorbell system prior to entering housing units on a consistent basis, as this is a male facility. They also stated they are not seen by staff of the opposite gender while they are using the toilet, changing clothes or showering. Inmates also reported shower stalls in multiple units that had extended shower doors that allow for transgender inmates to shower without having their upper bodies open to exposure.

One housing unit, G2 (which is informally called "the Old Segregation") has older bar-style cells with open visibility into each of the cells. While the toilet is at a 45-degree angle facing the front of the cell, inmates are not visible changing or utilizing the restroom from the dayroom area. Cross-gender staff make their announcement via the doorbell system approximately 10 seconds prior to entering the tier, which allows time for inmates to cover themselves if needed while using the toilet or changing their clothing.

Audit Team members observed a risk screening occurring in the Receiving and Discharge area. This consisted of members observing a security staff asking an inmate who had just transferred to EOC1 questions from a computer screen regarding items such as past victimization or abuse and their own perceptions about their safety at EOC1. The security staff entered the responses into the computer. When interviewed, the intake staff verified that information entered into the risk assessment on the computer system generates referrals to Mental Health staff (when indicated) as well as to housing staff, the PCM and PREA Coordinator.

Team members observed grievance forms in all living areas, along with a locked box for them to be placed into. Informal interviews with both inmates and staff in those areas confirmed that there are always grievance forms available and that PREA allegations can be made on grievances, to include anonymously. Staff in the housing units verified that inmates do not have to ask for grievance forms, and that if an inmate were to hand them a grievance form with a PREA allegation, they would immediately notify the Officer-in-Charge (OIC) to report the allegation, as required in ODOC policy. The Audit Team did not test this process for reporting.

Audit Team members utilized both the telephonic Language Line for LEP offenders and Insight, a video American Sign Language (ASL) interpreting site ran by Language Line to conduct interviews with inmates. In both instances, team members were able to successfully complete their interviews without interruption.

During the tour, Audit Team members witnessed cross-gender staff utilizing the doorbell system on a consistent basis, and interviewed inmates confirmed this was “normal.” They also verified they are very aware of what the doorbell means, as all ODOC facilities utilize the same practice to identify cross-gender staff coming into the housing unit and have been doing so for several years now.

Upon initial onsite documentation review, the Auditor noticed several discrepancies between the PAQ and documentation provided onsite. The Auditor requested to see all PREA allegations and related investigations from the documentation period, as well as a list of all inmates screened for risk of sexual abuse victimization and/or predation during the same time frame and was provided all documents. The Auditor also requested and received a list of all grievances submitted initially as PREA as well as outcomes. Documentation review consisted of reviewing additional information from what was provided during the pre-onsite phase. From the investigations, the Auditor randomly chose to review complete files for all categories of both inmate and staff sexual abuse and sexual harassment, as well as at least one from each finding (unfounded, unsubstantiated, substantiated, as well as a case pending local law enforcement investigation). There were 12 total investigations reviewed. For the risk screenings, the Auditor randomly chose 20 inmates to review their casefiles, which included their intake date, PREA education dates, risk screening completion dates and any necessary follow up appointments for both initial and follow up assessments (mental health referrals, etc). Of these 20 files chosen at random, four inmates were interviewed to verify information presented in casefiles. For the grievance files, the Auditor reviewed a list of all 25 submitted PREA-related grievances, and randomly chose 10 to review the entire grievance packet to ensure the final report was issued within timeframes and that ODOCs policy was followed. All were completed and responded to within timeframes.

The Lead Auditor also reviewed detailed video schematics for EOCI's 462 facility cameras and cross-referenced the schematics with notes from the onsite tour. Additionally, the Lead Auditor toured the EOCI Control Center, where all security doors and camera monitoring and recording systems are operationalized.

During the period of 08/01/2017 – 07/31/2018, there were 52 total allegations received (including a duplicate report that was not investigated separately), resulting in 51 total investigations as follows: 37 allegations of inmate on inmate sexual harassment, with 5 substantiated findings, 28 unsubstantiated findings, and 1 unfounded finding. There were 3 allegations of staff sexual harassment, of which 2 were unsubstantiated and 1 was unfounded. There were 2 allegations of staff sexual misconduct, with both being unfounded. There were 4 allegations of nonconsensual sexual acts, with 1 unsubstantiated finding, 2 unfounded findings, and 1 case currently pending investigation by the Oregon State Police (OSP). There were 6 allegations of abusive sexual contact with 5 unfounded cases and one pending investigation. As noted, only one case (for a nonconsensual sexual act which resulted in a forensic examination by SAFE/SANE staff) was referred for criminal investigation by OSP, and that case is ongoing. During the documentation period, no cases were referred for prosecution.

Agency Policy 40.1.13 (09/01/16), section I.A. (page 1) requires that, “The department will immediately respond to, investigate, and support the prosecution of sexual abuse and sexual harassment in Oregon’s prisons, both internally and externally in partnership with law enforcement and county prosecutors.” Additionally, Agency Policy 70.1.4 (05/01/14), *Investigations*, section I (page 1) outlines the criteria for determining the appropriate investigative body to conduct an investigation based on the nature of the complaint/allegation; to establish how investigations are conducted and to ensure that employees assigned to investigative functions utilize approved investigative techniques in accordance with ODOC policies, procedures and rules and state and federal law. Internal Sexual Assault Response Team (SART) and Special Investigations Unit (SIU) investigations complete administrative

investigations with SART members completing those with inmate on inmate allegations, and SIU investigators completing those non-criminal investigations alleging staff of misconduct. Once it appears there may be a criminal element, the case is immediately referred to the OSP who will complete the criminal investigation prior to SIU completing the administrative investigation.

Throughout the onsite review, staff were observed moving around the facility as well as engaging in positive interactions with both inmates and other staff.

The Audit Team concluded the onsite portion of the audit on 10/11/2018 and conducted an out brief that was attended by:

- R. McGraw, Acting Superintendent
- D. Pedro, Assistant Superintendent of Security
- M. Ventura, Statewide ADA Coordinator
- K. West, Oregon Corrections Enterprises
- N. Large, Maintenance Supervisor
- T. Burchard, Tool and Key Sergeant
- A. Neistadt, HR Manager
- B. Kubesh, Behavioral Health Services Manager
- J. Garton, ESS2 (unknown title)
- R. Miles, Executive Support
- W. Terpening, Executive Support
- E. Snow, Nurse Manager
- K. Hogeland, Sexual Assault Liaison (SAL)
- J. Carey, Lieutenant
- T. Stewart, Captain
- R. Conley, Health Services Manager
- B. Rabb, Captain
- E. Sage, ODOC PREA Coordinator
- A. Rasmussen, PREA Compliance Captain
- J. Walker, Captain and PCM
- L. Scamahorn, Audit Team
- T. Cohn, Audit Team
- D. Flynn, Audit Team
- J. Bennett, Audit Team
- J. Cotton, Lead Auditor

### **Phase III: Evidence Review**

After the onsite portion of the audit, the Auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails, the Site Review Checklist and the Checklist of Documentation as guides to determine compliance with each standard. The Auditor utilized information from the PAQ as provided from EOCI prior to the audit, information and practices observed from the onsite review, documents collected and reviewed while onsite, and lastly, information obtained from both the staff and inmate interviews to complete the review and determination of compliance.

At the completion of all phases noted above, the Lead Auditor confirms that EOCI meets all PREA standards requirements, and exceeds the requirements in two standards.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

Eastern Oregon Correctional Institution (EOCI) is a medium custody male facility located in Pendleton, Oregon, sitting on 53 acres (23 of which are inside the secure perimeter). EOCl had originally been a state mental hospital, with most of the buildings dating back to 1912, until converting to a prison and receiving its first ODOC inmate in 1985. The designated facility capacity is 1767, and the count on the first day of the onsite audit was 1680. During the audit documentation period (08/01/2017 – 07/31/2018), the average daily population was 1686.

There are 19 distinct general population housing units, which consist of a combination of dormitory style units, multiple-celled units, and two single-celled units (including the Disciplinary Segregation Unit [DSU]). There is also an Infirmary with eight beds, and capacity for 108 Emergency Beds if needed. The facility is made up of 22 buildings which includes three buildings outside the secure perimeter (the Administration building and two maintenance buildings).

There are 462 cameras located throughout EOCl, which was verified via video schematics provided to the Lead Auditor onsite. The cameras are located both inside (429) and outside (33) the secure perimeter of the facility to include in all housing units, yards, perimeter fences, all work and program areas, health services, food service areas and hallways. The video monitoring system consists of both analog and digital cameras, with current video retention of 60 days for all. Video monitoring is limited to those with access to the Control Center, DSU Housing Staff, and for monitoring inmates on suicide watch in the Infirmary. During the corrective action period, cameras in the DSU and Infirmary areas were updated so that the monitors show a "whited out" area on the screen to cover toilet and shower areas as needed.

EOCl is split into an East and West section of the complex, with no notable difference other than designation of type of housing unit (dorms versus cells). All housed here are considered medium custody. Each building that houses inmates (within "units") is four-stories with outside stairwells utilized by both inmates and staff. One of the unit buildings has a multipurpose area that is considered an inside recreation area with weights and exercise equipment on the first floor that is open to all inmates for use in the evenings. There is also a separate gymnasium and music room area. Some programming occurs on different floors in some of the buildings that also house inmates, to include Pathfinders and chemical dependency, while other programming occurs in a separate building. Both East and West sides of the facility have outside recreation yards and program areas.

As noted above, EOCl was formerly a mental health hospital setting, so EOCl administration has been creative in finding ways to best utilize the space for housing and programming. As noted below, all inmates housed at EOCl are medium custody, and housing occurs in both dormitory style units and multiple celled units, as well as one single-celled unit and DSU. Because these inmates are all medium custody, those that have jobs are all assigned to work within the perimeter of the facility. Outside maintenance crews and custodial workers for the outside administration areas are all minimum custody

inmates that are transported each day from Two Rivers Correctional Institution (TRCI), which is approximately 45 minutes away from EOCI.

EOCI maintains the following medium units within the secure perimeter:

- Multiple occupancy celled units (A1, A2, A4, B1, B2, B3, B4, C1, G2, H, 1/2 of DSU – 45 double cells)
- Single occupancy celled units (G2, 1/2 of DSU – 54 single cells)
- Open bay / dormitory housing units (E2, E3, E4, F2, F3, F4, G3, G4)
- Infirmary that provides nursing staff onsite 24 hours/7 days a week with 8 beds

The Inmate Kitchen was well covered with staff presence and video monitoring, to include the freezer areas. Both inmates and staff work in the inmate kitchen and bakery areas. During the facility tour, Audit Team members observed inmates eating and working in the Kitchen and Dining areas.

EOCI contracts with Blue Mountain Community College to provide education services at the institution. Approximately 1,000 inmates have received either a GED certificate or an adult high school diploma since the education program began in 1986.

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

- Behavioral Health Services: Mental Health case management, group and individual counseling, and crisis intervention
- Religious Services: Faith-based Anger Management, Making Peace With Your Past, Search for Significance and the Purpose Driven Life
- Work Programs: Food service, Clerical, Janitorial, Carpentry, Welding, HVAC and Maintenance
- The Creative Arts program started in March 2001 and includes wood working and cast iron projects. The program is completely self-funded
- Blue Mountain Community College – Provision of educational services (ABE and GED test preparation) and college credit programming
- Life skills and cognitive change programs – Cognitive Behavior Treatment Program, Pathfinders, Toastmasters, Anger Management
- New Directions Program
- Art Inside Out
- Certified Hospice Care Giver Program
- Chronic Disease Self-Management Program
- Certification Programs – HVAC – LME Certification, SAE Automotive Certification, Plant Journeyman Electrical Licensing Program
- OSE Programs: Garment Factory, Laundry and Embroidery
  - EOCI is the state's only facility where the internationally-recognized "Prison Blues" line of blue denim clothing is manufactured. The garment factory is one of two prison industries programs operating at the facility. The prison's commercial laundry cleans clothing and other items for EOCI and Snake River Correctional Institution, in addition to Pendleton's local high school, the city's fire department, the Pendleton Convention Center, and Krusteaz Flour Mill.
- Joys of Living Assistance Dog Program
- Self-Help Programs – Alcoholics Anonymous, Narcotics Anonymous

163 volunteers provide services to inmates at EOCl, to include AA/NA, religious services, and non-violent communication skills. The facility maintains the services of 58 contractors throughout a number of areas.

The average length of stay at the complex is 13.37 years. The age of inmates at EOCl is 19+. While the Audit Team was onsite, the age range at EOCl was 19 – 84 years of age. The facility houses no youthful offenders.

The facility has no findings of inadequacy from an internal or external oversight body, regarding PREA or any other known issues.

The facility currently employs 432 total staff, consisting of 292 security staff and 140 “security plus” (non-security) staff. Its primary organizational structure consists of a Superintendent, three Assistant Superintendents (Security, Correctional Rehabilitation, and General Services) and six Captains. Security staff hold the ranks of Lieutenant, Sergeant, Corporal, or Correctional Officer. Additionally, there are a variety of operational support positions throughout the facility’s organizational structure. These include, but are not limited to, medical, mental health, counselors, records, food services, physical plant, clerical support, and administration. There are 53 medical staff at EOCl which include both medical staff and Behavioral Health Services (BHS) mental health staff.

One of the facility’s Captains, reporting to the Assistant Superintendent of Security, has been designated as the PREA Compliance Manager. His regular duties consist of being the facility’s Operations Captain.

The American Federation of State, County, and Municipal Employees (AFSCME) represent officers, corporals and sergeants. Security Plus staff, to include counselors, health services, kitchen services, etc. are also represented by AFSCME as well, under a separate contract. EOCl is the only ODOC facility where staff bid on posts, rather than bidding shift and days off.

All forensic medical examinations are performed by SAFE/SANE staff at St. Anthony’s Hospital in Pendleton, OR with a secondary location of Good Shepherd Medical Center in Hermiston, OR. Advocacy support services are provided by Domestic Violence Services in Pendleton, Oregon.

## Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 2

115.17 – Based on the extensive and coordinated background investigations conducted, ODOC and EOCI have exceeded the requirements of this standard

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

**Number of Standards Met:** 41

Prevention Planning: 115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.18

Responsive Planning: 115.21; 115.22

Training and Education: 115.31; 115.32; 115.34, 115.35

Screening for Risk of Sexual Victimization and Abusiveness: 115.41; 115.42; 115.43

Reporting: 115.51; 115.52; 115.53; 115.54

Official Response Following an Inmate Report: 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68

Investigations: 115.71; 115.72; 115.73

Discipline: 115.76; 115.77; 115.78

Medical and Mental Care: 115.81; 115.82; 115.83

Data Collection and Review: 115.86; 115.87; 115.88; 115.89

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

115.13 – The EOCI staffing plan was completed with all required final signatures on 01/10/2019. The signed staffing plan was provided to the Lead Auditor as proof documentation by the ODOC PREA Coordinator on 01/10/2019 via email.

115.15 – The PCM provided proof documentation of completion of both projects noted below in the form of photographs:

- Cameras in Infirmary (3) and DSU cells (22) have been replaced and the viewing monitors have a “whited out” area that covers toilet and shower areas, as applicable - Verified with photographs on 01/15/2019
- Doors have been installed for each recreation yard toilet to provide privacy for an inmate using the toilet – Verified with photographs on 12/26/2018

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.11(a): Agency Policy 40.1.13 (09/01/16), *Prison Rape Elimination Act*, section I. details ODOC's zero tolerance policy toward all forms of sexual abuse and harassment. The policy encompasses the agency's approach to prevention, detection and responding to PREA-related incidents (sections III. Prevention, IV. Training and Education, VI. Reporting and VII. Official Response). PREA training provided to both staff and inmates also details the agency's zero tolerance toward sexual abuse and sexual harassment in all forms, outlining actions to prevent, detect and respond to allegation of sexual abuse. During the onsite visit to the facility, staff interviewed were aware of the agency's zero tolerance policy and were familiar with other policy specifications. Interviewed inmates were also aware of the zero tolerance policy and indicated that it was "even on the signs" [PREA posters].

115.11(b): Agency Policy 40.1.13 (09/01/16), section II.A. requires the identification of an agency PREA Coordinator who is "...responsible for the development, implementation, and oversight of the department's compliance with the PREA standards in all the department's facilities." The agency's identified PREA Coordinator, Ericka Sage, reports to the Assistant Inspector General / Programs Services Unit, who reports to the Inspector General. The agency organizational chart (10/20/16) and the organizational chart for the Inspector General (09/2017) and the PREA Coordinator position description (08/01/13) were reviewed and the PREA Coordinator was interviewed.

The PREA Coordinator has joint supervision of 13 PREA Compliance Managers (PCMs) throughout the agency. These individuals hold other positions and perform PREA-related duties as collateral responsibilities, reporting to the PREA Coordinator in all matters related to PREA implementation. The PREA Coordinator indicated that she has a great deal of support in all the institutions and with agency administration. She maintains close contact with each of the PCMs throughout the state and provides in-person training at the facility site when new PCMs are appointed. She detailed collaborative actions involving stakeholders at all levels within the agency when an issue regarding compliance is discovered. The PREA Coordinator has been able to secure various grants, some of which were used to establish positions, such as the recently created PREA Compliance Captain that assists with both internal and external PREA audits and compliance. The PREA Coordinator also has backup at ODOC Central Office to ensure daily duties continue in her absence and has also received support and assistance from the PCMs and Sexual Abuse Liaisons (SALs) in each facility in areas such as audits, training development, and special projects.

115.11(c): Agency Policy 40.1.13 (09/01/16), section II.F. also requires designation of a facility-level PCM as a "management staff person designated by the institution functional unit manager, with sufficient time and authority to coordinate the facility's efforts to comply with the federal PREA

standards.” This is a collateral duty with his role as Operations Captain; however, facility leadership has made PREA a priority, allowing the PCM the time needed to perform PREA-related responsibilities.

The facility organization chart was reviewed and the PCM is identified as one of six Captains, reporting to the Assistant Superintendent of Security. There are also an Assistant Superintendent of General Services and an Assistant Superintendent of Correctional Rehabilitation. In an interview, the PCM (Captain Walker) reported that he enjoys working in his role as PCM. He said he feels supported by facility management and is able to do what is necessary to ensure sexual safety at EOIC. He indicated that the Offender Management System (OMS) helps him manage PREA-related documentation and check dates. The PCM reported that the Superintendent has made compliance with PREA standards a priority. The PCM reported that when he encounters an issue complying with a PREA standard, he talks to the PREA Coordinator. He added that he walks around a lot, visually identifying issues and talking through the issues with staff. He also meets with all incoming inmates through the Admission and Orientation sessions to discuss the zero tolerance policy and to educate about PREA.

Interviews with random facility staff indicated a thorough knowledge of PCM responsibilities and actions. All staff spoke very highly of the PCM, indicating they knew they could always go to him with questions, for information, and to review processes.

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

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

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

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

#### **115.12 (a)**

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

#### **115.12 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

115.12(a): Contract 5059 with Lane County was signed 02/24/15. Section 6.11 (page 8) of the contract includes the requirement of the county jail to be compliant with PREA standards. Section 7.8 (page 9) details monitoring requirements to be conducted by ODOC. A review of a Department of Justice (DOJ) PREA Audit Report dated 10/11/2016 indicated that Lane County Community Corrections Center was determined to be 100% compliant with PREA standards. The facility's final Audit Report is posted to the agency's public website at [http://www.lanecounty.org/UserFiles/Servers/Server\\_3585797/File/Government/County%20Departments/Sheriff%20Office/Corrections%20Division/2016%20PREA%20AUDIT%20-%20Main%20Jail%20Facility.pdf](http://www.lanecounty.org/UserFiles/Servers/Server_3585797/File/Government/County%20Departments/Sheriff%20Office/Corrections%20Division/2016%20PREA%20AUDIT%20-%20Main%20Jail%20Facility.pdf).

Contract 4712 with Grant County includes Amendment #1 in which section 2.1 (page 1) requires compliance with PREA standards along with monitoring requirements. This amendment was signed 05/14/14 and is in effect for 10 years from the date of execution. A review of the DOJ PREA audit report dated 08/29/17 indicated that the Grant County Correctional Facility was determined to be 100% compliant with PREA standards. This is a very small facility (41 beds) and they are in the process of creating a new website. However, their most recent PREA audit report is posted to their interim public website at <https://www.grantcountyrfp.com/>.

Contract 5405 with Jackson County was recently extended via Amendment #3 signed on 05/18/2018 and is currently in effect until 06/30/19. The contract requires the Jackson County Transition Center to be compliant with PREA standards in Section 7.11 (page 25). Also included is the requirement to provide information concerning compliance with PREA standards upon request to ODOC, to include the provision of all PREA Audit Reports. The contract requires notification to the ODOC PREA Coordinator when there is any allegation of sexual abuse and sexual harassment along with written reports for all administrative or criminal investigations resulting from allegations in which an ODOC inmate is the alleged victim or alleged perpetrator within 30 days after the conclusion of the investigation. A review of a Department of Justice (DOJ) PREA audit report dated 04/23/2017 indicated that Jackson County Transition Center was determined to be 100% compliant with PREA standards. The agency's PREA

policy, annual report, reporting information and Department of Justice Audit Report are maintained on their public website (<http://jacksoncountyor.org/community-justice/Transition-Center/Prison-Rape-Elimination-Act>).

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

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

In an interview with the PREA Coordinator, she stated she reviews all contracts with the agency Contract Administrator on a yearly basis. She also maintains contact with each contracted facility to review their own PREA audits and any corrective actions. The agency Contract Administrator also confirmed via interview that each contract is independently reviewed on a regular basis. Additionally, all current contracts for associated facilities were reviewed and confirmed PREA language and requirements in each.

Documentation provided for this standard: Contracts with and PREA Audit Reports for identified counties, ODOC PREA monitoring report template.

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

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

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

determining the need for video monitoring?  Yes  No

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

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.13(a): Agency Policy 40.1.13 (09/01/16), section III.B (page 4) requires that, "Security staffing standards and deployment of video monitoring systems or technology shall be assessed for adjustments by the PREA Compliance Managers for facilities affected and communicate to Agency PREA Coordinator." Agency Policy 40.2.1, *Staff Deployment System*, details the requirements for

development, monitoring and evaluation of staffing plans, requiring the evaluation of posts "...at least annually by management staff in consultation with the PREA Coordinator to assess, determine, and document whether adjustments are needed to the established staffing plans and ensure facilities have the resources available to commit to ensure adherence to the staffing plan. Posts shall be evaluated also for continuous need, abolishment, combination with other posts, change of classification, change of category designation, reduction or increase in the number of shifts staffed daily, the number of days staffed, or continuance without modification." (Section III.G.4, page 5). The policy also provides for temporary staffing plan revisions when the institution's emergency response plan is implemented.

Interviews with the PREA Coordinator and PCM confirmed a thorough understanding of all the elements included in a staffing plan as well as policy-required review requirements and processes. The PCM spoke to the composition of the inmate population, assignment and placement of supervisory staff, programs occurring on each shift and PREA allegations and investigations throughout the facility. The PREA Coordinator verified the annual staff review considers any findings of inadequacy from any agency or body, applicable laws and regulations as well PREA allegations and investigations throughout the facility.

Auditors were also provided with schematics showing current camera locations. EOCI has 462 cameras located throughout the institution both inside and outside to include yards, housing units, perimeter fences, work and program areas, health services and appendages. EOCI is wrapping up a major modification of its entire camera / video system, adding approximately 200 cameras in the last year, according to the Acting Superintendent. Old and outdated cameras have also been replaced, which has resulted in a much longer retention system for storage (DVR for 60 days) and much better-quality images. The PCM verified that placement of cameras is reviewed routinely when incident reviews are completed. Auditors reviewed video monitoring from the main control access point for the facility and found all cameras to be functional and clear. According to the PREA Coordinator and the PCM interviews, the upgrade to the camera system was a result of extremely old and outdated equipment as well as internal vulnerability assessments, wherein several blind spots were identified and camera visibility was poor at best in many locations.

115.13(b): Agency Policy 40.1.13 (09/01/16) requires any deviations from the minimum staffing requirements be reported in exceptions to the rule reports to the appropriate manager at the facility. In 2016, ODOC contracted with the Association of State Correctional Administrators (ASCA) to review staffing in all ODOC facilities with a special emphasis on PREA. As a result of that staffing review, ODOC submitted a population package for additional staff. During the 2016 legislative session, ODOC was awarded 33 additional correctional officer positions, which were distributed as recommended by ASCA. These positions were allocated to all major facilities with identified deficits.

Interviews with the Acting Superintendent as well as the PCM confirmed that ODOC would close a non-essential post only in the event of an emergency, (e.g., a medical trip to cover the transport) instead of falling below minimum staffing levels. All related information is tracked in the Institutional Staffing Deployment System (ISDS). The tour and the Acting Superintendent confirmed that staff are deployed in the most critical and vulnerable areas of the facility. There were no documented variations from the staffing plan; and both the Acting Superintendent and PCM denied any variations during the documentation period. The PCM was aware of the process to document any post-closures and was able to relay the process in a step-by-step manner.

115.13(c): The PREA Coordinator sent the Auditor a memorandum prior to the onsite audit indicating her participation in EOCI's annual staffing plan review. The memorandum indicated:

*As part of our annual staffing review in coordination with internal PREA audits, I was able to tour Two Rivers Correctional Institution, Warner Creek Correctional Facility, South Fork Forrest Camp, Eastern Oregon Correctional Institution and Mill Creek Correctional Facility. As part of that tour and review, in coordination with facility management staff, I 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. A camera mapping plan has also been created and future needs to camera systems prioritized and documented. Operational practices were reviewed and adjusted to maximize visibility in each location when needed. A number of security mirrors were installed and current cameras have been adjusted to maximize visibility in some locations. Doors were either locked, or removed to minimize the opportunity for sexual abuse in those areas. Post orders were changed to include frequent checks of areas that have lower visibility.*

Documentation provided to the Auditor during the pre-onsite audit phase reflected the last staffing analysis had occurred in July 2017. The Acting Superintendent confirmed via his interview that he was unsure if one had been completed for 2018. The PCM did confirm that EOCI had not yet completed its yearly staffing plan review and update due to changes in leadership at EOCI, and they were awaiting a permanent appointment of a Superintendent. However, the PCM and PREA Coordinator provided documentation via emails showing that analysis conversations had been occurring in the interim. On 01/10/2019, the PREA Coordinator sent the signed, finalized EOCI staffing plan to the Lead Auditor.

115.13(d): Agency Policy 40.1.13 (09/01/16), section III.C (page 4) requires that supervisors conduct unannounced rounds to deter sexual abuse and sexual harassment and prohibits staff alert each other about rounds that are occurring. Interviews conducted with intermediate and higher-level facility staff confirmed that unannounced rounds are continuously conducted in all areas of the facility. Supervisors interviewed indicated that they varied the course and times of rounds to ensure that staff were not alerted to these rounds. This was verified by conducting a review of log examples provided with their documentation as well as onsite log book reviews. Informal interviews with staff in housing units also verified that they are not sure when a supervisor will be coming through the unit during their shift, “but they always do.” There is a section of the unit daily log book in the upper corner for supervisors to sign and notate the time they were in the housing unit. Review of these logs showed a variance in times on each shift. Auditors reviewed unit logs for each shift for random dates while onsite. This did appear to be a common practice, on all shifts.

Documentation provided for this standard: Agency Policy 40.1.13, examples of EOCI Daily Rosters, EOCI video monitoring schematics, examples of unit post logs showing unannounced rounds, and the signed/finalized EOCI staffing plan.

Based on this information, EOCI is in full compliance with all elements of standard 115.13.

## **Standard 115.14: Youthful inmates**

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

### **115.14 (a)**

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

#### 115.14 (b)

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

EOCI does not house youthful offenders and, as such, is compliant with the requirements of this standard. In the 2017 legislative session, HB2251 passed and clearly states, "...under no circumstances may a person under 18 years of age be incarcerated in a Department of Corrections institution." EOCI population reports for the last 12 months were also reviewed. There is no category in the reports for youthful offenders housed in this facility.

Interviews with the agency PREA Coordinator and EOCI Acting Superintendent, as well as a review of inmate rosters, confirmed that the facility does not house youthful offenders.

Documentation provided for this standard: HB2251 and facility population reports.

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

## Standard 115.15: Limits to cross-gender viewing and searches

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.15(a): Oregon Administrative Rule (OAR) 291-041-005 defines the different types of searches of inmates that are permitted. OAR 291-041-0020, section 7 requires that skin searches (also known as strip searches) will be conducted by the same gender as the inmate unless there is an emergency. Except in emergencies, inmates undergoing skin searches will be removed to a private area for the search.

EOCI's PAQ did indicate that there was one cross-gender strip or cross-gender visual body cavity search of an inmate within the past 12 months. However, when asked about this, the PCM said this was a typing error, and that there were zero of these searches at EOCI. He provided strip search logs indicating no cross-gender strip or visual body cavity search had been completed. The PREA Coordinator and Acting Superintendent also verified there had been no known cross-gender strip or cross-gender visual body cavity searches at EOCI during the previous year.

115.15(b): EOCI houses no female inmates, as confirmed by population reports provided. As such, EOCI did not have any instances in which male staff conducted pat searches of female inmates.

115.15(c): OAR 291.041-020 indicates the requirement to document all strip searches, as follows: "The facility shall document all strip searches to include cross-gender and cross-gender visual body cavity searches." Knowledge of search requirements and an understanding of what urgent circumstances would require a cross-gender strip or body cavity search were confirmed via random interviews with staff conducted during the onsite portion of the audit. When asked when it would be appropriate to conduct a cross-gender strip or visual body cavity search, random security staff said they would not ever complete this task, but would instead take the inmate to medical if there was an emergent need for this to occur.

OAR 291-210-0030 specifically refers to *Transgender and Intersex (Inmates)* and states, "Unclothed searches are performed by appropriate security staff on each inmate upon the inmate's delivery to the facility. Ordinarily, a security staff member of the same gender as the inmate will be assigned to conduct the unclothed search. When an inmate identifies or presents as transgender or intersex during intake, staff shall ask the inmate to identify whether they prefer that male or female staff conduct the unclothed search. If an inmate who has not previously been identified as transgender or intersex during intake processing later identifies or presents as transgender or intersex during the conduct of an unclothed search, staff will immediately cease conducting the search and ask the inmate the gender of security staff they prefer to conduct the unclothed search. Staff will accommodate the inmate's stated preference."

The PREA Coordinator reported that a transgender inmate's preference is reviewed by a multi-disciplinary team out of the ODOC Central Office. Those approved for the alternative skin/strip searches are notified that such accommodations would be granted when possible but would be ultimately based on the availability of staff. The inmate's preference is also recorded in the OMS, with preference information emailed to OIC's and SART members, and any questions are referred to the PCM. The PCM verified in his interview that if he ever had questions or concerns about the accommodations put into place, he would make contact with the PREA Coordinator for guidance and/or clarification.

115.15(d): Agency Policy 40.1.13 (09/01/16), section III.D (page 4) requires that, "Each institution shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks." Two specific areas of concern were addressed and rectified during the corrective action period.

In housing units, toilets have partitions and doors allowing for privacy, as do the shower stalls. Some of the shower stalls did have a small gap in the closure, which maintenance staff were able to fix to remove the gap with the Audit Team onsite and provided photos as documentation for the repair. Random inmates interviewed stated they have ample privacy in their housing units, and that staff in general do not see them using the restroom, showering or changing clothing. Interviews with

transgender inmates also reflected they felt they had ample privacy in the general housing units to shower, use the toilet and change their clothing. No other areas of concern were noted regarding the ability of staff to view inmates.

Policy 40.1.13 (09/01/16), Section III.E (page 4) requires that, "Opposite gender staff shall announce themselves prior to entering an inmate housing unit by the method approved by the agency." ODOC utilizes a doorbell system to announce opposite gender staff and visitors when entering a housing unit. This system has been in place since 2014 and procedural direction was provided in an email dated 06/11/14 to all agency employees by the Assistant Director of Operations. This email was sent to all ODOC facilities and quoted PREA standard 115.15(d), informing staff that ODOC would be using doorbells to make opposite gender staff announcements, "any time the status quo of the gender supervision on a housing unit changes from exclusive same gender, to mixed or opposite gender supervision" and that this applied to all staff.

Use of the doorbell system was observed during the facility onsite review in every housing unit. In each unit, upon entering the foyer / dayroom area, the opposite gender staff presses a doorbell right next to the entryway that provides a standard doorbell sound inside the living unit in a tone loud enough to be heard inside and outside of both cells and restrooms, and throughout the entire wings for the dormitory style units. Interviews with both random staff and inmates confirmed that both were aware of what the doorbell meant, and that it was used frequently. Inmates say that all ODOC facilities use the same doorbell system, and they are trained on what it means during their PREA orientation education upon intake. The Lead Auditor received and reviewed the PREA orientation education materials during the pre-onsite phase as they were provided as proof documentation. The materials provided were the EOCI A&O (Admissions and Orientation) PowerPoint curriculum that is presented and the PREA video. The curriculum contains information about PREA, zero tolerance, how to protect yourself from becoming a victim, multiple reporting methods, actions not to engage in to preserve evidence, and support services available from DVS including contact via telephone by dialing 711. Audit Team members were able to observe an A&O in session as well which included watching a PREA video.

115.15(e): OAR 291-041-0020, sections 7 b and c, direct that transgender inmates will not be searched or physically examined for the sole purpose of determining inmate's genital status. The rule also requires that, "If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Interviews conducted with both random staff as well as medical staff confirmed staff knowledge with this prohibition. Transgender inmates interviewed also confirmed that they have not been searched inappropriately while at EOCI.

115.15(f): Agency Policy 40.1.13 (09/01/16), section IV.A.2 (page 5) requires that, "The department shall train staff responsible for the supervision of inmates in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." Training curriculum for all ODOC staff (DOC – ATCOM – LGBTI Communication and Searches v2015) was also reviewed and contained elements such as descriptions of terms unique to the LGBTI population, effective verbal and non-verbal communication skills, and a video and discussion about proper pat search methods. Pat search training was launched in new employee orientation in 2014 and is also provided to all current staff as a part of annual in-service training. An additional training entitled *Cross-Gender, Transgender, and Intersex Inmates – How to Conduct Cross-Gender Pat-Down Searches and Searches of Transgender and intersex Inmates (06/23/15)* was deployed. Training records reviewed onsite confirmed that all current EOCI custody staff have completed the required training. Random staff

interviews also confirmed understanding of how to complete cross-gender pat down searches and searches of transgender and/or intersex inmates.

Documentation provided for this standard: OARs 291-041-005, 291-041-0020, and 291-210-0030, Policy 40.1.13, facility population reports, training curriculum and EOCl training rosters.

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

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.16(a): Agency Policy 40.1.13 (09/01/16), section IV.B.5 (page 6) requires the provision of inmate education that complies with all standard requirements. Policy 40.2.11 (05/15/12), *Effective Communication for Deaf/Hearing Impaired Inmates* (entire policy) outlines policy and procedures to ensure that deaf and hearing-impaired inmates are afforded access to necessary hearing assessments and to auxiliary aids/services when required to permit these inmates to communicate effectively with others in accessing and participating in department programs, services, and activities.

Facilities use Insight, a video ASL interpreting site ran by Language Line for staff to communicate with deaf inmates and the PREA educational video is close captioned so deaf inmates are able to effectively receive PREA-related information. Blind and low vision inmates are able hear the PREA video, allowing them the provision of information regarding access to all aspects of the PREA program. Disabled inmates interviewed indicated that they were provided information about sexual abuse and harassment in a manner they were able to understand. Audit Team members were able to utilize the Insight tool to conduct interviews with deaf inmates with ease, and inmates were familiar with the system.

The facility PCM works with the facility American Disabilities Act (ADA) Coordinator, medical and mental health practitioners, and institution counselors on an individual inmate basis to ensure that those with intellectual, psychiatric and speech disabilities also understand all aspects of the PREA program. Targeted inmates interviewed stated there were able to receive their PREA orientations without assistive services, but knew how to request them if needed. Additionally, the statewide ADA Coordinator was at EOIC during the onsite phase of the audit and verified resources available for inmates with special needs due to disabilities.

115.16(b): ODOC primarily uses interpreters through the Department of Human Services (<http://www.oregon.gov/DHS/BUSINESS-SERVICES/ODHHS/Pages/ECS.aspx>) to provide information and facilitate participation in reporting and investigatory processes for Limited English Proficient (LEP) inmates. Staff interpreters may also be used, as needed and available, with interpretation services provided by staff who receive a differential for these services and who must pass an examination to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. PREA posters are also provided in Spanish, which is the most common second language in Oregon. Inmates confirmed that appropriate interpreters were provided as needed. During staff interviews, Audit Team members asked if an inmate required services, did the staff member know where they would go or who to contact. Staff confirmed understanding of policy and procedures, and knowledge of the services available for assistance with LEP and disabled inmates. Staff were also able to coordinate the interpretation services when requested by Audit Team members.

115.16(c): Agency Policy 40.1.13 (09/01/16), section VI.A.7 (page 8) prohibits the use of inmate interpreters "...except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties or the investigation of the inmate's allegations." EOIC indicated they have experienced no incidents that necessitated the use of an inmate interpreter during the audit period. During interviews with staff and LEP inmates during the onsite portion of the audit, Audit Team members confirmed that no inmates were used to interpret for LEP inmates regarding any issue related to PREA, medical, disciplinary, or any other confidential matter. All staff interviewed understood that if an inmate needed interpreter services that were not available by certified staff, the Language Line contractor service would be accessed. During the onsite review, auditors interviewed targeted inmates utilizing the Language Line service as well as via Insight, and all were completed successfully.

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

Documentation provided for this standard: Agency Policy 40.1.13, Agency Policy 40.2.11, brochure and quick reference guide for use of Language Line as well as Insight, posters and brochures for inmates, and a listing of certified staff interpreters.

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

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

**115.17 (b)**

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

**115.17 (c)**

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

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

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

**115.17 (g)**

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

## 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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115.17.(a): Agency Policy 20.4.2 (07/08/14), *Applicants for DOC Positions with Prior Criminal Convictions*, section III.B (page 2), details the automatic disqualification from employment for individuals who have, "Any conviction for sexual abuse in a prison, jail, secure community placement, or juvenile facility; Any conviction for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or, in the absence of a conviction, any civil or administrative finding that the applicant attempted to engage in any activity described in..." activities detailed previously.

115.17(b): Agency Policy 20.4.2, section III.B (page 2), also requires that "... allegations of sexual abuse or sexual harassment incidents will be used in determining whether to hire or promote a candidate." In an interview with the EOCI HR Manager, she said that they will take a "strong look at all the information available. Due to the Corrections platform, we need to make sure it's a safe fit, so we'll look at any charges, the severity, and how long ago."

115.17(c-d)ODOC Agency Rule, Division 16, 291-016-0030, *Facility Access*, section 9 (page 4), requires that all persons entering the facility will be required to provide sufficient information for the functional unit to review criminal history and background. Disclosure requirements are not limited to any time period and applicants are required to disclose all convictions. Policy also mandates that criminal history checks are performed on all contractors and volunteers. Agency Policy 100.1.1 (01/01/15), *Non-Employee Service Provider (Carded and Non-Carded)*, section III.E (page 2), details background check requirements for all contractors, volunteers and interns. Documents reviewed show that no new contractor services were initiated within the past 12 months.

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

115.17(e): Agency Policy 40.1.13 (09/01/16), section XIV (page 13), requires criminal background checks to be completed every five years for permanent and temporary employees, contractors, volunteers and interns. The EOCI HR Manager indicated specialized staff who are certified to utilize the Law Enforcement Data System (LEDS) and Oregon Judicial Information Network (OJIN) systems conduct all required background checks. She also stated all regular re-checks of criminal backgrounds are completed at the employee’s annual performance evaluation, and that these checks are also done annually for security staff in advance of weapons qualifications. She said that additional LEDS checks could be run if an employee was being considered for a promotional opportunity. A roster of all EOCI staff was provided that showed the most recent completion of criminal background checks for staff and contractors, and all were within the most recent 24 months, demonstrating compliance with the five-year requirements. This was also confirmed in the interview with the EOCI HR Manager.

115.17(f): ODOC imposes upon employees a continuing affirmative duty to disclose misconduct through the code of conduct and code of ethics that is signed annually. Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination. Agency Policy 20.1.3 (07/01/15), *Code of Conduct*, section III.B.5 (page 2), requires all employees to report “...to the proper authority, any illegal acts, acts that would pose an immediate threat to the safety, security and welfare of staff and inmates, violations of post orders, rules, regulations, policies and procedures.” The same policy (section III.C.3, page 5) states, “Employees shall not become emotionally, romantically, or sexually involved with inmates/offenders, or allow an inmate/offender to engage in any behavior of a sexual nature with another inmate/offender.”

Staff are required to sign a Code of Ethics form, acknowledging compliance with the code of conduct policy. This form states in part, “I will be honest and truthful. I will be exemplary in obeying the law, following the regulations of the department, and reporting dishonest or unethical conduct.” Agency Policy 20.1.3, section III.A (page 1), indicates that “Failure by employees to follow this policy may result in appropriate disciplinary action, up to and including dismissal.” An interview with the EOCI HR Manager confirmed that all employees are trained to this policy and required to comply with it, mandating reports of any applicable incident to their direct supervisor or the Superintendent within 3 to 5 days.

115:17(h): Agency Policy 20.4.5 (07/08/14), *Recruitment and Selection Process*, section III.D (page 3), addresses reference and background checks and requires the completion of the Employer Questionnaire by all applicable prior employers. This questionnaire includes standard related questions about conduct along with a definition of institutional employer. All institutional employers are contacted and asked about information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse.

Agency Policy 20.5.13, section II.B.6 (page 1) requires that supervisors “provide all factual information, whether positive or negative” regarding employment references for former and current employees.

Applicable supervisors are required to provide applicable PREA-related information, including substantiated allegations of sexual abuse and/or harassment when requested by a potential employer of a current or former agency employee. The EOCI HR Manager indicated that when a request regarding a former employee was received from a potential employer, she would notified the ODOC PREA Coordinator who would inform her of the information requested, and she would then provide to the potential employer. She also confirmed that a release of information is not required as it's within their power to give provide the information.

During the last 12 months, EOCI hired 26 staff who may have contact with inmates. Confirmation of the completion of required documents relative to sexual misconduct reporting, criminal background checks, and institutional employer verification was received from the agency Recruitment Office. Per information received from the Central Recruitment Office, LEDS representatives complete checks and then let the functional manager know if the check came back clear. If the check does not clear, it is then reviewed by designated manager. The Recruitment Office verified that background checks were conducted on the new hires. The Lead Auditor received a list of all EOCI employees and randomly selected 10 each of both custody and non-custody staff to review their HR files to confirm background investigations were completed in a timely manner, which they were.

All standard requirements regarding hiring and promotional decisions were confirmed in interviews with the EOCI HR Manager and the PCM.

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

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

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.18(a): Agency Policy 40.1.13 (09/01/16), sections III. G and H (page 4), details standard requirements regarding new facilities, substantial expansions and modifications, and installation or expansion of monitoring systems. ODOC has not acquired any new facilities since the last PREA audit conducted at EOCl (final report dated 06/02/2016). The agency's last facility expansion was completed in 2006 and there are no current plans for expansion. There are no known substantial modifications of existing facilities at EOCl.

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

115.18(b): Auditors received schematics showing all the camera locations throughout the facility, as well as all out-buildings used for physical plant, maintenance, and storage areas. The interview with the Agency Head designees also confirmed that installation or updating of any monitoring technology is a collaborative effort involving Facilities and Operations, identifying areas of concern and looking at available technologies to address. If budgetary constraints limit the introduction of new technology or equipment, revisions to operations and procedures are implemented to mitigate identified risk. EOCl is currently finishing a major revamp of their camera and video monitoring systems throughout the facility. Nearly all cameras have been replaced, with exceptions as noted in the Facility Characteristics portion of this report. There is a work order currently in place to finish the camera installation, which was shown to the Auditor while onsite.

Documentation provided for this standard: Agency Policy 40.1.13, email correspondence, work order documents, camera mapping documents, and building schematics.

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

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.21(a-b): Agency Policy 70.1.3 (05/01/14), *Criminal and Administrative Evidence Handling* (entire policy), and the Officer in Charge (OIC) PREA Checklist details the agency's uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol has been adapted from the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." Interviews with random staff demonstrate a thorough understanding of evidence control processes. Random staff interviewed for formally and informally also were able to demonstrate knowledge that administrative PREA investigations are conducted by specified members of the Sexual Abuse Response Team (SART).

115.21(c): Agency Policy 40.1.13 (09/01/16), section X.A (page 11), and Health Services Policy and Procedure P-B-05 (06/13), *Procedure in the Event of Sexual Abuse* (page 1 – 2) require that victims of sexual abuse have access to forensic medical examinations at designated hospitals, without financial cost, where evidentiary or medically appropriate. The procedure also requires that examinations are conducted by SAFE/SANE nurses or by qualified medical personnel if a SAFE/SANE is not available. Each facility under the jurisdiction of ODOC has access to a hospital with 24-hour SAFE/SANE coverage, either on shift or on an on-call basis. If for some extenuating reason a SAFE/SANE was not available when needed (e.g., a facility located in a more rural area of the state), the inmate would be transported to a facility where a SAFE/SANE was available. An interview with SAFE/SANE staff from St. Anthony's Hospital in Pendleton, OR confirmed that forensic medical examinations for EOCI inmates are conducted at this facility and that SAFE/SANE staff are required to be available to conduct these exams. If for some reason a SAFE/SANE was not available at St. Anthony's Hospital, EOCI also contract with Good Shepherd Medical Center in Hermiston, OR to provide forensic examinations if needed. Medical staff interviewed also confirmed that forensic examinations are conducted at the contracted hospitals and not by any EOCI or ODOC staff.

There was one allegation during the audit documentation period that required a forensic medical examination. The inmate was taken to St. Anthony's Hospital where the exam was completed by a SAFE/SANE. SAFE/SANE kit contents were then submitted to the OSP for testing. The Auditor reviewed the case file in its entirety. The case is currently still under investigation by the OSP. However, case notes indicate that a sexual assault victim advocate was provided for the alleged victim at the hospital, and that upon return from the hospital, the inmate was housed in the Infirmary for observation and follow up. The Auditor reviewed documentation to include response, advocacy access and investigation.

115.21(d-e): EOCI maintains a Memorandum of Understanding (MOU) with Domestic Violence Services (DVS), last updated and signed on 10/26/2017, with no expiration date to provide advocacy to inmates housed at both EOCI and Two Rivers Correctional Institution (TRCI) in Umatilla, OR. The MOU states, in part:

"DVS will:

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

A brochure for inmates entitled *Sexual Abuse Advocacy* (04/16) details how to connect with an advocate by dialing 711, as well as clear information about what an advocate's role is and is not. The brochure also indicates communication and confidentiality requirements. This brochure is available in both English and Spanish. Information regarding advocacy support services is also shared with inmates in the facility's inmate monthly newsletter, *EOCI's The Newsletter*. Auditors reviewed editions from August 2018 and September 2018; both included information about advocacy support services and processes for access. Also provided was the Community-Based PREA Advocate (Support) Program information sheet for inmates detailing the advocate's role, how to contact the agency by dialing 711 on any inmate telephone, and telephone and address information for the advocacy organization partnered with the facility. Auditors were also provided with a listing of all PREA advocate contact information (dated 06/27/2017). Interviews with random inmates verified that the inmates were aware of what "711" meant and who they would be speaking with if that number was dialed. In an interview with the DVS Executive Director, she confirmed that DVS does get advocacy requests from EOIC, although they do not document the number of calls.

During the onsite review and interviews with staff and inmates, auditors confirmed the availability of brochures as well as knowledge of available advocacy services. Staff also knew how to find additional brochures if they were to run out. Interviews also provided information that, regarding investigatory interviews, staff ask the inmate if he wants the advocate present, which is in compliance with statewide processes. However, in particularly egregious cases, the advocate would be contacted in advance and would be available to the victim during any interview. Local advocacy processes were also confirmed in an interview with the PCM and DVS Executive Director.

115.21(f-g): Policies allow for criminal investigations to be conducted by OSP and Office of Inspector General's Special Investigations Unit (SIU), which is part of ODOC. Interviews with the PCM and the Acting Superintendent confirmed that investigations into allegations that may be criminal are referred first to the OSP and that if State Police investigatory resources are not currently available, the investigation would then be conducted by SIU investigators. Interviewed investigators also confirmed this information and knowledge.

Auditors were provided with *ODOC Investigatory Interview (State Police and ODOC) Advocacy Notification* (10/06/16), detailing how arrangements are made to meet with inmates and provide

advocacy services. OSP officials have agreed to this procedure. The PREA Coordinator also provided investigators of the State Police with PREA training, ensuring a comprehensive knowledge of PREA standards and investigatory requirements. Auditors were provided with several examples of criminal investigations conducted by the OSP, to include one that is still active.

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

Documentation provided for this standard: Agency Policy 40.1.13, Agency Policy 70.1.3, OIC PREA Checklist, Health Services Policy and Procedure P-B-05, PREA Advocacy Contact Information – Department of Corrections Institutions and Community Sexual Assault Advocacy Organizations, Documentation of the completion of a forensic medical examination, MOU with Domestic Violence Services, PREA Sexual Assault Forensic Exam Advocacy, advocacy brochures for inmates, investigation documents completed by OSP, and ODOC Investigatory Interview Advocacy Notification.

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

## Standard 115.22: Policies to ensure referrals of allegations for investigations

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

#### 115.22 (a)

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

#### 115.22 (b)

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.22(a): Agency policies 40.1.13 (09/01/16) and 70.1.4 (07/01/15), *Investigations* (entire policies), detail agency investigative procedures. All allegations of sexual abuse and sexual harassment are investigated as specified in these policies. During the past 12 months, EOCl received 52 total allegations received (including a duplicate report that was not investigated separately), resulting in 51 total investigations as follows: 37 allegations of inmate on inmate sexual harassment, with 5 substantiated findings, 28 unsubstantiated findings, and 1 unfounded finding. There were 3 allegations of staff sexual harassment, of which 2 were unsubstantiated and 1 was unfounded. There were 2 allegations of staff sexual misconduct, with both being unfounded. There were 4 allegations of nonconsensual sexual acts, with 1 unsubstantiated finding, 2 unfounded findings, and 1 case currently pending investigation by the Oregon State Police. There were 6 allegations of abusive sexual contact with 5 unfounded cases and one pending investigation. As noted, there is currently one case pending criminal investigation with the remaining resulting in administrative investigations. Additionally, once a criminal investigation is complete, EOCl assigns an investigator to complete the administrative investigation as well for documentation.

115.22(b): The PREA Reporting flowchart outlines how allegations are addressed and investigations will be conducted, indicating that potentially criminal allegations are referred to the OSP, who has the legal authority to conduct those investigations. The OIC PREA Checklist also provides direction to staff regarding the conduct of criminal investigations and documents law enforcement referrals. The ODOC *Investigations Decisions Chart* (08/03/05) details authorities to conduct various types of investigations, including the conduct of criminal investigations by the State Police.

115.22(c-d): An MOU with the Oregon State Police (IAA-247-2014) was reviewed and found to include outlines of the roles and responsibilities of each agency in the conduct of criminal investigations at correctional facilities. This MOU was signed 12/9/14 and has no expiration date. The investigations policy was located on the agency's public website at [http://www.oregon.gov/doc/OC/Pages/rules\\_policies/policies\\_alpha.aspx](http://www.oregon.gov/doc/OC/Pages/rules_policies/policies_alpha.aspx).

Interviews with investigative staff confirmed that all criminal investigations are conducted by the OSP and administrative investigations are completed by trained members of SART or the SIU out of the Inspector General's Office.

An interview with the Agency Head designees confirmed that all allegations are investigated in accordance with the Investigations policy (70.1.4) and PREA policy (40.1.13).

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

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

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.31(a-b): Agency Policy 40.1.13 (09/01/16), section IV.A (page 4 – 5), requires that staff complete PREA training every two years, with the provision of refresher information in years when training is not conducted. Training is completed online via iLearn in a two-hour session. The curriculum was provided to the Auditor during the pre-onsite phase and was reviewed. The training curriculum contains all elements outlined in this standard. Training also includes information applicable to both male and female inmates. Staff confirm they understand the training presented through an electronic signature/verification component in the iLearn system.

Additionally the 2017 PREA PowerPoint and associated curriculum were provided during the pre-onsite phase and reviewed to confirm all 10 areas of required information were included. Additionally, random staff interviewed were able to articulate topics covered in the training, especially in the areas of pat searching transgender inmates and treating all inmates with professionalism and respect. One staff member, who had been interviewed previously at another ODOC facility during a PREA Audit stated he had not yet had PREA training. However, when his training records were reviewed, he had received in-person PREA training at his previous facility, as well as refresher training at EOCI, with his signature as verification for both.

115.31(c): During off years, staff are provided with PREA refresher training which varies each time the training is deployed, focusing on emerging issues or new procedures regarding PREA at the facility. In 2017, refresher training was provided in the form of an in-person two hour training that included a "Jeopardy" style game that refreshes staff on the PREA policy, detailed information about how to be trauma informed with sexual assault victims, and information on the advocacy program. A copy of that training was reviewed by the Auditor along with a handout "Being Trauma Informed" that was passed out during the training.

Auditors also confirmed that newly hired security staff are required to complete the Basic Corrections Course (BCC). Newly hired security-plus (non-custody) staff or staff transferring from another facility are required to complete New Employee Orientation (NEO), both of which include PREA training that contains the standard-required elements.

115.31(d): Staff are required to confirm they understand the training presented either by signature for in-classroom training or via electronic signature if through the iLearn electronic training system. Staff interviewed confirmed completion of training as indicated by records.

iLearn training is currently being provided to EOCI staff in 2018. The Auditor was provided with Multiple Training Progress by Content reports showing completion of PREA Standards, Reporting, Trauma and Advocacy for 2017. The Auditor was also provided with an updated listing of all employees demonstrating completion dates for required PREA In-Service for 2018 for all 432 EOCI employees. As

noted above, during interviews, all staff confirmed a thorough knowledge of all PREA training provided and could clearly articulate the elements outlined in this standard.

Documentation provided for this standard: Agency Policy 40.1.13, staff training curriculum, training progress reports, and training rosters.

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

## Standard 115.32: Volunteer and contractor training

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

#### 115.32 (a)

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

#### 115.32 (b)

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

#### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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115.32(a): Agency Policy 40.1.13 (09/01/16), section IV.A.3 (page 5), requires that all volunteer and contractors who have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Initially all volunteers were only required to read over the PREA policy and sign the *PREA Acknowledgment Statement* (10/13). Facility access was denied if the policies were not read and the form signed.

115.32(b): In 2013, a new process was implemented requiring the completion of PREA and Boundaries for Volunteer and Contractors Training (v. 8-1-13) by all new volunteers. Full time contractors receive the same PREA training as ODOC staff. Part time contractors are required to complete the PREA and Boundaries Training that volunteers receive. The PowerPoint and study guide for this training were reviewed and meet all standard requirements. All escorted contractors are required to read and sign the Visitor Authorization detailing the agency's zero tolerance policy prior to entry into any facility. Interviews with both volunteers and contractors providing services to EOCI confirmed their knowledge of this training and the agency's zero-tolerance policy.

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

115.32(c): Volunteer and contractors are also required to complete an orientation which documents completion of required training, including PREA. This is documented on the *NSP Facility Orientation Checklist* (10/14). These contractors and volunteers are also required to complete the *Prison Rape Elimination Act (PREA) Acknowledgement Statement* (10/13), acknowledging an understanding of "the Department's position on zero-tolerance of sexual abuse and sexual harassment, and...that I will report any findings of sexual abuse or sexual harassment immediately."

EOCI currently has a total of 163 volunteers providing services within the facility. As noted, they receive PREA training during their orientation. However, for some, this may have been several years ago. While on site, Audit Team members reviewed training records and a sampling of PREA Acknowledgement Statement forms, confirming that volunteers have completed training as required and understand the Department's policy on zero-tolerance of sexual abuse and sexual harassment. However, interviews with volunteers indicated that some are not truly familiar with their responsibilities in regards to PREA, although they do recall having PREA training in the past. They were unsure of who to report an allegation to, and voiced a desire to have training on PREA on a more regular basis. While this is not a compliance issue, as the training for volunteers does meet the requirements of the standard, it has been strongly recommended to both the PREA Coordinator and Acting Superintendent to relay the importance of volunteers understanding their requirements, which may require more frequent refresher training.

The facility also employed the services of 58 contractors at the time of the on-site review. Auditors were provided with examples of training completion for a random sample of these contractors. On a total list of all contractors for EOCI, only one had not yet received training, but her she has been at EOCI for less than one month. Her training is currently scheduled for the next regular session. Interviews conducted with contractors confirmed completion of required training and understanding of the agency's zero tolerance policy on sexual abuse and sexual harassment. Individuals also confirmed knowledge of the requirement to report such incidents, indicating they would let the OIC or their supervisor know in addition to removing the alleged victim from the area and ensuring the alleged victim was safe.

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

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

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.33(a): Agency Policy 40.1.13 (09/01/16), section IV.B (page 5 – 6), details inmate orientation requirements. During the audit documentation period, 579 inmates were admitted to the facility and received PREA information upon intake. Interviews with random inmates as well as with intake staff and the PCM confirmed this. Some inmates spoke of the PREA information that's always published in the inmate monthly newsletter, and that they can find information there if they need it.

During intake, PREA and advocacy posters are readily available (in both English and Spanish) as well as all housing areas and in the inmate dining room. These posters explain ODOC's zero tolerance

policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates are also provided with an EOCI Inmate Admissions and Orientation Handbook on arrival at the facility, which has an extensive section on PREA with topics including Avoid Becoming a Victim, Reporting a PREA Incident, If You are a Victim, and PREA Advocacy, and Prohibitions regarding Sexual Activity. The Lead Auditor received all of this documentation during the pre-onsite portion of the audit and had an opportunity to review the inmate handbook to confirm the PREA information contained therein. However, while there is detailed and helpful information, the Handbook was last revised in 2015 and contains information that is no longer accurate (such as regarding PREA Victim Advocacy). It would be beneficial for EOCI to update the information to ensure all is accurate and currently relevant.

115.33(b): Within 30 days of intake, inmates are required to complete a formal orientation process called Admissions and Orientation (A&O), which includes the provision of a PREA orientation video, which details prohibited acts, inmate rights, and reporting procedures. A script of the training was reviewed and auditors were able to locate all required standard elements in the script. Audit Team members were also provided with the EOCI A&O PowerPoint curriculum that is covered in addition to the PREA video. The curriculum contains information about PREA purposes, zero tolerance, how to protect yourself from becoming a victim, multiple reporting methods, actions not to engage in to preserve evidence, and support services available from DVS including contact via telephone by dialing 711. Audit Team members were able to observe an A&O in session as well.

115.33(c) and (e): The PCM confirmed that he enters completion dates into a computerized data system (DOC400) once an inmate has completed A&O. Once a week, DOC400 produces an automatic compliance report and emails are sent to all applicable facilities that house inmates who have not yet seen the video. While onsite, the Auditor viewed this report and discovered there was currently no inmates at EOCI that had not viewed the PREA video. Of note, the facility received 579 inmates in the last 12 months, all of which stayed at the facility for 30 days or more, and all received orientation and education.

115.33(d): The PREA video and posters are available in Spanish and English and the video is closed-captioned. Disabled inmates are provided information on a case-by-case basis, and depending on the disability. ODOC primarily uses interpreters through Language Line to provide information and facilitate participation in reporting and investigatory processes for Limited English Proficient (LEP) inmates. During interviews with LEP inmates, Audit Team members utilized the Language Line and asked inmates whether they were used to this service being provided, to which they said they were. If available, staff interpreters are also utilized, as needed, with interpretation services provided by staff who receive a differential for these services and who must pass an examination to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. The facility currently maintains no written documentation of the use of either staff interpreter or Language Line use, but staff interviewed were very familiar with these provisions.

Facilities also use Insight, a video American Sign Language (ASL) interpreting site ran by Language Line for staff to communicate with deaf inmates and the PREA educational video is close captioned so deaf inmates are able to effectively receive PREA-related information. One Audit Team member utilized the Insight service to interview an inmate who communicates via ASL and was successful in doing so. Blind and low vision inmates are able hear the PREA video, allowing them the provision of information regarding access to all aspects of the PREA program. The PCM works with the ADA Coordinator, medical and mental health practitioners and institution counselors on an individual inmate basis to ensure that those with intellectual, psychiatric and speech disabilities also understand all aspects related to PREA and how to report.

There were very few inmates at EOCI identified as having cognitive disabilities. However, an interview was able to be conducted with an inmate, and he verified he recalled being educated regarding PREA and his right to be free from sexual abuse and sexual harassment, as well as how to report a PREA allegation. If needed, there are available documents for a specialized orientation for lower-functioning inmates or those with cognitive disabilities. The PCM confirmed that no inmates during the most recent 12 months required a specialized orientation.

115.33(f): As noted above, the facility also generates a monthly inmate newsletter that contains information about PREA in each edition. This continuous flow of information demonstrates the facility's dedication to keeping inmates informed, highlighting new or changing procedures, answering inmate questions, and addressing issue resolution. This is an exceptional practice worthy of duplication in other facilities across the country. There is also a bi-weekly message rotation that has information about PREA that plays on the inmate TV's.

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

Documentation provided for this standard: Agency Policy 40.1.13, EOCI Inmate Admissions and Orientation Handbook, A&O content, PREA video, PREA posters and sample newsletters.

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

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

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

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.34(a-b): Agency Policy 40.1.13 (09/01/16), section IV.A.4 (page 5), requires that, "In addition to general training provided to all employees, contractors and volunteers, the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department." *PREA Investigations Training for Investigators* curriculum was reviewed and includes, but is not limited to, evidence collection and preservation,

particularly in sexual abuse investigations in confinement settings, investigations of sexual abuse in confinement settings, the impacts of trauma, techniques for interviewing sexual abuse victims, interviewing developmentally disabled, LEP, and mentally ill inmates, addressing the needs of LGBTI inmates, proper use of Miranda and Garrity warnings, credibility assessments, prior complaints involving the same suspect, the criteria of evidence required to substantiate a case for administrative action or prosecution referral, and report writing.

115.34(c): Administrative investigations are completed by identified, trained members of the Sexual Abuse Response Team (SART). The facility maintains a total of 20 trained SART members who are trained as PREA investigators, and has access to investigators assigned to the Special Investigations Unit (SIU) out of the Inspector General's office as needed. A review of records confirmed that all of the SART and SIU have completed training as required. Additionally, a sample of completed investigations was reviewed and auditors confirmed that the individual completing the investigation had completed training as required. Investigators were also interviewed, confirming completion of the required training and knowledge of training elements.

115.35(d): Members of the OSP who complete criminal investigations have completed all training required by the State Police which is much more in-depth and comprehensive than that required by ODOC for administrative investigations.

Documentation provided for this standard: Agency Policy 40.1.13, SART organizational chart, training curriculum and training reports.

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

## **Standard 115.35: Specialized training: Medical and mental health care**

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

#### **115.35 (a)**

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.35(a): Agency Policy 40.1.13 (09/01/16), section IV.A.4 (page 5), requires that, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department." Health Services Section Policy and Procedure #P-B-04 (04/14), *Federal Sexual Abuse Reporting Regulations*, also requires specialized training for mental health and health services professionals. Training curriculum was reviewed and includes all standard-required elements.

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

115.35(c-d): EOCI currently has 53 medical and mental health practitioners who work regularly with inmates. Auditors were provided with documentation of training completion for a random sample of these individuals. These staff participate in the annual mandated training (as noted in 115.31) as well. A review of all mental and mental health staff show that 100% of staff have completed the specialized training required for health services professionals. Additionally, medical and mental health staff interviewed reported knowledge of the standard-specified elements.

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

Based on the information noted above, EOCI is in full compliance with all elements of standard 115.35.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

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

#### **115.41 (a)**

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

#### **115.41 (b)**

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

#### **115.41 (c)**

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

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.41(a): As noted in Agency Policy 40.1.13 (09/01/16), section V (page 6 – 7), all inmates are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive towards other inmates. Audit Team members observed a risk screening assessment in process, wherein the designated intake staff asked specific questions of the incoming inmate regarding his history of sexual victimization, predation and thoughts about his own safety, in addition to the other items noted on the assessment. Intake staff interviewed verified they conduct intakes and risk screening assessments on a consistent basis and appreciate the computer-generated system. Random inmates interviewed all were able to verify they received a risk assessment upon intake.

115.41(b): Intake screenings take place within 72 hours of arrival at the facility, but most intake screenings are completed on the same day the inmate arrives. During the audit documentation period, EOCI received a total of 579 inmates, with all 579 inmates remaining for more than 72 hours. Compliance reports generated by the Offender Management System (OMS) indicate that initial (72 hour) assessments during the documentation period (08/01/2017 to 07/31/2018) were completed on time 98.7% of the time. Inmates interviewed recalled being asked assessment questions on more than one occasion, and those that had reported sexual abuse indicated they recalled being asked the same or similar questions again after their PREA investigation had been completed.

115.41(c-e): The assessment process uses a standardized objective tool that relies on both static and dynamic factors automatically populated and by inmate report, and an algorithm is calculated for scoring determination. The tool includes the inmate's age, any known or reported mental illness or other disabilities, stature, criminal history including current conviction, LGBTI identifications, history of sexual abuse victimization or predation, violence history (to include institutional violence), and the inmate's own views regarding vulnerability. As noted below in 115.51, ODOC does not detain inmates solely for civil immigration purposes. This was verified by their inmate rosters and an interview with the agency PREA Coordinator. As such, this question is automatically populated on the risk assessment as a non-scoring item.

Audit Team members were provided with a breakdown of algorithm point values assigned to each assessment question within OMS. The screening process does not rely solely on information provided by the inmate as the assessment database within OMS automatically pulls information from other portions of the electronic system (e.g., SID number, date of birth, height, weight, mental health code, first incarcerations, prior violent or sexually abusive behavior in another institution, custody level, any identified disabilities, etc.).

As noted above, Intake staff interviewed verified they conduct intakes and risk screening assessments on a consistent basis and appreciate the computer-generated system. When interviewed, the intake staff verified that information entered into the risk assessment on the computer system generates referrals to Mental Health staff (when indicated) as well as to housing staff, the PCM and PREA Coordinator when appropriate.

115.41(f-g): Agency Policy 40.1.13 (09/01/16), section V.A. (page 6) requires the reassessment of each inmate's risk to victimization or abusiveness within 30 days of arrival at the facility. Section V.A.3.a. also

notes that a reassessment will be completed “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.”

During the audit documentation period, all 579 inmates received at EOCl remained at the facility for 30 days or more. The OMS compliance report for the follow-up (30 day) assessments completed during the documentation period (08/01/2018 – 07/31/2018) shows that 92.1% were completed on time for the facility.

Auditors reviewed a sample of both intake and follow-up assessments while on site. Inmates interviewed during the audit acknowledged they were asked questions regarding whether they felt safe at EOCl, their LGBTI status and about a history of victimization or abusiveness. Interviews revealed that inmates feel safe, and that assessments are done in person and in a timely manner. One inmate stated that even though he didn’t care for the finding of an investigation he was involved in, “they still treated me good. They respect us here.” Inmates verified that they were asked questions when they initially arrived, as well as “a few weeks later,” while still others (notable those that had filed an allegation of sexual abuse) recalled having another reassessment.

EOCl completes “for cause” or special assessments in response to the receipt of additional applicable information or in response to PREA allegations. The Auditors were provided with the special assessment completed following the substantiation of a staff sexual misconduct / abuse investigation. Documentation also showed assessments completed when new information was received during retaliation monitoring as well as when referred by mental health staff.

A printable version of the ODOC PREA risk assessment tool is available for use as needed during any type of system outage. The PCM confirmed that an assessment is completed by SART members on shift for any inmate who is received after hours (e.g., emergency transfers).

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

115.41(i): The agency has implemented appropriate controls for access to assessment-related information. The agency PREA Coordinator is the only person who can assign a staff access to the assessment system in OMS. These permissions are granted on a-case by case basis; ensuring information is not exploited to the inmate’s detriment by staff or other inmates. The facility PCM must submit access requests to the PREA Coordinator, detailing the reasons for the request. SART members and classification staff are assigned different levels of access based on assigned roles. SART members are allowed access to view OMS screens based on their responsibilities. For instance, those completing investigations are able to view the findings of historical PREA investigations of those inmates involved. Training on use of the system is also required. All staff at EOCl can view the “PREA designator” which is the outcome of the assessment (known and potential victims and aggressors) for information when making housing and programming or job assignments, but do not have access to the background information that created the risk identifier, nor any other individual PREA-related information. While not all staff conduct assessments for risk, any staff member may be assigned to supervise inmates in a work or programming area, or may respond to an incident. This information can

be useful in determining team assignments and for assigning those working in areas with less supervision.

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

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

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or

female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.42(a): Agency Policy 41.1.13, (09/01/2016), section V. (page 6) mandates that, "The department shall provide housing assignments that reduce the likelihood of sexual abuse and sexual harassment while an inmate is in DOC custody." This policy also mandates individualized decisions about how to ensure the safety of each inmate and the use of "...information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmate at high risk from being sexually victimized from those at high risk of being sexually abusive."

Currently all facilities receive a PREA transfer alert email daily, informing the facility of how many (if any) inmates are arriving that day with PREA risk designators. Facilities then review the arriving inmate(s) via OMS. This was confirmed in an interview with the PCM who reported receipt of the daily email. He stated he reviews the information and distributes it as needed to applicable staff (e.g., OIC's, mental health, etc.) to ensure the safety of the inmate. The PCM reviews all available information regarding the inmate to review and approve all housing moves for inmates on this list. The OMS does a "hard stop" on all inmates designated as potentially aggressive being housed with an inmate who is potentially vulnerable, meaning that the computer will not allow a potentially / known aggressive and a potentially / known vulnerable inmate to be assigned housing together. The PCM also indicated that a "for cause" assessment would be completed whenever there was a new incident of sexual abuse.

Notifications are also made to staff via email who assign housing, bed, work, education and program assignments. As noted above, the computer system will not allow an inmate with risk of being aggressive to be assigned a housing assignment with an inmate with risk of being vulnerable. The facility maintains a watch list of all at-risk inmates, including those with risk identifiers as well as transgender inmates. No changes to housing or job assignments for these inmates can be completed without the approval of the PCM or the SAL. During the onsite portion of this audit, the OMS documentation was reviewed and Audit Team members were walked through the housing and programming assignment process. The staff interviewed who conduct risk assessments indicated that the process via the OMS is extremely simple and self-explanatory. They especially appreciate that notifications to mental health, medical and housing assignment staff are immediately and automatically sent, when appropriate, to necessary parties. Also, interviews with targeted inmates to include those who had reported sexual abuse and both gay and transgender inmates reflected they felt safe in their assigned housing and programming.

115.42(b): Each institution has identified specific areas in which to house inmates with PREA designators, especially focusing on aggressive inmates. Inmates who are assessed as vulnerable or predatory are placed in high visibility bunks in housing units, near the front of the officer's station whenever possible. Information regarding the use of these bunks and the inmates placed in them is not

widely shared with inmates in order to reduce the likelihood that these inmates will be targeted by other inmates. At EOCl, for instance, when possible, known vulnerable inmates are housed closer to the officer station for increased visibility. Other housing assignments are made on an individual basis with input from the PCM who is able to review risk assessment information and provide an informed decision about housing. This was verified during informal interviews with unit security staff and supervisors during the facility tour.

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

115.42(d-e): Agency Policy 40.1.13 (09/01/2016), section V.B (page 7) requires that the PCM complete a review of "placement and programming assignments for each transgender or intersex inmate at least twice each year to review any threats to safety experienced by the inmate." Six-month reviews of all transgender and intersex inmates are completed by the facility PCM and are reviewed by the PREA Coordinator. All inmates are met with for the formal review and asked for their input about what they want / need to feel safe. This information is reviewed by the TAIC and taken into consideration in placements and assignments. Timeframes are tracked and reviews are maintained in OMS. At the time of the onsite review, there were 7 identified transgender inmates at EOCl and no known intersex inmates. Transgender inmates interviewed did verify they are met with on a regular basis to discuss their housing and their own feelings about their safety. Documentation reviewed showed these reviews occur on a six-month basis consistently.

ODOC does not assign housing strictly by genital status and each transgender inmate will be considered for each gender of housing, considering the safety and security of the inmate along with the inmate's personal perception of safety. Not only is this listed in policy but the PREA Coordinator verified the information as well.

115.42(f): Agency Policy 40.1.13 (09/01/2016), section V.A.5.a (page 7), requires that, if requested, transgender and intersex inmates be given the opportunity to shower separately from other inmates. At EOCl, all showers are individual stalls or single stand-alone showers, with solid hard plastic doors that prohibit viewing of body other than from above the neck and below the knees. The doors are high enough to provide privacy to the breast area. One transgender inmate did discuss concerns about the shower door in the assigned housing unit possibly allowing too much visibility in one corner, which was already identified by the Audit Team as an area needing to be corrected. The EOCl maintenance staff extended that particular housing unit shower door while the Auditors were onsite. The issue was not present in other housing units.

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

Documentation provided for this standard: Agency Policy 40.1.13, Administrative Rule 291-210-0010, example of TAIC housing review, example of staff notification Multi-Disciplinary Team PREA Designator Aggressive Review dated 8/31/2017, examples of emails demonstrating staff sharing information regarding at risk inmates, and OMS system components.

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

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.43(a) and (d): ODOC policy 40.1.13 (09/01/2016), section V.A.4 (pages 6 – 7) outlines the prohibition of placing inmates at high risk for sexual victimization in administrative housing unless an assessment of all available alternatives determines that there is no other available means of separation

from likely abusers. The inmate may be held in administrative (segregated) housing for no more than 24 hours while completing the assessment.

115.43(b): Policy 40.1.13 (09/01/2016), section V.A.4 (pages 6 – 7) mandates that inmates placed in administrative housing will have access to programs, privileges, education, and work opportunities to the extent possible. Staff are required to document the opportunities that have been limited, the duration of the restriction, and the reasons for such limitations on a ODOC Request for Administrative Housing form. The PCM indicated he would also notify the PREA Coordinator. Staff working in restrictive housing stated they had never housed anyone in segregation for a high risk for sexual victimization, but they knew policy required that if they had, those inmates would require access to programming opportunities.

115.43(c): The OAR with oversight for Segregation (Administrative), subsection *Involuntary Administrative Housing* (291-46-0025) also requires that, “An inmate may be involuntarily placed in administrative segregation or protective custody for a period not to exceed 30 days by order of the functional unit manager or designee only when he/she has sufficient evidence to believe immediate assignment is necessary to protect the safety, security, and orderly operation of the facility.” It also states, “An inmate may be involuntarily placed in administrative segregation or protective custody for a period in excess of 30 days only when information verified through the hearing process, outlined in these rules, shows the inmate to constitute an immediate and continuing threat to the safety, security, and orderly operation of the facility.” Placement must be documented with the reasons for the facility’s concerns regarding inmate safety, and why no alternative housing is available. An interview with a supervisor working in EOCI’s segregated housing unit (DSU) stated there were “always options outside of putting a victim in segregated housing. We could move them to the other side of the facility, to another unit, even over to TRCI (another ODOC facility approximately an hour away from EOCI). We don’t put them in DSU. At least not that I’ve ever known of.”

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

During the audit period, the Auditor was able to confirm via logbooks that EOCI did not place any inmates at risk for victimization in administrative housing. This information was also confirmed in interviews with the PCM, the Acting Superintendent and the supervising Lieutenant in DSU. As such, there was no secondary documentation to review to confirm compliance with policy and administrative rule specifications. As noted, interviews were conducted with staff that supervise segregated housing,

as well as the PCM and the Acting Superintendent and all confirmed this information. However, Audit Team members were provided with a blank ODOC Request for Administrative Housing form which shows the information required for consideration for placement of in inmate in administrative segregation or involuntary / voluntary protective custody. The form details the reasons for the requested assignment as well as alternatives to administrative housing that were considered. Interviews with the Acting Superintendent, PCM, and staff who supervise inmates in segregation confirmed that none of them had ever seen this option exercised, but that it would “only be when exigent circumstances exist and no other placement alternatives are available.”

Documentation provided for this standard: Agency Policy 40.1.13, Administrative Rules 291-046-0005, 291-046-0010, 291-046-0014, 291-046-0025, 291-046-0090 and 291-046-0100, and ODOC Request for Administrative Housing form (CD#1482 5/13/08).

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

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.51(a) and (b): Agency Policy 40.1.13 (09/01/2016), section VI (pages 7 – 9) details inmate and staff reporting requirements. ODOC provides multiple internal avenues for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such a report. Inmates can report by:

- Dialing “9” on any inmate phone to call the PREA Hotline, which are received by the Agency PREA Coordinator who then assigns allegations out for investigation,
- Writing or calling the Governor’s Office,
- Writing an inmate communication, aka “kyte” (anonymously or by name) to any staff member or department,
- Verbally providing information to any staff,
- Submitting a grievance, or
- Providing allegation information through a family, friend, or another inmate.

This information is provided in brochures provided to and accessible by inmates, in the orientation video and via posters placed in inmate-accessible areas of the facility. A script of the inmate orientation video was reviewed, confirming that information regarding reporting venues was provided to all inmates. Inmates are also provided with PREA information, to include avenues of reporting, in monthly newsletters entitled *EOCI's The Newsletter*. Visible posters throughout EOCI provide the ability to report via the PREA Hotline and other sources. Interviews with random inmates, as well as with those who did report sexual abuse, verified that inmates are aware of their options to report.

During the onsite review, several Audit Team members conducted tests of the PREA Hotline in multiple housing units, as well from a phone in the community; the PREA Coordinator confirmed via email to the Lead Auditor receipt of all calls placed. The onsite review also confirmed visibility of posters in areas for inmate viewing as well as in public access areas.

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

ODOC does not detain inmates solely for civil immigration purposes. This was verified by their inmate rosters and an interview with the agency PREA Coordinator. As such, the requirements related to these inmates do not apply to this facility.

ODOC has an agreement with the Governor's Office of Constituent Services to serve as the independent reporting entity, allowing an inmate to report allegations with the option to remain anonymous. The agreement requires the forwarding of all reports received to the agency PREA Coordinator via email within 72 hours of receipt. The Governor's Office serves as the public office that is not a part of the agency. In all cases, if the writer/caller requests confidentiality, all of their personally identifiable information will be redacted prior to scanning into the database, and before forwarding the information to the ODOC PREA Coordinator or OYA [Oregon Youth Authority] PREA Coordinator. The Oregon Department of Corrections/Oregon Youth Authority- Prison Rape Elimination Act (PREA) Agreement with the Governor's Office of Constituent Services was provided for review as part of the documentation submitted during the Pre-Onsite Audit.

A review of this system was conducted by the PREA Resource Center who determined that, "As long as the Governor's Office of Constituent Services maintains separation from the ODOC yet meets all the notification and reporting requirements in the standard this system will work." [Marion Morgan, email to Washington DOC PREA Coordinator, dated 01/26/2017]. Inmates have the opportunity to write to the Governor's office for a wide variety of issues, so an outgoing letter would not be perceived as only relating to PREA issues. Inmates are able to indicate in these letters that they wish to remain anonymous. Additionally, letters addressed to this office are not stopped in the mailroom if they are received without a return address. Mail addressed to the Governor's Office is considered as Legal Mail and therefore not opened. This was confirmed in interviews with the PCM and PREA Coordinator when questioned. This was also confirmed with the letter that was mailed to the Lead Auditor, as the envelope was marked as Legal Mail, and had not been opened by EOCI staff. Interviews with the PCM and a random sample of inmates confirmed that this process was in place and inmates understood that mail sent to the Governor's Office is considered Legal Mail and not opened. Random inmates interviewed indicated they are able to write to the Governor's Office for a variety of matters and none voiced concerns about the confidentiality of such correspondence.

115.51(c): Agency Policy 40.1.13 (09/01/2016), section VI.B.4 (page 9) requires that staff accept reports made verbally, in writing, anonymously, and from third parties and immediately complete the Staff Reporting Responsibilities form (CD 1620). While onsite, a sampling of these reports was reviewed and knowledge of staff reporting requirements, regardless of the manner in which the allegation was received, was confirmed during interviews. The investigation packets reviewed indicate manner the allegations were reported. Additionally, staff that have acted as first responders were interviewed, along with random staff, and verified being aware of all the ways inmates at EOIC can report PREA allegations.

115.51(d): Agency Policy 40.1.13 (09/01/2016), section VI.B.3 (page 9) allows staff to "...utilize the Inspector General's Hotline or the Governor's Office to privately report all allegations of sexual abuse or sexual harassment." During interviews with random staff, it was reported that staff could report to the OIC, use the PREA Hotline or report directly to the Superintendent, the Governor's Office, the Office of the Inspector General, or their Supervisor, confirming knowledge of private reporting venues. However, most indicated they would feel comfortable reporting directly to their supervisor.

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

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

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

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

#### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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115.52(a-g): Division 109, Administrative Rule 291-109-0100, *Inmate Communication and Grievance Review System*, details the elements of the state’s inmate grievance system. Section 291-109-0175, *Grievance Regarding Allegations of Sexual Abuse*, details the handling of grievances regarding allegations of sexual abuse, which is in full compliance with standard requirements, including but not limited to the following:

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

In the past 12 months, there were 25 grievances filed alleging sexual abuse. Of those 25, 10 met standards criteria to be investigated. All 10 investigations were completed appropriately, and all 25 grievances reached final decision with notification within 90 days. No extensions were requested or granted. Additionally, no emergency grievances alleging substantial risk of sexual abuse were received during the documentation reporting period.

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

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

## **Standard 115.53: Inmate access to outside confidential support services**

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

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.53(a) and (c): Agency Policy 40.1.13 (09/01/2016), section VIII (page 10) details inmate access to victim advocacy services. EOCl maintains a memorandum of understanding (MOU) with Domestic Violence Services (DVS) to facilitate the provision of these support services. This MOU was last signed on 10/26/2017 with no expiration date, and states, in part:

*DVS will:*

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

115.53(b): Information regarding advocacy support services and associated confidentiality has been widely distributed to inmates. A brochure entitled *Sexual Abuse Advocacy* (04/2016) is available for inmates, outlining services available and access procedures. Any inmate can dial “711” to be connected to DVS and ask for the call to remain confidential. ODOC does not monitor or record these calls. Inmates are also able to write to an advocate at the address listed on the pamphlet provided. All written communication with the advocacy organization is considered “Official Mail” and is not read but is searched in front of the inmate for contraband.

The brochure was observed throughout the facility in inmate-accessible areas such as in health services. The pamphlet states, “Communications with community-based advocates are considered privileged as of the 2015 legislative session (House Bill 3476). ODOC telephone calls and mail with community-based advocates will be handled similar to legal calls/official mail.”

During the onsite review, the Audit Team confirmed these brochures were available in health services, the visitation room, as well as in the library. The PREA Coordinator has also developed *Community-Based PREA Advocate (Support) Program*, an information sheet provided to inmates, which states in part, “Community-based advocates will not report the sexual abuse unless you request them to do so and if you sign a release of information...Telephone calls and mail to community-based advocacy centers are considered privileged/confidential communication and will be handled similar to legal calls/official mail.”

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

The PREA Coordinator has also published a document entitled *PREA Sexual Assault Forensic Advocacy* (04/25/2016) to ensure all applicable staff have access to information regarding advocate roles and support processes to be implemented during a forensic medical examination. The sheet also

states, "Conversations with advocates are confidential under Oregon law (similar to attorneys)." Additionally, a document entitled *Investigatory Interview (State Police and ODOC) Advocacy Notification* (10/06/2016) was distributed to all ODOC facilities, outlining responsibilities and procedures to be implemented when an inmate wishes to have an advocate available during investigatory interviews. These documents were provided to Auditors for review.

While onsite, multiple successful tests of the phone system were conducted and Audit Team members were able to connect with the advocate. Testing of the system confirmed that inmates are required to enter their Inmate Personal Identification Number (IPIN) to place a call to the advocate, but no one within the facility has the ability to listen to the calls. Inmates interviewed were knowledgeable of the support services available and how to access them at any time, and that the calls are not monitored or recorded.

Documentation provided for this standard: Agency Policy 40.1.13, MOU, brochures and information sheets for both staff and inmates.

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

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

Documentation provided for this standard: Agency Policy 40.1.13 and pamphlet

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.61(a): Agency Policy 40.1.13 (09/01/2016) section VI B. 1 (pages 8 – 9) requires that "All staff will report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by inmate or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents."

115.61(b): Section VI. A. 3 (page 8) of the same policy mandates that information collected during investigations or intake assessments be considered sensitive and both are restricted to those staff that have a need to know as part of their assigned duties. Interviews with a random sample of staff confirmed knowledge of both of these requirements. Staff were able to articulate the requirement to report all allegations, regardless of the manner in which they were reported, taking initial steps to ensure the safety of the inmate and security of the crime scene if applicable. There was a near-even split in responses as to whether staff would report the allegation to the OIC or to their direct supervisor, with security staff reporting to their supervisor, and non-security reporting to the OIC. Both are acceptable per ODOC policy 40.1.13 .The Acting Superintendent and PCM both confirmed that all allegations are reported to the OIC (either directly or via the staff member's supervisor who received the allegation) and then are referred to SART for investigation.

Policy 40.1.13 (09/01/2016), section VI.A.b.3 (page 8) requires, “When interviewing inmates concerning sexual abuse, sexual solicitation, sexual harassment and sexual coercion, all DOC staff will inform inmates of any limits to confidentiality prior to conducting the interview.” Additionally, the policy (section X B. 2, page 11) requires all mental health services for victims be provided in accordance with Behavioral Health Services policies and procedures, which include comprehensive information of limits of confidentiality and duty to report. Mental health staff interviewed confirmed providing information about limits to confidentiality to inmates in their discussions regarding sexual abuse and sexual harassment.

115.61(c): Policy MH-B-05, *Response to Reports of Sexual Abuse and Sexual Harassment*, provides additional direction to medical staff regarding reporting requirements. Prior to the provision of services, inmates are required to review and sign the Health Services Information Disclosure form, providing inmates with information about the provider-patient relationship and practitioner reporting requirements. Auditors reviewed a blank disclosure form which states, in part, “Some information obtained in a provider-patient relationship is not confidential and will be reported to non-Health Services staff and/or other agency personnel as needed even without written consent of the patient. According to State and Federal laws, this includes knowledge of ... abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of developmentally disabled or mentally ill, and a specified victim can be identified; staff physical or sexual abuse of inmates; ... sexual abuse of or by another inmate.”

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

115.61(d): All staff are considered mandatory reporters and are required to report information under the state’s vulnerable person law. This requires that applicable employees immediately notify law enforcement whenever allegations are received involving a juvenile or a vulnerable adult. Inmates who report PREA allegations are referred to medical practitioners, who complete mandatory reports based on their license.

115.61(e): Agency Policy 70.1.4 (05/01/14), *Investigations*, section F. 7 (pages 7 – 8) includes the requirement that all allegations of sexual abuse and sexual harassment be forwarded to the appropriate investigating body. Staff are required to report all allegations to the OIC who is then responsible for reporting allegations to either the OSP, if criminal, or to designated SART members for administrative investigations per the PREA Reporting Flowchart attached to policy 40.1.13 (09/01/2016). For criminal investigations, investigators from the HQ Special Investigations Unit (SIU) designated as liaisons with the OSP. The SIU staff would maintain ongoing contact with the detective assigned to the investigation to handle logistics, turn over any evidence collected, and answer applicable questions.

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

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

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Agency Policy 40.1.13 (09/01/2016), section V. A (page 6) addresses immediate actions to be taken on intake regarding vulnerable inmates and aggressive inmates. In the same policy, section VI. B. 3 (page 9) also requires that when an allegation is received, the OIC will initiate action to mitigate harm to the victim or reporter. The entire policy details actions to be taken to address inmates at risk for victimization, including assessments, housing, and response to allegations. During the audit period, there were no known incidents in which the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. For the one allegation that required a forensic examination, the inmate was housed in the infirmary following his return from the hospital.

Interviews were conducted with the Agency Head designees, the Acting Superintendent, PCM and a random sample of staff which confirmed knowledge of policy requirements. All staff interviewed indicated that if they received information that an inmate was at risk, their response would be immediate, first securing the safety of the inmate, separating the alleged victim and alleged aggressor, securing any immediately available evidence, and making required notifications. Interviews with inmates also stated they felt that would report any imminent risk and felt they would be protected.

Documentation provided for this standard: Agency Policy 40.1.13.

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

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.63(a-c): Agency Policy 40.1.13 (09/01/2016), section VII. A (page 9) requires that, "Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred." This same policy also requires this notification occur as soon as possible, but no later than 72 hours after receipt of the information along with documentation of the notification provided. Facility heads have been provided with a *Confinement Notification Template* for use in providing allegation notifications to other jurisdictions. The information is also entered into the OMS.

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

During the audit documentation period, EOCl received no allegations that an inmate was sexually abused at another facility. Therefore, there was no documentation to review for this item.

During the audit documentation period, there were three allegations received from other facilities regarding potential sexual abuse and/or sexual harassment occurring at EOCl. This was confirmed by reviewing the notifications provided to the Superintendent, as well as investigation records showing those three allegations were subsequently investigated. Interviews with the Agency Head designees also confirmed knowledge of the requirement to investigate such allegations.

Documentation provided for this standard: Agency Policy 40.1.13, *Confinement Notification Template*, and emails from facility head to facility head regarding allegations.

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

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

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

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

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

During interviews with random staff at EOCl, several of them pulled their "PREA Cards" to provide information. It appeared that most cards were used often, and staff were familiar with where to find particular information. An OIC that was interviewed also verified that he utilizes the OIC Checklist anytime an allegation is made to ensure all steps are followed correctly. The Lead Auditor had been provided a blank OIC Checklist during the pre-onsite phase to review.

Additionally, the PREA training curriculum covers these topics as well as collection of evidence and requesting the alleged victim not take any action that could destroy physical evidence, including, as

appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

115.64(b): First responders may be either security or non-security staff. Non-security staff have the same first responder duties as security. They have received the same training and have been provided with the same first responder cards noted above, which many staff refer to as their "PREA Cards."

During the audit period, EOCI received 12 allegations that an inmate was sexually abused, of which one allegation of abuse was received within a time period that still allowed for the collection of evidence. In this case, the OSP took possession of all evidence and conducted the criminal investigation. The alleged victim in the allegation was instructed not to take any actions that might destroy evidence and was taken to the hospital for a forensic examination. The Lead Auditor was provided with documentation of how this evidence was handled and controlled, demonstrating compliance with standard and policy requirements. Of those 12 allegations received, there were four instances where the first responder was a non-security staff member. All four allegations were immediately reported to the OIC by the non-security staff member.

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

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

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

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

EOCI has developed a plan to coordinate actions taken in response to an incident of sexual abuse. This plan is located in the offices of the OIC and the PCM. The plan includes duties and responsibilities for first responders, the OIC, the SAL, the SART members and the PCM. The plan also outlines the inclusion of the Behavioral Health Services Manager, the Medical Services Manager, and the OSP. Duties are also outlined in the ODOC PREA SART Guidelines. This is a very comprehensive plan and exemplifies a coordinated, consistent and swift response to every allegation received.

EOCI has identified SART members that are chosen based on their performance and dedication and are required to attend specific training regarding response and member roles. All members have been trained in SART roles, response, and investigations. At EOCI, the SART is broken into distinct task areas and the members have been trained to be subject matter experts in their assigned areas, to include dealing with transgender inmates and initial interviewing.

Development and implementation of this plan was confirmed in an interview with the EOCI Acting Superintendent and the PCM. The Acting Superintendent acknowledged that he was not fully aware of the entire plan, as he had only recently been assigned to his role, but was able to indicate where the plan was, and many of the contents. He was familiar with the role of the SART and that initial notification to SART is initiated by the OIC. All staff interviewed expressed an understanding of the functions of SART, and how to contact SART members if needed.

Documentation provided for this standard: PREA Response Plan, ODOC PREA SART Guidelines.

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

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

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

Within all other facilities of ODOC, security staff bid shift and days off, but not specific posts. However, at EOIC, there is a position bid system in place. Interviews with the PCM and Acting Superintendent, as well as the PREA Coordinator, indicated this has not been an issue thus far if a staff has had to be moved from a post or reassigned pending an investigation.

Documentation provided for this standard: 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) 2017 - 2019; and the 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) 201-2019

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

## Standard 115.67: Agency protection against retaliation

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

### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.67(a), (c), and (d): Agency Policy 40.1.13 (09/01/2016), section VII. B 1 – 7 (pages 9 – 10) requires that the “PCM shall be responsible for monitoring all inmates and staff who report sexual abuse or sexual harassment or cooperated with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.” The policy also requires monitoring “...for at least 90 days following a report of sexual abuse. The PREA Coordinator shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.” Additionally, either the PCM or a member of the SART meets personally with the inmate at a minimum at the 30, 60, and 90-day marks, but these

check-ins could occur more frequently depending on the situation. The interview with the HR Manager indicated that HR staff could provide monitoring for staff as well. Monitoring may also be extended beyond 90 days if the initial monitoring indicated a continuing need.

115.64(b), (e) and (f): Interviews with SART members charged with retaliation monitoring confirmed meeting with applicable individuals at least every 30 days to ensure they aren't having problems or experiencing any forms of retaliation. If any retaliation was reported or appeared to be a potential issue based on information received, the SART member would immediately notify the OIC and a new investigation would be initiated. The PCM provided OMS documentation to reflect formal 30/60/90 day reviews. The Acting Superintendent indicated in his interview that staff are expected to report any retaliation and care is taken to keep reporters and victims safe.

ODOC has implemented the monitoring program within the OMS system used to track and review inmates who allege sexual abuse and any other individual who cooperates with an investigation. The Lead Auditor was provided with screen prints from the OMS system, confirming completion of monitoring per standard requirements. Interviews were also conducted with the Agency Head designees, Acting Superintendent, PCM and inmates. All confirmed monitoring activities as indicated in policy. Monitoring during the audit period did not reveal any retaliation-related issues or reports.

Documentation provided for this standard: Agency Policy 40.1.13, and documentation of monitoring conducted through the OMS system.

Based on this information, EOIC is in full compliance with all elements of standard 115.67.

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

EOCI is in compliance with this standard via the implementation of Administrative Rule 291-046-0005 *Segregation (Administrative)* which meets all standard requirements.

Agency Policy 40.1.13 (09/01/2016), section V.A.4, (page - 7) prohibits the placement of inmates who alleged to have suffered sexual abuse in segregated housing unless an assessment of all available alternative means of separation from likely abusers has occurred. All such placements would require a clearly documented basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. These concerns are to be documented on a ODOC Request for Administrative Housing form.

During this audit documentation period, EOCI held no alleged victims in segregated housing. During interviews, no inmate interviewed reported that he had been placed in segregation for making any PREA-related allegations. A review of investigation files did not indicate that any alleged victim had been placed in segregated housing. Additionally, interviews with staff that supervise segregated housing, including a supervisor, reflected no inmates housed in segregation as the result of reporting a PREA allegation.

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

Documentation provided for this standard: Agency Policy 40.1.13 and Administrative Rule 291-046-0005.

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

115.71(b): Agency Policy 40.1.13 (09/01/2016), section IV.A.4 (page 5) requires that, “In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department.” Investigators receive training on the collection and preservation of evidence, including evidence particular to sexual abuse investigations as noted in standard 115.34. This training addresses types and sources of evidence, sources of DNA, medical examinations, video, processing of scenes, and the importance of evidence. Also included in the curriculum is training regarding credibility assessments, prior complaints involving the same suspect, and report writing.

115.71(c): Agency Policy 70.1.4 (05/01/14), *Investigations*, section I (page 1) outlines the criteria for determining the appropriate investigative body to conduct an investigation based on the nature of the complaint/allegation; to establish how investigations are conducted and to ensure that employees assigned to investigative functions utilize approved investigative techniques in accordance with ODOC policies, procedures and rules and state and federal law. Section III. B (page 3) requires that those who conduct investigation “(1) Conduct fair and objective investigations regarding complaints alleging misconduct; (2) Exercise professionalism at all times during the course of an investigation; and (3) Employ sound investigative techniques in accordance with state and federal law, DOC rules, policies and procedures, and labor agreements.” Section III.D (pages 3 - 5) of this same policy requires that once it has been determined an investigation will be conducted, the responsibility for that investigation will be assigned based on the nature of the complaint/allegation. Confirmation of knowledge of and compliance with policy specifications regarding investigations was confirmed during an interview with a SIU investigator.

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

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

115.71(d): None of the facility investigators have the authority to Mirandize witnesses and therefore do not conduct compelled interviews. Additionally, no interviews are conducted in potentially criminal investigations unless directed so by OSP investigators. Identified, trained members of the SART

complete administrative investigations. Investigations of staff sexual abuse are generally completed by the OSP or investigators assigned to the SIU.

A sample of completed investigations was reviewed and Audit Team members confirmed that individuals completing administrative investigations at EOCI had completed all training as required. This was also confirmed in interviews with both investigatory staff and the PCM.

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

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

115.71(f): Completed investigations are documented in written reports. Investigators are also provided direction regarding evidence collection and retention as outlined in Agency Policy 70.1.3 (05/01/14), *Criminal and Administrative Evidence Handling* (pages 1 – 9). The purpose of this policy is, “To establish a uniform method of handling and maintaining the integrity of criminal evidence seized in Department of Corrections (DOC) facilities” and outlines required notifications, crime scene preservation and processing, evidence packaging and sealing, standards of evidence, and evidence storage. Interviews conducted with an investigator confirmed knowledge and implementation of these standards when conducting PREA investigations.

The SIU investigator interviewed reported that a review of all evidence and statements, policies, post orders, and procedures assist in determining if staff actions or failure to act contribute to the sexual abuse. He confirmed that any alleged acts of misconduct would be thoroughly investigated. This was also confirmed in the Acting Superintendent’s interview.

115.71(g): Agency Policy 70.1.3 (05/01/14), section III.D.5 (page 5) indicates that the OSP has “...the primary role in certain types of criminal investigations and are the Departments of Corrections primary law enforcement partner in conducting investigations.” OSP is listed as having the responsibility of investigating, among other allegations, sexual assaults and official misconduct and other employee misconduct constituting criminal behavior. The ODOC MOU with the OSP documents the agreement for OSP to send copies of all completed criminal investigation reports to the ODOC SIU and as applicable to the Governor, or designated staff member upon the Governor’s request. Interviews with the investigator, Acting Superintendent and PCM confirmed that the SIU serves as the primary point of

contact when OSP conducts an investigation, but that facility investigators and other designated staff act as liaisons, escorting inmates to interviews and collecting requested information.

During the period of 08/01/2017 – 07/31/2018, there were 52 total allegations received (including a duplicate report that was not investigated separately), resulting in 51 total investigations as follows: 37 allegations of inmate on inmate sexual harassment, with 5 substantiated findings, 28 unsubstantiated findings, and 1 unfounded finding. There were 3 allegations of staff sexual harassment, of which 2 were unsubstantiated and 1 was unfounded. There were 2 allegations of staff sexual misconduct, with both being unfounded. There were 4 allegations of nonconsensual sexual acts, with 1 unsubstantiated finding, 2 unfounded findings, and 1 case currently pending investigation by the Oregon State Police. There were 6 allegations of abusive sexual contact with 5 unfounded cases and one pending investigation.

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

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

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

Agency Policy 40.1.13 (09/01/2016), section XIII (pages 12 – 13) requires that the agency PREA Coordinator is responsible for working with the facility PCM regarding data collection which is then compiled into monthly and annual reports. "The purpose of these reports is to ... document that there is accountability for those who perpetrate sexual abuse by tracking ... the retention of all written reports referenced as long as the alleged abuser is incarcerated by the department, plus five years." Currently all investigation records are maintained in OMS and there is no expiration date for these records. The PREA Coordinator verified this information during her interview.

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

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

Documentation provided for this standard: Agency Policy 40.1.13, MOU with the OSP (IAA-247-2014), and investigation reports completed during the audit documentation period.

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

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.73(a-b): Agency Policy 40.1.13 (09/01/2016), section IX.C.1 (page 10) ensures an inmate who reports sexual abuse is notified as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Notification is provided to the inmate verbally in person and is then documented on an *ODOC Prison Rape Elimination Act [PREA] Reporting to Inmates 115.73* form (CD 1622). Notification is not sent to the inmate in writing due to safety and security concerns, particularly to reduce the chance of retaliation directed toward the inmate. This was confirmed by reviewing the OMS and in interviews with the Acting Superintendent, the PCM, investigative staff, and inmates who reported sexual abuse.

The PCM provided documentation confirming inmate notification of investigation outcomes and these documents were reviewed, confirming compliance with the requirements of this standard. The PCM was very knowledgeable of notification requirements and Auditors were provided with examples of provision documentation and form CD 1622 provided in investigations during the audit documentation period. Inmates that were interviewed that had reported sexual abuse confirmed they had been notified of the outcome of the investigation by the PCM. The inmate who had written to the Lead Auditor during the pre-onsite phase verified he had been notified of the PCM of the findings of the investigation he was involved in, and he stated he thought that was "very important and really appreciated."

115.73(c-d): Agency Policy 40.1.13 (09/01/2016), section IX.C.3 (pages 10 – 11) subsequently requires informing the inmate, unless the agency has determined that the allegation is unfounded, whenever that staff member accused in an investigation is no longer posted within the inmate's unit and/or is no longer employed at the facility, and/or when the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. This notification requirement terminates if the inmate is released from the department's custody and must be documented by the PCM. Additionally, OSP maintains contact with local SIU and SART to keep them informed of the status of criminal investigations, for when notifications are required to be made regardless of whether the alleged abuser was a staff member or an inmate.

Notifications to inmates, with required documentation in OMS, occurred in all of the allegations that have had completed investigations at EOIC in the past 12 months. In interviews, the PCM confirmed a thorough understanding of the requirement to complete these notifications.

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

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.76(a-c): Agency Policy 40.1.13 (09/01/2016), section XI. A – C (page 12), outlines PREA-related disciplinary specifications for staff and includes all standard requirements. The policy indicates, "Termination shall be the presumptive discipline for staff who has engaged in sexual abuse." Section XI.C., page 12, of this policy also specifies, "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."

115.76(d): Agency Policy 40.1.13 (09/01/2016), section XI. D (page 12), clearly articulates that 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.

During the documentation period, there was no known allegations of staff sexual misconduct or staff sexual harassment that were substantiated. Therefore there was no documentation to review for sanction verification.

Documentation provided for this standard: Agency Policy 40.1.13 and investigation reports.

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

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

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

#### **115.77 (a)**

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

#### **115.77 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.77(a): Agency Policy 40.1.13 (09/01/2016), sections XI. E and F (page 12) indicate that, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies."

115.77(b): The policy also mandates 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 this reporting period, there were no investigations substantiating PREA-related misconduct by a contractor or volunteer. However, during an interview, the Acting Superintendent reported that actions taken could include termination of facility access, and at a minimum, there would be a suspension of access during any investigation from a PREA-related allegation of misconduct.

Documentation provided for this standard: Agency Policy 40.1.13.

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

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

#### 115.78 (g)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.78(a): OAR 291-105-0005, *Prohibited Inmate Conduct and Processing Disciplinary Actions*, outlines the rules of conduct governing inmates and the procedures to be followed in processing disciplinary rules. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse as defined in this rule, to include sexual assault, sexual coercion, non-assaultive sexual activity, and sexual solicitation.

115.78(b): The *Major Violation Grid – Inmates Misconduct History Scale* details sanctions available for imposition by Hearings Officers, taking into account the severity of the sanction and the number of major violations committed within the past two years. This ensures that consistent sanctions are imposed for comparable offenses by other inmates with similar histories. In an interview with the Acting Superintendent, he confirmed the completion of a formal disciplinary process in accordance with state regulations and sanctions imposed in accordance with the established sanction grid. The PCM was also familiar with the disciplinary hearing process and was able to verbally discuss elements of the established sanction grid.

115.78(c): ODOC disciplinary procedures, as outlined in Administrative Rule 291-105-0005, include the requirement that "Behavioral Health Services staff will be notified when inmates with mental health, developmental disability issues, or inmates that have engaged in self-harm activities or suicide attempts are placed in disciplinary segregation or are scheduled for a hearing." As such, guidelines are in place to evaluate whether the inmate's mental illness or disabilities contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A mental health evaluation and recommendation is also completed. The Acting Superintendent confirmed in his interview that mental disability or illness would be taken into consideration in the disciplinary process, including any subsequent sanctions.

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. This was confirmed in interviews with medical and mental health practitioners. As such, EOCI is compliant this provision of the standard.

115.78(e): Oregon Senate Bill 89 (the legislation making custodial sexual assault a felony, from 2005) and Agency Policy 40.1.13 (09/01/2016) indicates that inmates are victims of sexual abuse in any case of sexual contact with a staff member and shall not be disciplined unless the staff member did not consent.

115.78(f): Section VI. A.6 (page 8) of the same policy indicates, "The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith." No other forms of discipline are authorized regarding victims and reporters of sexual abuse and harassment.

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

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

Documentation provided for this standard: Agency Policy 40.1.13, Administrative Rule 291-105-0005, the Major Violation Grid – Inmates Misconduct History Scale, Senate Bill 89, disciplinary hearing packets and investigation reports.

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

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

##### 115.81 (b)

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

##### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

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

*The PREA standards state:*

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

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

*Additionally:*

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

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

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

*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.*

*The PREA standards state:*

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

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

Notifications and appointments for follow-up meetings with mental health providers are auto-generated whenever the inmate discloses prior victimization or perpetration in an assessment and whenever any information is discovered that indicates prior victimization or perpetration (e.g., pre-sentence investigation, substantiated investigation, etc.). In both instances, the meeting with mental health is automatically scheduled and the inmate is informed by the intake staff. The inmate can choose not to attend the meeting. Mental health staff document the meeting in the inmate's medical file, which was confirmed with mental health staff.

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

During interviews of inmates who had disclosed prior abuse during an assessment, most indicated that they were scheduled appointments to be seen by BHS following their assessment. One indicated they had declined the appointment.

Subsection (c) of this standard applies to jail inmates. EOCI is a prison facility and as such, this provision does not apply.

115.81(d): Agency Policy 40.1.13 (09/01/2016), section VI.A.3. (page 8) states that PREA information collected during investigations or intake assessments is considered sensitive and should only be shared with those staff with a need to know as part of their assigned duties. Trained SART members that conduct intakes, risk screenings, and conduct administrative investigations all complete training in

confidentiality regarding PREA as part of their training process. This was verified in reviewing their specialized training records, as well as via interviews with intake staff, first responders and the PCM.

BHS Division Policy and Procedure #MH-H-02 (07/15/13), *Confidentiality of Clinical Records and Information*, section III.E. (page 2) states information given by an inmate to a Mental Health Treatment Provider within the context of treatment is confidential and not to be shared with anyone outside DOC Health Services except when necessary to maintain safety and security, when required by legal obligations, when necessary for follow-up services and care, or with an inmate's written permission. Health Services Section Policy and Procedure #P-E-02 (07/2013), *Receiving Screening*, section J (page 3), mandates that "Health Services personnel are responsible to query new patients regarding abuse/abusive history and suicidality." It also requires the patient to read, understand and sign the Health Services Information Disclosure with the patient's signature being witnessed/signed by a Health Services staff member. This form, which is also available in Spanish, explains under what circumstances ODOC may release disclosed information. These confidentiality parameters are also outlined in Health Services Section Policy and Procedure P-H-02, *Confidentiality of Health Records*, BHS Division Policy and Procedure #MH-H-02, *Confidentiality of Clinical Records and Information* and Health Services Section Policy and Procedure P-I-05 (08/2016), *Informed Consent and Right to Refuse*. The Health Services Information Disclosure form was reviewed and confirmed compliance with policies and procedures. During the last 12 months, there have been no incidents in which this type of release was required. As such, there was no secondary documentation to review. Inmate files that were reviewed while onsite did not contain any medical or mental health information.

115.81(e): Interviews with medical and mental health practitioners confirmed the requirement to obtain informed consent from inmates before disclosing information about sexual victimization that did not occur in an institutional setting. The health services staff that were interviewed reported that inmates are required to sign a consent / release of information form that would allow the staff member to disclose abuse outside of their confinement. Auditors were provided with examples of these forms, confirming the inclusion of applicable information.

Practitioners also confirmed that the facility does not house inmates under the age of 18; as such, EOCl is compliant with this portion of the subsection.

Documentation provided for this standard: Agency Policy 40.1.13, Health Services – BHS Policy and Procedure #MH-E-02, BHS Division Policy and Procedure #MH-H-02, Health Services Section Policy and Procedure #P-E-02, Health Services Section Policy and Procedure P-H-02, BHS Division Policy and Procedure #MH-H-02, Health Services Section Policy and Procedure P-I-05, Health Services Information Disclosure form, list of inmates requiring follow-up services, and inmate call-out documentation.

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

## **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by

medical and mental health practitioners according to their professional judgment?

Yes  No

#### 115.82 (b)

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

#### 115.82 (c)

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

#### 115.82 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.82(a-b): Agency Policy 40.1.13 (09/01/2016), section X.A (page 11) states that "...access to medical services for victims of sexual abuse will be handled in accordance with Health Services Policy and Procedure #P-B-05, *Procedure in the Event of Sexual Assault*, that includes: timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment; necessary post event treatment including coordination with community hospitals; testing and prophylactic treatment for sexually transmitted disease (STD); comprehensive information and timely access to all lawful pregnancy related medical services; referral

to Behavior Health Services; and communication with the sexual abuse liaison regarding any information deemed not confidential.”

Agency Policy 40.1.13 (09/01/2016), section X.B. (pages 11 – 12) states “...mental health services for victims of sexual abuse will be provided in accordance with Behavior Health Service Policy and Procedures which include: timely, unimpeded access to appropriate mental health evaluation services without cost as determined by the mental health treatment providers’ professional judgment; comprehensive information of limits of confidentiality and duty to report; completion of a mental health evaluation to include a suicide risk screening interview; notification to the OIC and Medical Services regarding recommended actions that may include suicide precautions; provisions of follow-up mental health services based on MH-G-01.1 Mental Health Codes and Levels of Services; communication with the sexual abuse liaison regarding any information deemed not confidential; and consultation with the OIC and Medical Services regarding suicide precaution measures that will be implemented if the inmate is housed at an institution where there is no mental health services on site.” Health Services Section Policy and Procedure #P-B-05 (06/13), *Procedure in the Event of Sexual Abuse*, (pages 1 – 3) supports the process outlined in the agency PREA policy (40.1.13).

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

115.82(d): Oregon inmates do not pay for medical/mental health care. This was confirmed in the Agency Policy cited above as well as through onsite interviews with inmates and medical practitioners.

The OIC Checklist outlines the response protocol in the event of an alleged sexual abuse to include the immediate notification of the Health Services Manager and BHS (mental health) Manager. One allegation indicating crisis intervention or emergent trauma-based care was received during the audit documentation period. Documentation regarding this incident was reviewed, confirmed the provision of appropriate medical and mental health care.

Medical and mental health staff were very familiar with the standards of care outlined in the standards and Agency Policy. The immediate notification to medical was also confirmed in interviews with staff who acted as first responders as well as the PCM. Interviewees reported that crisis responders are assigned from the SART and that medical response is almost immediate. A referral for the inmate to be seen by mental health would be completed immediately so the inmate could meet with mental health staff as soon as possible.

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

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

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

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

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

### 115.83 (a)

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.83(a-b): Health Services Section Policy and Procedure #P-B05 (06/13), *Procedure in the Event of Sexual Abuse* (pages 1 – 3) allows for the evaluation and treatment of victims including follow-up services, treatment plans and, when necessary, referral for continued care following transfer to or placement in another facility or their release from custody. When an inmate reports sexual abuse, a suicide risk assessment is done by a mental health professional. If a mental health practitioner is not available, the assessment can be conducted by a health services nurse who will consult with an on-call mental health professional. A mental health professional follows up with any victim of alleged sexual abuse at 7 days, and then again at 30 days. Medical follow-up services are provided as indicated and determined by a health services practitioner.

The requirements regarding follow-up medical and mental health care was confirmed in interviews with practitioners. These individuals also indicated that care for abuse victims consisted of treatment planning based on injuries and continuing care needs.

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

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

115.83(d-e): EOIC houses only male inmates, as confirmed via population reports provided. As such, EOIC is compliant with sub-standards regarding pregnancy testing and care.

115.83(f): Documentation was also reviewed, confirming STI testing and follow up care as determined appropriate by the practitioner was provided to victims of sexual abuse.

115.83(g): Oregon inmates do not pay for medical/mental health care. This was confirmed in the Agency Policy cited above as well as through onsite interviews with inmates and medical practitioners.

115.83(h): In accordance with ODOC BHS Division Policy and Procedure #MH-E-03 (08/12/13), *Transfer Screening*, section D (page 3), "A mental health evaluation is completed within 60 days of notification of a known inmate on inmate sexual abuser once it has been determined by the PREA Compliance Manager (PCM) that the allegation has been substantiated following an administrative or criminal finding." This procedure also states that inmates will be provided follow-up mental health services based on diagnosis and acuity as outlined in the Mental Health Codes. ODOC does not offer sex offender treatment but other treatment plan options are developed as deemed appropriate by mental health practitioners. There were no substantiated investigations of inmate-on-inmate sexual assault or abuse during this audit period. As such, there was no secondary documentation to review. Knowledge of the requirement to attempt to complete these evaluations was confirmed in interviews with the PCM and mental health practitioners.

Documentation provided for this standard: Agency Policy 40.1.13, Health Services Section Policy and Procedure #P-B05, BHS Division Policy and Procedure #MH-E-03, and investigation reports.

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

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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115.86(a): ODOC has established *Prison Rape Elimination Act (PREA) PREA Compliance Manager (PCM) Guidelines* (01/28/2016), outlining the process for completing sexual abuse incident reviews.

Incident reviews are conducted for all substantiated and unsubstantiated investigations of sexual abuse allegations. Action plans are developed as indicated by this review. The Acting Superintendent indicated he had not participated in any incident reviews, as none were completed since he began his temporary position. However, the PCM did provide documentation to reflect incident reviews under the prior Superintendent and the actions taken by the review committee, to include visiting the location the allegation was to have occurred, reviewing security cameras and verifying adequate staff presence was in place. In the breakdown of investigations during the documentation period, only one case for sexual abuse was determined to be unsubstantiated and that case did include an incident review that was completed within the 30-day timeframe. This was verified onsite by reviewing the incident review packet that had been completed. The majority of allegations at EOIC are in regards to sexual harassment, which do not qualify for a sexual abuse incident review.

115.86(b-c): ODOC's PCM Guidelines (01/12/2016) includes the following: "The PCM will ensure that an incident review is completed within 30 days of the conclusion on a sexual abuse allegation that is deemed to be substantiated or unsubstantiated (NOT unfounded) ... The review shall be completed with input from line supervisors, investigators, medical services, BHS and other staff as relevant."

Currently, incident reviews are conducted electronically through the agency's OMS system. When the PREA incident in the system is closed out following completion of the related investigation, the facility's PCM receives an automated system-generated email notifying him/her of the need to complete an incident review. Local procedures regarding incident review require that the PCM meet with stakeholders to gather all required information, as applicable, from the investigator, medical practitioners, and supervisory staff responsible for areas such as security operations, programming, shift operations, etc. The PCM would then enter all information into OMS, which would then forward the review to the Superintendent for comment and approval, including authorization of any identified corrective action. The Acting Superintendent was able to describe this process in his interview even though he has not yet participated in an incident review. The agency PREA Coordinator also participates in the review, adding comments and electronic signature to the review. If the allegation is substantiated, the Institutions Administrator would also participate in the incident review. The PREA Coordinator verified she participates in all incident reviews for each facility within ODOC. She also stated that the automation system began in October 2016 which has made the incident review process much timelier and very few incident reviews are late statewide. Prior to implementation of the OMS automation, paper review forms were used.

115.86(d): The automated review includes the following questions:

- The allegation or investigation indicated a need to review policy or practice to better prevent, detect or respond to sexual abuse?
- The incident or allegation was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics?
- Were there any physical barriers that may have prevented detection of the abuse?
- Could monitoring technology be deployed or augmented to supplement supervision by staff?
- Were required medical and mental health assessments offered to the victim?
- Was all the required documentation completed and sent to the Agency PREA Coordinator?
- Were the staffing levels adequate to the area of the incident?
- Were the victim and perpetrator informed of the allegation determination?
- What if any corrective actions were determined or are recommended?
- What action was taken?
- If not all recommended corrective action was taken, why not?

- Was a thorough investigation completed?
  - If criminal, referred to state police?
  - All witnesses interviewed?
  - Video monitoring was reviewed, if available?
  - Telephone records, mail reviewed if available?
  - All other elements of the investigation thorough and objective?

The questions are posed via the OMS system. The PCM opens the new incident review and gathers information to respond to the questions. In his interview, he indicated that oftentimes he will meet with stakeholders to include the Superintendent, investigating staff, and health services staff to review each case individually. One of the Assistant Superintendents was interviewed as he had participated in several incident reviews since the last PREA audit, and confirmed the information reviewed during the incident review team meetings. He indicated he found the process beneficial, especially when visiting the area the allegation was based from to try to see things from a “different perspective.”

1153.86(e): The multi-layered review system is intended to identify incident-specific issues as well as trends in incidents or reports. Individuals participating in the review look for areas of possible improvement, even if the allegation is not substantiated. The information from incident reviews is also considered in staffing plan revisions and camera prioritization. The Acting Superintendent had not yet participated in an incident review, but knew the information that would be reviewed as part of one. He also stated he was certain one of the main supporting factors for the upgraded camera and video recording system was due to PREA allegations in areas with either no camera coverage, or poor coverage. The Acting Superintendent reported that those participating in a review would likely examine in person the areas of incidents for barriers and other items that may create risk.

During the last 12 months, only one investigation was completed that indicated the requirement for an incident review. A review of the incident review from the OMS, along with electronic signatures confirmed completion of the incident review. Interviews with the PCM, Assistant Superintendent and PREA Coordinator verified that they were each involved in the incident review process. Also, OMS reports confirmed that one investigation required an incident review during the audit documentation period.

Documentation provided for this standard: PREA Compliance Manager Guidelines, documentation of incident reviews, and investigation packets.

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

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.87(a) and (d): Agency Policy 40.1.13 (09/01/2016), sections XIII. A and B (pages 12 – 13) define data collection requirements relative to PREA. The agency PREA Coordinator oversees the collection of accurate, uniform data for all PREA allegations at all of ODOC's facilities using a standardized instrument and definitions outlined in the federal Survey of Sexual Violence (SSV).

115.87(b): The PREA Coordinator 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.

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

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

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

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

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.88(a): ODOC Annual PREA Reports include identification of problem areas, action plans, details for each facility under the jurisdiction of the agency, and a comparison with data from the current and prior years. The agency PREA Coordinator is responsible for data review and oversight of report development. Agency Policy 40.1.13 (09/01/2016), section XIII.B.5 (page 13) indicates the PREA Coordinator "Compiles information collected directly from the inmate population by means of various survey methods which relate to the prevalence of sexual abuse within the institutions, including the circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination..."

115.88(b-c): Reports include a comparison of the current year with prior years along with narrative information regarding the agency's progress in addressing sexual abuse. All reports are signed by the ODOC Director and are posted on the agency's public website (<http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>). Reports for calendar years 2013, 2014, 2015, and 2016 were reviewed.

In an interview, the PREA Coordinator verified that she gathers the information which is populated from what is entered in OMS. The agency looks for trends and at-risk locations, both agency-wide and at specific facilities. Both the PREA Coordinator and the EOCl PCM indicated in interviews that EOCl also reviews all available information informally on a continuous basis (e.g., hot spots, multiple allegations from the same area, etc.).

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

Documentation provided for this standard: Agency Policy 40.1.13, ODOC's public website, and Annual PREA reports for 2013, 2014, 2015 and 2016.

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

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.89(a): ODOC PREA data is retained in a computerized database that is limited to personnel with a need to know. Provisions are in place to ensure the security of this information is maintained.

115.89(b): Aggregate data is included in each of the ODOC's Annual PREA Reports and is available to the public on the agency's website at <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>.

115.89(c): The PREA Coordinator indicated that whenever necessary, all personally identifying information is redacted from Annual PREA Reports prior to publication, with documentation maintained regarding the nature of the material redacted. A review of reports for calendar years 2013, 2014, 2015, and 2016 were reviewed and the removal of all personal identifying information was confirmed.

115.89(d): Data regarding allegations and investigations is maintained in the OMS system. Only the PREA Coordinator can grant specific staff access to this system based on facility-level requests filtered through the local PCM detailing the reason for the requested access. The PREA Coordinator also maintains hardcopy documentation in her office at ODOC Administration with key access restricted to a level similar to that of an Assistant Director. The PCMs are also required to maintain any hardcopy documentation in locked cabinets to secure all information locally. ODOC has not specified a data purge date and all OMS records are currently maintained indefinitely. As such, data would be available for at least ten years after the date of the initial collection as required by standard.

Documentation provided for this standard: ODOC's public website and PREA Annual Reports for 2013, 2014, 2015, and 2016.

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

- During the 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  No

##### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  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  No  NA

- 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.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Lead Auditor was provided with policy and proof documentation for each standard, allowed free access to every part of the facility, and was allowed to conduct private interviews with identified staff and inmates. The Audit Notice was posted in multiple areas of the facility and clearly articulated that letters to the Auditor would be confidential and not discussed unless required by law. The Auditor received one letter from an inmate at EOCl inmates prior to the onsite phase and was able to meet with that inmate during her time at EOCl. There have been zero letters from EOCl inmates since the onsite phase.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

ODOC posts all PREA audit reports to its public website (<http://www.oregon.gov/DOC/INSPEC/PREA/pages.index.aspx>). This includes the report from the most recent audit conducted at EOCl in 2016.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Jeneva M. Cotton

03/13/2019

**Auditor Signature**

**Date**

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

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