

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

Interim Final

Date of Report 03/29/2019

Auditor Information

Name: Michele Morgenroth

Email: mmorgenroth@mt.gov

Company Name: Montana Department of Corrections

Mailing Address: 5 South Last Chance Gulch

City, State, Zip: Helena, MT 59601

Telephone: 406-444-6583

Date of Facility Visit: February 12-15, 2019

Agency Information

Name of Agency:

Oregon Department of Corrections

Governing Authority or Parent Agency (If Applicable):

State of Oregon

Physical Address: 2575 Center St. NE

City, State, Zip: Salem, Oregon 97301

Mailing Address: 2575 Center St. NE

City, State, Zip: Salem, Oregon 97301

Telephone: 503-947-9950

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Website with PREA Information: <https://www.oregon.gov/doc/prison-rape-elimination-act/pages/home.aspx>

Agency Chief Executive Officer

Name: Colette S. Peters

Title: Director

Email: Colette.S.Peters@doc.State.or.us

Telephone: 503-945-9090

Agency-Wide PREA Coordinator

Name: Ericka Sage

Title: PREA Coordinator

Email: Ericka.R.Sage@doc.state.or.us

Telephone: 503-947-9950

PREA Coordinator Reports to: Inspector General	Number of Compliance Managers who report to the PREA Coordinator 11
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Facility Information

Name of Facility: Mill Creek Correctional Facility

Physical Address: 5465 Turner Rd. SE; Salem, OR 97317

Mailing Address (if different than above): 2605 State Street NE; Salem, OR 97310-0505

Telephone Number: 503-378-2600

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

Municipal County State Federal

Facility Type: Jail Prison

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

Facility Website with PREA Information: <https://www.oregon.gov/doc/prison-rape-elimination-act/pages/home.aspx>

Warden/Superintendent

Name: Brandon Kelly **Title:** Superintendent

Email: Brandon.J.Kelly@doc.state.or.us **Telephone:** 503-373-1331

Facility PREA Compliance Manager

Name: Clayton Borden **Title:** Captain/PREA Compliance Manager

Email: Clayton.A.Borden@doc.state.or.us **Telephone:** 503-378-2444

Facility Health Service Administrator

Name: Joe Bugher **Title:** Health Service Administrator

Email: Joe.M.Dafoe@doc.state.or.us **Telephone:** 503-378-5520

Facility Characteristics

Designated Facility Capacity: 290 **Current Population of Facility:** 276

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: 277

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 406

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	Youthful Inmates Under 18: n/a	Adults: 20-67
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0
Average length of stay or time under supervision:		9.12 months
Facility security level/inmate custody levels:		Level 1
Number of staff currently employed by the facility who may have contact with inmates:		72
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		4 new; 1 promotion
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1
Physical Plant		
Number of Buildings: 2		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		2
Number of Segregation Cells (Administrative and Disciplinary):		0
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.):		
Currently, MCCF does not have a camera monitoring system.		
Medical		
Type of Medical Facility:		4 days/week-10-hour shifts; minor injuries/sick calls
Forensic sexual assault medical exams are conducted at:		Salem Memorial Hospital
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		92
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		16(SIU)/4(SART)

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.

This report describes the process and findings of a Prison Rape Elimination Act (PREA) Audit of the Mill Creek Correctional Facility (MCCF) in Salem, Oregon. This audit was conducted by Michele Morgenroth, a Department of Justice Certified PREA Auditor, and support staff member, Jessica Sosa. The onsite portion of this audit occurred February 12-15, 2019.

Six weeks prior to the onsite visit, notification of the dates of the audit and the auditor's contact information was posted in all housing units and common areas of the prison to include: medical, TV room, chapel, main floor, both dormitories, stairways, classrooms, staff break rooms, chow hall and visiting. Pictures of the posted notifications were sent to the auditor on 12/30/18. The audit team also viewed these notifications throughout the facility during the facility inspection. The auditor did not receive any letters in response to this notification.

The auditor received the pre-audit questionnaire and pre-audit documents on 01/17/19. These documents included policies, procedures, training lesson plans, training records, logs, tracking sheets, reports, etc. All documents submitted with the pre-audit questionnaire were reviewed by the auditor prior to the onsite portion of the audit. As part of the pre-audit process, Just Detention International was contacted on 01/04/19 to determine if they had received any reports regarding the facility. Just Detention International responded on 01/04/19 that they had not received any information regarding this facility in the last 12 months.

On the first day of the onsite portion of the audit, the audit team met with facility and agency staff to brief them on the audit process. Participants in this meeting included: Superintendent Brandon Kelly, Assistant Superintendent Michael Yoder, Assistant Superintendent Kurt Wagner, PREA Coordinator Ericka Sage, PREA Compliance Manager Captain Clayton Borden, OSP Sexual Abuse Liaison Captain Robert Adamson, and Sexual Abuse Liaison Lieutenant Stacey Kleier.

During the onsite portion of the audit, the auditor and support staff (audit team) inspected all areas of the facility where inmates are allowed. This included the dormitories, bathrooms, maintenance areas, medical clinic, kitchen, dining area, recreation yard and laundry. During the inspection, the auditor informally questioned staff regarding inmate supervision, movement, and physical plant. The auditor noted PREA posters with reporting information in each dormitory and auxiliary areas. In several areas, mirrors have been placed to eliminate blind spots. Each housing unit also has a doorbell outside the unit for female staff to press to announce their presence. The bathrooms in each dormitory are one large bathroom with several toilet stalls, sinks, and a "gang-style" shower. The entrance to the bathroom has a double swinging door that covers the mid-portion of the doorway. The shower area has a curtain covering the mid-portion of the entrance. The changing area outside the showers is viewable through a large window. Some areas of concern were noted during the inspection and were

addressed by the end of the onsite portion of the audit. The audit team inspected the areas that were addressed and/or documentation showing that they are being addressed. This included:

- The auditor went to the far end of the dormitory to ensure the bell announcing opposite gender staff could be heard beyond the entrance area. In one of the units, it was difficult to hear. The facility put in a work order to purchase two more receptors for each dorm and install them on the north and south side of the dormitory. The auditor was given a copy of the work order to show documentation for this correction.
- In the dry storage for the kitchen a mirror needed to be added to show a blind spot behind a shelf. A mirror has been added so someone entering the storage area, or standing at the doorway, can see behind the shelf.
- In the kitchen in a dish storage area, there was a blind spot behind the wall between the two doors. The facility added a mirror in the corner and moved the dish shelving unit so that no one could stand in the blind spot.
- The Officer in Charge (OIC) office has a window that is covered and a door with no window. This was an area of concern since inmates could be in that area alone with a staff member and not visible to anyone else. However, due to the nature of conversations and information occurring in that office (i.e. risk assessment interviews, investigation interviews and information, etc.) there is also a concern for the safety and security of information and ensuring that information is not visible to the inmate population. The facility and agency staff felt that removing the window covering or adding a window to the door would jeopardize the safety and security of this information. Therefore, the facility sent an email to staff directing them that whenever they take an inmate into a private area, not just the OIC office, they need to leave the door open if the conversation allows. If they cannot leave the door open due to sensitivity of the information, they are to notify another staff member when they are taking an inmate into those areas. This allows a protective measure, without compromising the needs of the facility.
- Reporting brochures are usually placed on a cart that is wheeled into the dining area during visiting. A form containing PREA information was on the cart, but the correct form for visitors was not on the cart during the inspection. The facility placed the correct forms on the cart by the next day.
- The changing area next to the showers was brought up by almost every inmate interviewed as an area where they felt exposed. Therefore, the audit team recommended frosting the bottom portion of the window to ensure inmates are not exposed to staff of the opposite gender but can still be viewed for security purposes. This was completed on both bathrooms prior to the audit team leaving the facility.
- The shower curtain and shower area were concerning from the standpoint of the facility potentially housing a transgender inmate. The curtain was not high enough to cover the breast area of a transgender inmate. In addition, the changing area could allow for exposure of an inmate's breast area. The facility raised the shower curtain and added a hook directly next to the shower which would allow a transgender inmate to grab clothing or a towel without entering the changing area. The facility does not currently have any transgender inmates and has not housed transgender inmates to date.

During the onsite portion, the audit team interviewed inmates and staff. A total of 26 inmates were interviewed; 14 random and 12 targeted interviews based on inmate demographics required by the audit process. To select the random inmates for interviews, the audit team requested a list of all current inmates by housing unit and randomly selected inmates from that list. As the audit progressed, not all inmates were available to interview due to their work schedules, so the audit team began calling any inmates nearby to be interviewed. The inmates interviewed represented both housing dormitories. For targeted inmate interviews, the audit team requested a list of all current inmates who fit into the

following categories: inmates with a physical disability; inmates who are blind, deaf or hard of hearing; inmates who are limited English proficient; inmates with a cognitive disability; inmates who identify as lesbian, gay or bisexual; inmates who identify as transgender or intersex; inmates in segregated housing for high risk of sexual victimization; inmates who reported abuse; and inmates who reported victimization during risk screening. The facility does not have segregated housing so that category was not applicable for interviews. Additionally, due to the facility's operation as a work program, inmates who reside at this facility generally do not have disabilities or hearing or vision impairments that would interfere with their ability to work on work crews, due to safety concerns. There are no inmates currently at the facility who identify as transgender or intersex. Therefore, there was a limited list of inmates available to interview for targeted interviews, so the audit team interviewed every available inmate who matched a category for targeted interviews. In total, the audit team interviewed five inmates who reported victimization during screening, one inmate who reported abuse, one inmate who identified as lesbian, gay or bisexual, and five inmates with a vision or hearing impairment. To meet the minimum required interviews, the audit team interviewed an additional randomly selected inmate. These interviews were conducted in a private room.

Staff interviews consisted of both randomly selected staff and staff responsible for specific duties. Prior to arriving at the facility, the audit team conducted phone interviews with a human resources staff member and a contract administrator. After the onsite portion, the auditor interviewed a representative of the local victim advocacy center via phone. All other interviews were conducted in person in a private setting. While onsite, 12 staff were randomly selected by the audit team for interviews from a staff roster for the day. These interviews represented all three shifts and included both security and non-security staff. To ensure the night shift was included, the audit team arrived at the facility at 0500 on the third day to interview staff on that shift. The audit team interviewed staff responsible for unannounced supervisory rounds, first responder duties, performing risk screening, retaliation monitoring, intake, grievances, and investigations. The team also interviewed the Superintendent, PREA Coordinator, PREA Compliance Manager, medical and mental health staff, volunteer and contractor, and members of the incident review team. The facility does not have any SAFE/SANE staff. Details of staff interviews are discussed in each applicable standard.

Documentation reviewed onsite and/or after the onsite portion included the Department's Offender Management System (OMS) to verify completed risk assessments, offender education documentation, employee and volunteer/contractor training records, background checks, investigation files, retaliation monitoring documentation and other relevant documents. The audit team was also given a demonstration of the Department's background check system. In conformity with standard auditing methods which rely on reviewing a sample representation of documents, the audit team randomly selected staff files and inmate files to review. The staff files were selected by choosing random staff from the staff roster in addition to the one promotion and four new hires from the previous 12 months for a total of 12 staff files. The auditor selected inmate files by selecting approximately every 11th inmate from the list of current inmates. This provided 26 inmate files to review. The total number of files selected to review is the same number of minimum interviews required by PREA audit protocols.

At the conclusion of the onsite portion, the audit team met with agency and facility staff, including: Superintendent Brandon Kelly, Assistant Superintendent Michael Yoder, Assistant Superintendent Kurt Wagner, PREA Coordinator Ericka Sage, PREA Compliance Manager Captain Clayton Borden, OSP Sexual Abuse Liaison Captain Robert Adamson, Sexual Abuse Liaison Lieutenant Stacey Kleier, Assistant Inspector General Jason Brown, and Inspector General Craig Prins. Any areas of concern and items still in ongoing consideration regarding compliance were discussed. Following the onsite portion of the audit, the auditor reviewed all information gathered from interviews, documents, and the onsite inspection to triangulate the data and ensure all three components were met, where applicable,

for each standard. As part of this process, the auditor requested and received additional documents from the PREA Coordinator.

It is important to note the facility does not house anyone under the age of 18, therefore, any standards or audit protocols applicable to youth do not apply. All standards were assessed for compliance based on review of documentation (policy, procedure, reports, logs, etc.), visual observation during the facility inspection, and interviews with both staff and inmates. Where policy or procedure is directly quoted, this is to show evidence of compliance with the standard where the facility or agency has clearly adopted the standard in written documentation and instruction to staff members.

Agency, Department and Department of Corrections (DOC) are used interchangeably throughout this report. Inmate and offender are used interchangeably throughout this report.

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.

Mill Creek Correctional Facility (MCCF) is a state operated minimum-security facility, located in Salem, Oregon. The facility has a designed capacity of 290 inmates and houses only minimum level inmates. The facility is a satellite operation of the Oregon State Penitentiary, located approximately five miles away. The facility has 72 staff. The Superintendent and Assistant Superintendents oversee MCCF and Oregon State Penitentiary. The facility is a work camp which provides crews for the Oregon Department of Corrections and other state and local agencies in the Salem area. The main building has three stories that contain two large open-bay dormitories, a kitchen and dining area, recreation rooms, laundry room, a chapel, small clinical area and office spaces. Each dormitory is open-bay and has a similar layout. Each dormitory has a large bathroom and shower area with "gang-style" showers. Each bathroom has a double swinging door that covers the mid-portion of the doorway and a curtain that covers the mid-portion of the shower area. Additionally, a large window shows a view into the changing area next to the shower. A covered outdoor weight room is outside the basement recreation area. A recreation yard with an outdoor bathroom is located behind the facility. Several maintenance buildings and a greenhouse are also behind the main building. There are no cameras at MCCF. All areas of the facility were inspected by the audit team for compliance with the standards.

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: 0

Number of Standards Met: 45

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

See physical plant changes in audit narrative and descriptions of compliance in each standard. All required actions were completed within the 45-day window for the interim report, therefore, a final report was issued.

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.

- (a) DOC Policy 40.1.13 states, "The department is committed to a zero-tolerance standard for sexual abuse and sexual harassment." The policy further states that each institution will display posters or other material to inform all inmates that DOC has a zero-tolerance policy toward sexual abuse and sexual harassment. Each employee must also sign a PREA Acknowledgment Statement that they understand the Department's position on zero-tolerance of sexual abuse and sexual harassment. The policy goes on to describe prevention planning, staff training, inmate education, risk screening, inmate reporting, staff reporting, official response following a report, investigations, medical and mental health care, disciplinary actions, and data collection and review.
- (b) DOC Policy 40.1.13 defines the agency PREA Coordinator as, "an administrator responsible for the development, implementation, and oversight of the department's compliance with the PREA standards in all of the department's facilities." The agency organizational chart shows the PREA Coordinator position under the Office of the Director, Inspector General and Assistant Inspector General of the Special Programs Unit. The PREA Coordinator position description outlines the PREA Coordinator duties within the agency. These duties are in-line with the requirements of the standard, including the requirements that the position is responsible for the development, implementation, coordination and management of the PREA program for ODOC. The agency has designated Ericka Sage as the agency PREA Coordinator. The audit team interviewed her

regarding her responsibilities. She confirmed she has sufficient time and authority to oversee the agency efforts to comply with the PREA standards.

- (c) DOC Policy 40.1.13 defines the PREA Compliance Manager as, "a management staff person designated by the institution functional unit manager, with sufficient time and authority to coordinate the facility's efforts to comply with the federal PREA standards." The facility has designated Captain Clayton Borden as the facility PREA Compliance Manager. The facility organizational chart shows this position to be under the Assistant Superintendent of Security. ODOC also utilizes a Sexual Assault Response Team (SART) at each facility which assists in the response element of PREA compliance. This team includes the PCM, a Sexual Assault Liaison, and two SART team members. The Sexual Abuse Liaison is designated to coordinate response, reporting, and monitoring of inmate abuse within the institution as well as after action reviews. This team approach is a great way of ensuring compliance, supporting the PREA Compliance Manager, and demonstrating the facility's commitment to PREA compliance. The audit team interviewed the PREA Compliance Manager. He confirmed that he has sufficient time and authority to coordinate the facility's efforts to comply with PREA. Additionally, he identified other staff members on the SART team and processes put in place by the agency which help to ensure PREA compliance.

Supporting Documents:

DOC Policy 40.1.13 Prison Rape Elimination Act

Agency Organizational Chart

PREA Coordinator Position Description

Facility Organizational Chart

MCCF Procedure 39: Responding to Sexual Abuse and Sexual Harassment Allegations (PREA)

Based on policy and document review and interviews with the PREA Coordinator and PREA Compliance Manager, as well as the facility and agency's overall efforts to comply with PREA as evident in the knowledge of PREA expressed in staff and inmate interviews, the facility is compliant with this standard.

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.

- (a) ODOC contracts with four facilities for confinement in Lane, Marion, Jackson, and Grant counties. The original contract, and/or amendments to the contract, with each contains language that the sheriff will adopt and comply with the PREA standards and agree to provide information to ODOC upon request to ensure that the sheriff is complying with the PREA standards. The contracts state that ODOC will monitor the agreement to ensure the sheriff is complying with PREA and that the sheriff must provide copies of all PREA audit reports to ODOC.
- (b) The PREA Coordinator has each facility fill out a PREA monitoring report in the years the contract facility does not receive a PREA audit. These reports require the facility to submit information and statistics about the facility's ongoing compliance efforts in non-audit years. Completed PREA monitoring reports were reviewed for each contract. The contract agencies' most recent audit reports were also reviewed.

The auditor interviewed the Administrator of Population Management via phone to discuss PREA contract requirements and how the agency monitors compliance. The administrator confirmed the four county contracts that were submitted to the auditor for review. She stated that one of the contracts was terminated at the end of 2018. She also confirmed that all facilities are required to submit their final PREA audit reports to the agency and complete a self-assessment form on a regular basis. She stated the facilities are required to notify her of any incidents that occur. However, to date, there have been no incidents reported. Additionally, the PREA coordinator, this administrator, and other staff familiar with audit processes visit the facilities to check compliance.

Supporting Documents:

Lane County Audit Report 10/11/16
Marion County Audit Report 06/25/17
Jackson County Audit Report 04/23/17
Grant County Audit Report 08/29/17

Lane County Contract and Amendments
Marion County Contract and Amendments
Jackson County Contract and Amendments
Grant County Contract and Amendments
Lane County PREA Monitoring Report 11/06/17
Marion County PREA Monitoring Report 04/24/18
Jackson County PREA Monitoring Report 05/24/18
Grant County PREA Monitoring Report 07/10/18

Based on review of contracts, monitoring and audit reports, and an interview with the Administrator of Population Management, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 states, "Security staffing standards and deployment of video monitoring systems or technology shall be assessed for adjustments and documented by the PREA Compliance Managers for facilities affected and communicate to Agency PREA Coordinator." The facility submitted a Staffing Analysis and a Camera Mapping Plan/Proposal. The staffing analysis shows the number of staff at the facility, broken down by position, including if the position is a fixed post or a pull post. DOC 40.2.1 outlines the department's requirements for staff deployment, including review of the staffing plan. In 2014, the agency requested the Association of State Correctional Administrators (ASCA) conduct a staffing analysis of all ODOC facilities. This is considered the facility's original staffing plan. The section on the Mill Creek Correctional Facility begins on page 40 and covers all eleven sub-standards of this standard, including a description of the inmate population, the physical plant, placement of supervisory staff, etc. The staffing plan does not take into consideration programming because MCCF does not have any programming. The facility is a work camp and the initial staffing plan took into consideration the facility's operation as such. The facility did not have cameras when the initial staffing plan was developed but a camera mapping plan and proposal remains a consideration of the staffing plan. The audit team interviewed the PREA Coordinator, the PREA Compliance Manager, the Inspector General (designated by the Director) and the Superintendent regarding the staffing plan. All reported they take into consideration the eleven sub-standards of the standard. They reported they have not had any judicial, federal, internal or external findings of inadequacy regarding staffing. They reported compliance with the staffing plan is determined through staff rosters and unannounced rounds. In general, all staff interviewed regarding this standard were familiar with the requirements of the standard and were knowledgeable of the facility specific staffing plan.
- (b) While onsite, the auditor requested documentation of deviations from the staffing plan. These are documented on the daily assignment roster. Mandatory posts are covered by shutting down non-

mandatory posts or pull posts. If necessary, overtime is used to fill mandatory posts. The mandatory posts are always filled to ensure the safety and operation of the facility. The lieutenant reviews deviations on a regular basis to ensure they are complying with agency expectations. Deviations were reviewed by the auditor from five different days representing four different months during 2018.

- (c) Annual Staffing Plan Reviews for 2018 and 2017 were reviewed by the auditor. Both reviews contain information regarding reviewing and making changes to the staffing assignments. The staffing plan reviews demonstrate where additional staff or changes in staff positions are requested and approved. ODOC is unique in that they currently operate where their budgeted staffing equals their optimal staffing levels. The PREA Coordinator also provided documentation where she has been involved at the agency level in assessing and addressing any concerns with staffing, monitoring technology, blind spots, etc. In the PREA Coordinator interview, she confirmed that she reviews the staffing plan on an annual basis with the facility.
- (d) DOC Policy 40.1.13 states, "Each facility shall require intermediate and higher-level supervisors to conduct and document unannounced rounds on all shifts to deter staff sexual abuse and sexual harassment. Staff is prohibited from alerting other staff members that the supervisory rounds are occurring." Three intermediate or higher-level facility staff were interviewed regarding unannounced rounds. They reported the rounds are conducted on a regular but random basis. They walk through the entire facility, talk to staff, sign on the Area/Dorm check logs to show they walked through the whole unit, and enter their presence in the unit and OIC logs, usually in red ink. They feel confident staff are not alerting others of their rounds because it only takes a few seconds to get from one unit to the other and they would catch staff on the phone or radio if they were alerting others. They can also enter the facility without anyone letting them in. In addition to the staff on duty conducting rounds, the Officer of the Day from Oregon State Penitentiary also comes to MCCF on a regular basis to do rounds. This was reported to the audit team by several staff and documented on the Officer of the Day Checklist. The auditor reviewed Area/Dorm Check logs for eight different days selected from the last 12 months which show when the Officer in Charge (OIC) conducted rounds. Officer of the Day Checklists were also reviewed. This review showed checks being randomly completed every day of the week during each shift. The ODOC PREA Coordinator shared with the auditor an email she received from a staff at the PREA Resource Center which clarified the expectation for unannounced rounds from a previous ODOC audit. In that email, it was noted by PRC staff that the approach of having intermediate or higher-level staff already on shift conduct the rounds would be compliant. Therefore, since the facility is demonstrating that the OIC is regularly and randomly conducting unannounced rounds during their shift, in addition to the Officer of the Day periodically doing rounds from OSP, the facility is compliant with this portion of the standard.

Supporting Documents:

ASCA Staffing Analysis 2014

Daily Assignment Rosters

DOC Policy 40.1.13

DOC Policy 40.2.1

Annual Staffing Plan Reviews 2017 and 2018

Camera Mapping Plan/Proposal

Area/Dorm Check Logs

Officer of the Day Checklists

Based on review of the facility staffing plan, annual staffing plan review, policy, staffing plan deviations, logs for unannounced supervisory rounds, and interviews with multiple staff, the facility is compliant with this standard.

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.

ODOC and MCCF does not house youthful inmates under age 18, therefore, this standard is not applicable. In the 2017 legislative session, HB 2251 passed which clearly states, "...under no circumstances may a person under 18 years of age be incarcerated in a Department of Corrections institution."

Supporting Documents:

79th Oregon Legislative Assembly – 2017: House Bill 2251

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.

- (a) Rule 041 Searches states, "Unclothed searches conducted by DOC staff will be of the same gender as the inmate, unless there is an emergency. Except in emergencies, inmates undergoing

unclothed searches will be removed to a private area for the search." Staff confirmed in interviews that cross-gender unclothed searches are not conducted. The audit team inspected areas where unclothed searches are conducted. The facility has taken measures to ensure there is not cross-gender viewing during these searches.

- (b) MCCF does not house female inmates, therefore this sub-standard is not applicable.
- (c) Rule 041 Searches states, "The facility shall document all unclothed searches to include cross-gender and cross-gender visual body cavity searches." ODOC keeps a cross-gender unclothed search log which indicates the offender, date, time, location, staff name, and reason for a cross-gender search. The facility reports that in the last 12 months there have been no cross-gender unclothed or visual body cavity searches.
- (d) DOC Policy 40.1.13 states, "Each institution shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Opposite gender staff shall announce themselves prior to entering an inmate housing unit by the method approved by the agency." ODOC facilities utilize a bell system for announcing opposite gender staff. An email directive sent 06/11/14 from the ODOC Assistant Director explains the bell system. Staff are directed to press the button when entering a housing unit when there is not already an opposite gender staff on the unit. If the bell is not working, they are to verbally announce their presence. The bell system was observed during the facility inspection in both dormitories. In one of the dormitories, it was difficult to hear at the far end of the unit. The facility put in a work order to purchase two more receptors for each dorm and put them on the north and south side of the dormitory. The auditor was given the work order to show documentation for this correction. Hearing impaired inmates are assigned a hearing helper. The hearing helper is instructed, in writing, to notify the hearing-impaired inmate when the PREA bell is activated. The auditor reviewed the Hearing-Impaired Assisted Living Orderly Assignments instruction sheet that is given to the assistants which contains these instructions. All inmates interviewed who were identified as have a hearing impairment reported they could hear the bell system. All staff and inmates interviewed stated female staff are consistent in pressing the bell system before entering the dormitory.

When asked if inmates could change clothing, shower and use the toilet without staff of the opposite gender viewing them, the changing area next to the showers was brought up by almost every inmate interviewed as an area where they felt exposed. Therefore, the audit team recommended frosting the bottom portion of the window to ensure inmates are not exposed to staff of the opposite gender but can still be viewed for security purposes. This was completed prior to the audit team leaving the facility. During the facility inspection, the shower curtain and shower area were concerning from the standpoint of if the facility houses a transgender inmate. The curtain was not high enough to cover the breast area of a transgender inmate. In addition, the changing area could allow for exposure of an inmate's breast area. The facility raised the shower curtain and added a hook right next to the shower which would allow a transgender inmate to grab clothing or a towel without entering the changing area. The facility does not currently have any transgender inmates and has not housed transgender inmates to date.

- (e) Rule 041 Searches states, "The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's 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." All staff interviewed confirmed they understand the policy that prohibits staff from physically examining a transgender or intersex inmate for the purpose of determining the inmate's genital status. The facility does not currently have any transgender inmates and has not housed transgender inmates to date.

- (f) DOC Policy 40.1.13 states, "The department shall train staff responsible for the supervision of inmates in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." The Cross-Gender, Transgender, and Intersex Inmate Training Curriculum was reviewed by the auditor. It describes how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The LGBTI Communication and Searches v2015 Training Curriculum was also reviewed by the auditor. This training teaches staff how to communicate professionally and respectfully with inmates who identify as LGBTI. It describes the pat search method to be used as the back of the hand or blade of the hand. In the pre-audit documents, the facility provided multiple staff training records showing that staff received the LGBTI Communication and Searches training. All staff interviewed stated they were trained on how to conduct cross-gender pat searches and that the technique they were trained to use is the back of the hand/blade of the hand technique.

Supporting Documents:

DOC Policy 40.1.13

Rule 041 Searches

Cross Gender Unclothed Search Log template

Assistant Director email: 06/11/14

Cross-Gender, Transgender, and Intersex Inmate Training Curriculum

LGBTI Communication and Searches v2015 Training Curriculum

Training Records

Hearing-Impaired Assisted Living Orderly Assignments

Based on review of policy, training materials and records, confirmation of practices during the onsite inspection, and staff and inmate interviews, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.2.11 outlines the department's responsibilities and procedures for ensuring that deaf and hearing-impaired inmates are afforded access to auxiliary aids and services and participation in department programs, services, and activities. DOC 40.1.13 states, "The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." Blind and low vision inmates can hear the PREA education video and the video is closed caption for hearing-impaired inmates. In addition, the agency uses purple communications which is a video relayed interpreter service for sign language. Medical, mental health and institution counselors assist with ensuring inmates who have intellectual, psychiatric, or speech disabilities understand all aspects of the PREA program. The facility also assigns hearing helpers to inmates with hearing impairments. All inmates with hearing or vision impairments reported they were fully able to understand and receive information on all aspects of the PREA program.
- (b) The department primarily uses interpreters through the Oregon Department of Human Services which provides sign language interpreters, assisted listening systems, real time captioning, oral interpreters, and tactile interpreters. The facility also uses staff interpreters and a language line service. Staff interpreters receive differential pay and must test to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. The auditor was provided a list of approved staff interpreters, including the language(s) they speak, which included Spanish, Hmong, Laotian, Thai, Russian, Polish, Ukrainian, Vietnamese and ASL. Staff were

emailed language line instructions. PREA materials are provided in Spanish which is the most common second language in Oregon. For example, the victim advocacy brochure, PREA posters, and the intake video are available in Spanish. A staff member who is approved to translate for Spanish speaking inmates was interviewed. He described the process to become an interpreter which included both a written and verbal test. All staff interviewed were aware of the interpreter services available. Those who were not certain of how exactly to contact an interpreter knew they could go to the OIC to contact one. There were no limited-English proficient inmates to interview at the facility. Although the facility rarely has a limited-English proficient inmate, the auditor believes the facility and agency are equipped to provide necessary information should the circumstance arise.

- (c) DOC 40.1.13 states, "Inmate interpreters, inmate readers, or other types of inmate assistants should not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's claim." The facility reports that in the last 12 months, they have not had to use inmate interpreters for extenuating circumstances. All staff interviewed identified they would only use an inmate interpreter if an extended delay would compromise the inmate's safety or the ability of the staff to respond.

Supporting Documents:

DOC Policy 40.2.11 Effective Communication for Deaf/Hearing Impaired Inmates

DOC Policy 40.1.13

List of approved staff interpreters

Language Line Instructions

Lieutenant email re: language line instructions

Hearing-Impaired Assisted Living Orderly Assignments

Based on review of policy, relevant documents, and inmate and staff interviews, the facility is compliant with this standard.

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

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.

- (a) DOC Policy 20.1.2 states candidates for positions will be automatically disqualified if they meet any of the elements of this sub-standard. MCCF has hired four new staff and promoted one staff within the last 12 months.
- (b) DOC Policy 20.1.2 states, "Substantiated allegations of sexual abuse or sexual harassment incidents will be used in determining whether to hire or promote a candidate." An agency human resources staff member who was interviewed via phone confirmed that sexual harassment will be a consideration when determining whether to hire or promote someone.
- (c) DOC Policy 20.4.5 states that background checks will be conducted on all promotional and new employee candidates before appointing a candidate to a position. The policy further states that

hiring managers will complete thorough reference checks on all final applicants. The agency uses a standardized reference check form which asks whether the candidate worked in a confinement setting, if the candidate was ever suspected or investigated for sexual abuse or harassment, what the results of the investigation were and whether the candidate resigned prior to the completion of the investigation. While onsite, the audit team was given a demonstration of the agency's background check and reference check system. This system allows them to conduct a search of local, state, and national databases for criminal records, arrest history, and contacts with law enforcement, which includes a check with all law enforcement departments within a fifteen-mile radius of all prior residences. Because of the in-depth nature of this check, it is currently completed on all security staff applicants. Non-security staff undergo the regular criminal history background check that checks a national database for criminal records, which meets the requirements of this standard. All previous institutional employers are contacted to gather information on substantiated allegations of sexual abuse. The four new hires and one promotion staff members' records were reviewed by the auditor. These records showed a criminal history records check and, if applicable, a reference check with former institutional employers prior to hire or promotion. Eight other employees' records were also reviewed; however, they were all hired prior to the PREA standards being implemented in 2012. Therefore, the auditor only reviewed that a background check had been completed for those staff within the last five years. During staff interviews, it was stated many times that most staff members at this facility have been with the facility or agency for a long time. An agency human resources staff member was interviewed via phone. She verified the agency conducts criminal record background checks before hire which includes a search of a national database.

- (d) The Facility Access Rule states, "All persons entering the facility will be required to provide sufficient information for the functional unit to review criminal history and background." DOC Policy 100.1.1 states, "Background checks will be completed on contractors and volunteers to ensure compliance with requirements of the DOC policy on Prison Rape Elimination Act (40.1.13)." The audit team reviewed the approved list of volunteers and contractors. Each contractor and volunteer must have a law enforcement data systems (LEDS) check. Several staff at the facility can run this check at any time. Staff who work at the front entrance were questioned regarding entrance procedures for volunteers and contractors. They stated the volunteer or contractor is only approved to enter if they have a background check. Long term volunteers who can move through the facility unescorted have a yellow badge issued to them by the department; contractors have a red badge. The badges include the individual's picture, name, date of issue and expiration date of the badge. They are not issued a badge until they have been approved, received training and gone through a background check. Background checks are also completed for temporary contractors or volunteers who will be escorted within the facility.
- (e) DOC Policy 40.1.13 states, "As required by the Prison Rape Elimination Act, the Department of Corrections shall conduct criminal background checks at least every five years of permanent, temporary employees and contractors, volunteers and interns." In practice, the agency does this by completing background checks during annual performance appraisals, as reported by the agency human resources staff member. A total of 12 staff records were reviewed, all demonstrated a background check completed within the last two years, well within the requirements of this standard.
- (f) Each ODOC recruitment has a statement regarding the PREA requirements for hiring and background checks. Applicants must fill out a disclosure form which covers the requirements of this sub-standard. A sample recruitment and the PREA Verification template was reviewed by the auditor. The agency does not conduct interviews or self-assessments as part of reviews of

current employees. Therefore, that section of (f) is not applicable. DOC Policy 20.1.3 requires employees to promptly report 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, including actions by other employees. It also requires employees to report if they are charged with, arrested for, or convicted of any felony, or class A misdemeanor. Each employee must sign the Code of Ethics which states, in part, "I will be honest and truthful. I will be exemplary in following the regulations of the department, and reporting dishonest or unethical behavior." Four new hires and one promotion occurred within the last 12 months. Documents were reviewed for these staff showing that they answered the questions during the application and/or interview process.

- (g) DOC Policy 20.1.3 which is the code of conduct policy outlining prohibited behavior states, "Failure by employees to follow this policy may result in appropriate disciplinary action, up to and including dismissal." The policy further states, "Violation of Directives: Employees shall not knowingly commit or omit acts which constitute a violation of any of the policies, rules, procedures, regulations, directives, or orders of the department."
- (h) The agency provided documentation of a release of information to another agency regarding a staff member who was a suspect of a substantiated allegation of sexual abuse. An agency human resources staff member confirmed, as did the PREA Coordinator, that information regarding substantiated incidents of sexual abuse would be shared with other institutions seeking a reference on a past employee.

Supporting Documents:

DOC Policy 20.1.2 Applicants for DOC Positions with Prior Criminal Convictions
DOC Policy 100.1.1 Non-Employee Service Provider
DOC Policy 20.1.3 Code of Conduct
Sample recruitment and PREA Acknowledgement
PREA Verification template
Hire Report 1/1/18 to 12/31/18
Employer Questionnaire (reference check) template
Facility Access Rule
ODOC Personal Background Questionnaire

Based on review of policy and other relevant documents, background check documentation, and interviews with staff, the facility is compliant with this standard.

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.

The facility has not made any substantial modifications or expansions since the last PREA audit. The facility has not installed or updated video monitoring or electronic systems since the last PREA audit. DOC Policy 40.1.13 states the department will consider how any such changes will enhance or effect the agency's ability to protect inmates from sexual abuse. The Inspector General, Superintendent, PREA Coordinator, and PREA Compliance Manager all stated if modifications or expansions are considered, sexual safety and the PREA standards would be given serious consideration and the PREA Coordinator is involved in those processes at other facilities which have undergone modifications throughout the agency.

Supporting Documents:
DOC Policy 40.1.13

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 evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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.

- (a) DOC Policy 70.1.3 describes the methods for evidence handling and follows a uniform evidence protocol, including securing the scene, photographing the scene and evidence, evidence chain of custody, evidence packaging and sealing, and evidence storage. The allegation checklist also reminds staff of evidence protocols. ODOC is responsible for conducting administrative investigations. The Oregon State Police are responsible for conducting criminal investigations. If the Oregon State Police declines to investigate, or the elements of the allegation are not criminal, then the case will be administratively investigated by either facility staff or agency Special Investigations Unit (SIU) staff, depending on the severity and nature of the case. All staff interviewed confirmed being trained on how to protect evidence in a sexual abuse case. A facility investigator and an investigator from SIU were interviewed. They confirmed Oregon State Police would be responsible for criminal cases and that facility/agency staff would protect and preserve evidence until the State Police can respond.
- (b) The protocol does not need to be developmentally appropriate for youth as youth are not housed at this facility. Additionally, forensic medical exams are conducted at an outside facility.
- (c) The Health Services procedure which describes medical response in the event of sexual abuse states that if an occurrence of abuse is reported within 96 hours, a transport will be arranged to a treating facility for a sexual assault exam. This is to be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. If one cannot be made available, the examination can be performed by other qualified medical practitioners. The allegation checklist includes steps to transport the individual for examination. This facility utilizes Salem Memorial Hospital. The facility reports that no forensic medical exams have been warranted or performed in the last 12 months.
- (d) The allegation checklist includes a reminder to staff to notify an advocate to respond to the hospital. ODOC has a contract with Center for Hope and Safety in Salem, OR to provide victim advocate support services for victims of sexual abuse in custody. The auditor reviewed this contract. The contract provides that the Center for Hope and Safety will, upon request, provide a victim advocate during forensic examinations and investigatory interviews, as well as provide emotional support services, crisis intervention, information and referrals. The contract states the advocate must be available 24/7 and must respond for a forensic medical exam within one hour of notification, unless outside of the Salem area, then they must respond within two hours. For investigatory interviews, they must respond within two hours unless otherwise scheduled. The contract, originally signed in 2015, has been revised on several dates, with the most recent current until November 2019. A representative from the Center for Hope and Safety confirmed the services provided as outlined in the contract and that they would be called if a victim is taken for an exam. They have not been called by MCCF for a forensic medical exam but have been called by other facilities.
- (e) ODOC has a contract with Center for Hope and Safety in Salem, OR to provide victim advocate support services for victims of sexual abuse in custody. The auditor reviewed this contract. The contract provides that the Center for Hope and Safety will, upon request, provide a victim advocate during forensic examinations and investigatory interviews, as well as provide emotional support services, crisis intervention, information and referrals. The agency has a PREA Sexual Assault Forensic Exam: Advocacy guideline which outlines the roles of the advocate and escorting officers. A tool such as this can be helpful in ensuring the requirements of both the advocate and the escorting officers are met. The agency has a brochure, in both Spanish and English, describing the advocacy services available to inmates and how to contact an advocate. A brochure describing advocacy resources is available to inmates in the dormitories.

- (f) The Oregon State Police conducts criminal investigations. The auditor reviewed an advocacy procedure which outlines the steps for the State Police and facility to work together to ensure a victim advocate is present for investigatory processes.
- (h) ODOC utilizes community-based advocates. The contract with the Center for Hope and Safety requires contract staff to complete New Contractor Training and PREA Training. The Center for Hope and Safety website also outlines the requirements to be an advocate. This includes 52.5 hours of education and topics that include sexual assault, impacts of abuse, effects of trauma, and hotline techniques. A representative from the Center for Hope and Safety confirmed this training and stated at least 40 hours of the training occur in person. Additionally, the advocacy staff receive training specific to PREA and boundaries with inmates.

Supporting Documents:

DOC Policy 70.1.3 Criminal & Administrative Evidence Handling
 Health Services#P-B-05 Procedure in the Event of Sexual Abuse
 OIC/PREA Allegation Checklist
 Contract #5221 with Center for Hope and Safety
 PREA Sexual Assault Forensic Exam: Advocacy guideline
 Oregon Department of Corrections Sexual Abuse Advocacy brochure
 ODOC Investigatory Advocacy Procedure

Based on policy, contracts, and other relevant document review, and interviews with staff and a victim advocate representative, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 states allegations of sexual abuse or sexual harassment of an inmate will be reviewed and referred to the appropriate investigator as specified in DOC 70.1.4 Investigations. The investigations policy describes how allegations are to be reviewed to determine the jurisdiction of the investigation. The Oregon State Police has the primary investigative role for criminal investigations, including, "PREA cases that allege a criminal act, including but not limited to: custodial sexual misconduct, rape, sodomy and sexual abuse." Cases that do not rise to this level will be investigated by the ODOC Office of the Inspector General or the functional unit manager. A functional unit manager is any person with the DOC who reports to the Director, Deputy Director, an Assistant Director or an administrator and has responsibility for delivery of program services or the coordination of program operations. ODOC has a PREA Reporting flow chart and an Investigations Decision Chart which help guide the decision-making process of which entity is responsible for an investigation, based on the type of allegation. The facility had one allegation of sexual abuse or sexual harassment in the last 12 months. This allegation was not of a criminal nature, so it was administratively investigated. Interviews with two agency investigators, the PREA Compliance Manager, the PREA Coordinator, and the Inspector General confirmed the process used by ODOC to assign cases or refer them to Oregon State Police.

- (b) The ODOC policy which ensures allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations is DOC Policy 70.1.4 and is published at: <https://www.oregon.gov/doc/rules-and-policies/Documents/70-1-4.pdf>. In interviews with the Inspector General, PREA Coordinator, PREA Compliance Manager, and investigative staff, all confirmed allegations are referred for investigation.
- (c) DOC Policy 70.1.4 states the Oregon State Police have the primary role in certain types of criminal investigations. The auditor reviewed the Interagency Agreement with the Oregon State Police which outlines the roles and responsibilities of each agency in the conduct of criminal investigations at correctional facilities.

Supporting Documents:

DOC Policy 40.1.13

DOC Policy 70.1.4

Oregon State Police Interagency Agreement

Based on policy, investigation document review, and interviews with staff, the facility is compliant with this standard.

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.

- (a) The new employee PREA training is both online and in classroom. The online print-outs for the new employee training were reviewed by the auditor. The online course covers all requirements of the 10 sub-standards and requires a knowledge assessment after each section of the training. The auditor reviewed the 2016 PREA Training PowerPoint which covers all 10 sub-standards of part (a) of the standard. During the hiring process, staff are required to sign a PREA Acknowledgement form which covers the zero-tolerance policy, inmate right to be free from sexual abuse and harassment, the requirement of staff to report, how to report and some signs that an inmate might have been abused. This covers the required information until a staff member can complete the full training. New employee documentation showed that they signed the acknowledgement form prior to having contact with inmates. All staff interviewed verified they received PREA training which included the topics covered in the ten sub-standards. 12 staff were randomly selected by the audit team from the staff roster to review their training records. All 12 staff records show they received PREA training at least once every year for the last three years (the auditor only reviewed training since the previous audit which occurred in 2016). The audit team is satisfied the facility is compliant with this standard given the familiarity and knowledge of PREA demonstrated in staff interviews, staff verification of ongoing PREA training, and thorough coverage of the requirements of this standard in the training documents.
- (b) All PREA training provided by ODOC covers all genders for all staff. A review of the training presentation shows that all genders are covered. Therefore, employees do not need additional training if reassigned.
- (c) The 2017 PREA Training PowerPoint was reviewed by the auditor. This was a refresher training provided in-person. This training contains a review of the PREA policy, reporting responsibilities, understanding how trauma affects sexual assault victims, advocacy, and first responder duties. A brochure about being trauma informed is also given to the training participants. In 2018 the agency completed the NIC PREA training for staff which meets the requirements of this standard. The 2019 refresher training, due by the end of 2019, was also reviewed by the auditor. At the time of the onsite portion of the audit, staff were not required to have this completed yet. However, the training covered the basics of substandard (a) and auditing processes and included a quiz. All staff interviewed stated they received training within the last year. All 12 staff training records showed they received training within the last year.
- (d) At the end of the 2019 training there is a section where the staff member must submit an electronic acknowledgement that they understand the training they just received and print and sign an acknowledgment form. The facility utilizes a PREA Acknowledgement Statement containing the department's zero tolerance policy and acknowledgment of the signee that they have read and understand PREA Policy 40.1.13 which is to be kept in the employee personnel file. Because employees have to click an acknowledgement at the end of the training, any employee training record which shows completion of the training would also mean that they completed that acknowledgment.

Supporting Documents:
2016 PREA Training PowerPoint
2017 PREA Training PowerPoint
2019 PREA Training
New Employee Training online print-outs
PREA Acknowledgement Statement

Based on review of policy, training curriculum, training records, and interviews with staff, the facility is compliant with this standard.

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

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.

- (a) DOC Policy 40.1.13 states, "The department shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents." The agency also has volunteer newsletters which cover various PREA topics.
- (b) DOC Policy 40.1.13 states, "The department shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents." The agency utilizes a checklist and training requirements flowchart for non-employee service providers (NSP) to ensure appropriate training. Full time contractors receive the same PREA training as staff, part-time contractors receive PREA and Boundaries Training, escorted contractors read a PREA statement when entering the facility. The PREA and Boundaries Training was reviewed by the auditor and covers the zero-tolerance policy, and the basic tenets of prevention, detection, and response.
- (c) The facility reports they have 92 total volunteers and contractors who may have contact with inmates. The facility utilizes a PREA Acknowledgement Statement containing the department's zero tolerance policy and acknowledgment of the signee that they have read and understand PREA Policy 40.1.13 which is to be kept in the contractor or volunteer file.

This facility has a limited number of contractors or volunteers who work on a regular basis at the facility. Therefore, one volunteer and one contractor who were available were interviewed. Both stated they received training on their responsibilities regarding prevention, detection, and response policies. The volunteer, the PREA Compliance Manager, PREA Coordinator, and staff who work at the entrance post all confirmed volunteers and contractors are not allowed to be in the facility, unescorted by staff, unless they have received appropriate PREA training. Volunteers or official visitors who will always be escorted by staff and have limited contact with inmates are read a statement when they enter the facility regarding the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. They are asked if they understand the policy and the officer signs a form showing they were given this information.

Supporting Documents:

DOC Policy 40.1.13
PREA Acknowledgement Statement
NSP Facility Orientation Checklist
NSP Training Requirements Flowchart
PREA and Boundaries Training
Volunteer Newsletters 2018
ODOC Visitor Authorization

Based on review of policy, volunteer and contractor training documentation, other relevant documents, and interviews with a volunteer, contractor and facility staff, the facility is compliant with this standard.

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

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- (a) DOC Policy 40.1.13 states upon admission to DOC custody, inmates will receive information on reporting. It also states that each institution will display posters or other materials which inform inmates of the DOC zero-tolerance policy. All inmates at this facility have been transferred from other facilities within the agency. They receive PREA information at the original ODOC facility they enter. During intake at this facility, inmates are given a handbook with the PREA reporting information. The audit team witnessed posters with PREA information throughout the entire facility. All inmates interviewed for both random and targeted interviews confirmed they received the information at intake.
- (b) Inmates are shown a PREA video within a week of intake. The transcript for the video was reviewed by the auditor. It contains information on the inmates' right to be free from sexual abuse and sexual harassment and free from retaliation for reporting. It also details reporting mechanisms and how the agency will respond to reports. An intake staff member was interviewed, and confirmed inmates are shown the video during admission and orientation on Fridays. All inmates interviewed for both random and targeted interviews confirmed they watched the video within a week of intake. The audit team reviewed education documentation for 26 randomly selected inmates. All were completed within the required time frames.

- (c) The facility reports there are no inmates at the facility who were admitted prior to August 20, 2012. The agency reporting and PREA procedures are the same in all facilities.
- (d) DOC Policy 40.1.13 states, "The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." Reporting posters and the intake video are in both English and Spanish. Blind and low vision inmates can hear the PREA education video and the video is closed caption for hearing-impaired inmates. Five inmates with a vision or hearing impairment were interviewed. All confirmed they were able to receive and understand PREA information. See also notes for Standard 115.16.
- (e) Documentation of inmate education is maintained in the Offender Management System. PREA Compliance Managers are sent a weekly notification email from the system if inmates are missing PREA education. This ensures ongoing compliance for this standard. 26 inmate files were reviewed, all contained documented PREA education.
- (f) DOC Policy 40.1.13 states "The department shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats." The inmate handbook contains information on reporting, the zero-tolerance policy, and advocacy information. Inmates confirmed in interviews they received the inmate handbook at intake. The audit team witnessed posters throughout the facility and brochures in the dormitories with PREA information.

Supporting Documents:

DOC Policy 40.1.13

PREA Reporting Posters

Inmate Handbook

Sample Corrections Management Information System email

PREA Intake Video Transcript

Offender Management System records

The audit team is satisfied the facility is compliant with this standard given the familiarity and knowledge of PREA demonstrated in inmate interviews. Based on review of policy, offender records, the audit team's onsite inspection, and interviews with staff and inmates, the facility is compliant with this standard.

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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- (a) DOC Policy 40.1.13 states, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff identified by the department." A facility investigator and a Special Investigations Unit (SIU) investigator were interviewed. Both confirmed they were required to take specialized training to conduct sexual abuse investigations.
- (b) Investigators take the PREA: Investigating Sexual Abuse in a Confinement Setting online National Institute of Corrections (NIC) training and/or the department's PREA Investigations Training. SART team members receive an additional two-day training. The NIC training covers the requirements of this standard. The department's PREA Investigations Training covers evidence collection, trauma and victim responses, interviewing techniques, Miranda and Garrity Warnings, reports, and criteria for administrative action. The additional SART team training contains information specific to SART team roles and responsibilities, including additional training on interviewing. The facility investigator and SIU investigator confirmed the topics required in the standard were covered in the training.
- (c) The auditor reviewed training rosters and records for the four SART team members identified by the facility. The agency also provided training records showing PREA training for Oregon State Police officers. The agency identified 16 SIU investigators who might be responsible for sexual abuse or harassment investigations. The audit team reviewed training certificates for all 16 SIU investigators.

Supporting Documents:

DOC Policy 40.1.13

NIC PREA: Investigating Sexual Abuse in a Confinement Setting

Department PREA Investigations Training PowerPoint

SART Training PowerPoint

Training Rosters and Certificates

Directive from PREA Coordinator RE: Investigator Training

Based on policy and training documentation review, and interviews with staff, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 states, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff identified by the department." Health Services Procedure #P-B-04 states, "New Health Services staff will receive instruction related to prevention, detection, reporting and investigation of inmate sexual victimization...Specialized training shall be offered periodically to Mental Health professionals, SART members, Health Services professionals, and other staff identified by the superintendent." The auditor reviewed the ODOC PREA Training for Health Services Staff presentation. It contains all required elements of this sub-standard and expounds on some of the topics required under 115.31. A medical staff and a mental health staff were interviewed, and both confirmed receiving specialized training covering the topics required in this standard.
- (b) Medical staff at ODOC do not conduct forensic medical examinations. They are conducted at the hospital.
- (c) The facility provided documentation for the two health services staff who work regularly at the facility which showed the staff members received both the PREA training required under 115.31 and specialized training.
- (d) DOC Policy 40.1.13 states, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff identified by the department." Health Services Procedure #P-B-04 states, "New Health Services staff will receive instruction related to prevention, detection, reporting and investigation of inmate sexual victimization...Specialized training shall be offered periodically to Mental Health professionals, SART members, Health Services professionals, and other staff identified by the superintendent." The facility provided documentation for the two health services staff who work regularly at the facility which showed the staff members received both the PREA training required under 115.31 and specialized training.

Supporting Documents:

DOC Policy 40.1.13

Health Services Procedure #P-B-04 Federal Sexual Abuse Reporting Regulations

ODOC PREA Training Health Services Staff presentation

Health Services Staff training records

Based on policy and training documentation review and staff interviews, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 states, "Inmates will be assessed within 72 hours of arrival at all DOC facilities and again within 30 days to determine whether they meet criteria indicating either vulnerability or likelihood of perpetrating sexual abuse." A staff member responsible for screening was interviewed and confirmed inmates are screened within 72 hours of arrival. All 26 inmates interviewed remembered being asked the questions in the screening tool. Most could not remember exactly when the questions were asked but this is common in inmate interviews, given the amount of information exchanged during intake.
- (b) DOC Policy 40.1.13 requires that inmates be assessed within 72 hours of arrival. The audit team reviewed intake screening documentation for 26 inmates. All were screened within 72 hours, most on the same day as intake.
- (c) The auditor reviewed the screening tool and scoring mechanism used by ODOC. It is an objective tool, in that, it is not influenced by the personal feelings or opinions of the individual conducting the screening. The tool has a clear scoring mechanism to determine vulnerability or aggressiveness. The staff member who conducts screening verified this is the screening tool used for all assessments.

- (d) DOC Policy 40.1.13 states inmates will be assessed based on the sub-standards of this standard for vulnerability. The screening tool and scoring mechanism used by ODOC take into consideration 1-9 of the sub-standards. ODOC does not house inmates solely for civil immigration purposes, therefore sub-standard 10 does not apply. The PREA Coordinator demonstrated the Offender Management System where screening is documented. The system allows for certain questions or data fields to be pre-answered based on the inmate's history and information in the electronic record, such as age, weight, height, previous history of violent offenses, etc. Therefore, not all the questions in the screening tool are asked each time if it is a question that the answer cannot change, such as offense history. Inmates are always asked certain questions, such as if they have been victimized or if they feel safe.
- (e) DOC Policy 40.1.13 states, "The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive." The screening tool does consider the requirements in this sub-standard. This was confirmed by the staff member interviewed who conducts screening.
- (f) DOC Policy 40.1.13 requires that inmates be reassessed within 30 days. The audit team reviewed re-screening documentation for 26 inmates. All were screened again within 30 days of intake. Since the screening tool is electronic and connected to the electronic record for each inmate, any new information about the inmate received since the intake assessment would be available to the staff conducting the screening. All 26 inmates interviewed remembered being called down to the main floor or Officer in Charge office some time within the first 30 days of being at the facility to answer the questions in the screening tool. Several commented that this is such a common occurrence that inmates know they are being called down to answer "PREA questions." The auditor views this as positive because if inmates know it is a common occurrence and all inmates must do it, they will not feel singled out or labeled.
- (g) DOC Policy 40.1.13 states, "An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." The staff member interviewed who conducts screening, the PREA Compliance Manager and SART staff all confirmed an inmate would be reassessed as warranted.
- (h) DOC Policy 40.1.13 states, "Inmates may not be disciplined for refusing to answer, or for failing to disclose information in regard to the assessment questions." The staff member interviewed who conducts screening confirmed inmates would not be disciplined for not answering or failing to disclose information.
- (i) The PREA Coordinator reports that only the PREA Coordinator can assign a staff access to the completed assessments within the Offender Management System. These are done on a case-by-case basis to ensure the information is not exploited. All staff can view whether an inmate is potentially vulnerable or aggressive, but they do not have access to why the inmate has scored that way. This was confirmed by the PREA Compliance Manager as well.

Supporting Documents:

DOC Policy 40.1.13

Memo RE: 115.41 from PREA Coordinator

Screening Tool

PREA Risk Assessment Screening scoring system

Offender Management System documentation

Based on review of policy, screening documentation, and interviews with staff and inmates, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 states, "The department shall use information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive." All ODOC facilities receive a PREA Transfer alert email daily which tells them how many inmates are arriving with PREA designators from risk screening. Facilities then go in the Offender Management System and check that they have reviewed the inmate arriving, typically the PREA Compliance Manager does this. The system does a hard stop on all inmates designated as potentially aggressive being housed with an inmate who is potentially vulnerable in cells. The auditor was shown the OMS system with the indicator, "Vulnerable inmates cannot be housed with aggressive inmates. Find alternative housing placement." The auditor also viewed sample emails with the PREA Transfer alerts. Notifications are also made to staff who make work, education, and program assignments. This facility takes into consideration the information from the risk screening for work and housing assignments, but they do not have education or program assignments. A staff member responsible for reviewing housing assignments was interviewed and she stated inmates who may be vulnerable are placed in beds close to the officer station in the dormitory. It is also significant to note that inmates who have committed a sex offense are not allowed to be placed at this facility, due to its designation as unfenced minimum security.
- (b) DOC Policy 40.1.13 states, "The department makes individualized determinations about how to ensure the safety of each inmate..." This is evident in the process which requires each inmate with a designation from the risk assessment to be individually reviewed when transferred to the facility.
- (c) DOC Policy 40.1.13 states, "In deciding inmate housing and programming assignments for transgender or intersex inmates, the department shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems." The Transgender and Intersex (Inmate) rule outlines specific guidelines for the identification, assessment, review and management of transgender and intersex inmates. Specifically, it states the purpose of the rule is to "Assess, review, and manage inmates who identify as transgender or intersex on a case-by-case basis, in a respectful manner, considering each inmate's individual circumstances, including but not limited to the inmate's physical sexual characteristics, gender identification, physical presentation, behavior, and programming needs." This comports with the requirement of the standard as decisions are not based on anatomy alone. ODOC has a Transgender and Intersex Committee which reviews information on inmates who identify as transgender or intersex and make appropriate facility and housing assignment decisions on a case-by-case basis. These inmates may not be transferred to another facility without the committee's approval. The committee consists of the Superintendent of CCCF (intake center for the state), Assistant Director of Operations, Institutions Administrators,

PREA Coordinator, Medical Director, Behavioral Health Services Administrator, Population Management Administrator and others as needed.

- (d) DOC Policy 40.1.13 states, "The PREA Compliance Manager will review placement and programming assignments for each transgender or intersex inmate at least twice each year to review any threats to safety experienced by the inmate." There are currently no transgender or intersex inmates at MCCF, nor has there been in the last 12 months. The PREA Compliance Manager was aware of the process to assess each transgender or intersex inmate twice a year but he has not yet had to complete this task.
- (e) DOC Policy 40.1.13 states, "A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration." The PREA Compliance Manager and PREA Coordinator both stated individualized assessments are made and the inmate's view of his or her own safety is considered.
- (f) DOC Policy 40.1.13 states, "If requested, transgender and intersex inmates shall be given the opportunity to shower separately from other inmates." The Transgender and Intersex (Inmate) rule also allows for transgender and intersex inmates to shower separately from other inmates. If a transgender or intersex inmate is placed at this facility, they would be allowed to shower at a separate time, due to the layout of the showers. Changes made during the onsite portion of the audit to the shower curtain and the addition of a hook next to the shower curtain to hang clothing, limits exposure of the inmate to the rest of the inmate population and staff.
- (g) DOC Policy 40.1.13 states, "The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connections with a consent decree, legal settlement, or legal judgement for the purpose of protecting such inmates." The PREA Coordinator confirmed the placement process described in (c) above. One inmate who identifies as bisexual was interviewed. He stated he has never been placed in a unit, wing, or facility based on such identification.

Supporting Documents:

DOC Policy 40.1.13

PREA Transfer alert email

Rule 291-210-0010 Transgender and Intersex (Inmate)

Based on policy and risk assessment tool review, the audit team's facility inspection, and interviews with staff and inmates, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 contains the same language as stated in this standard. The ODOC Request for Administrative Housing form requires signature by the superintendent verifying that placement of the inmate on administrative housing status is warranted and no reasonable alternative to the placement is available.
- (b) DOC Policy 40.1.13 requires that inmates placed in administrative housing for this purpose have access to programs, privileges, education, and work opportunities and that restrictions will be documented.
- (c) The Segregation (Administrative) Rule states that inmates may be involuntarily placed in administrative segregation or protective custody for a period not to exceed 30 days only when there is sufficient evidence to believe immediate assignment is necessary to protect the safety, security, and orderly operation of the facility. If the placement exceeds 30 days, it must be verified through the hearing process that there is a continuing threat to safety, security, and orderly operation of the facility.
- (d) DOC Policy 40.1.13 states the Officer in Charge is responsible for documenting the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged.
- (e) DOC Policy 40.1.13 states every 30 days, the facility will review each inmate placed in administrative housing for protective measures to determine if there is a continuing need.

The Superintendent, PREA Compliance Manager, and PREA Coordinator were interviewed regarding this standard. MCCF does not have a segregated housing unit since it is a minimum-security work dormitory. If an inmate was at risk for victimization the facility would first investigate to determine if the potential aggressor could be removed. They would also look at bed assignment and other protective factors. If an inmate must be removed from the facility, they would first review placing the inmate in

another minimum-security work dormitory. This would be a lateral move, non-punitive and would be preferable to sending the inmate to a more secure setting. Sending the inmate to a more secure facility would be a last option, and involuntary segregation would be considered only if all other options were exhausted. No inmates were removed from the facility within the last 12 months to be placed in involuntary segregation at another facility for the purposes of this standard.

Supporting Documents:

Rule 291-046-0005 Segregation (Administrative)

DOC Policy 40.1.13

ODOC Request for Administrative Housing form

Based on review of policy, onsite inspection, and interviews with staff, the facility is compliant with this standard.

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.

- (a) The agency has established numerous ways for inmates to report sexual abuse and sexual harassment or retaliation. These include, telling a staff member, calling the Inspector General Hotline, contacting the Governor's Office, telling a family member who can contact the department, putting an inmate communication in any mail box, and using the grievance system. Inmates are given this information in the PREA intake video, posters and the inmate handbook. Several of these methods allow the inmate to remain anonymous. While onsite, the audit team tested the Inspector General Hotline. The auditor received an email the next day from the PREA Coordinator with the recording of the call, showing the system works. All 26 inmates interviewed, including random and targeted interviews, identified at least one way they would feel comfortable reporting. All of them mentioned the posters throughout the facility that have the information.
- (b) ODOC has an agreement with the Governor's Office of Constituent Services to allow inmates to call or write and make reports which are then forwarded to the agency. The auditor reviewed the agreement. It states the reports will be forwarded within 72 hours. Inmates may remain anonymous when they call or send a letter. This information is made available to inmates through posters and brochures. The agency does not house offenders solely for civil immigration purposes.

- (c) DOC Policy 40.1.13 states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification...the staff member shall immediately complete the Staff Reporting Responsibilities form..." All 12 staff randomly selected for interviews stated they would accept verbal reports and they would immediately document those reports on the Staff Reporting Responsibilities form. All staff confirmed they would accept, and forward reports made in writing, anonymously or from third parties.
- (d) DOC Policy 40.1.13 states, "Staff may utilize the Inspector General's Hotline or the Governor's Office to privately report all allegations of sexual abuse or sexual harassment." All 12 staff randomly selected for interviews stated they could privately report information up their chain of command and could go to the Superintendent or PREA Coordinator if they needed to.

Supporting Documents:
 PREA Intake Video Transcript
 Agreement with the Governor's Office
 DOC Policy 40.1.13
 MCCF Inmate Handbook

Based on policy, poster and brochure review, interviews with staff and inmates, testing of the hotline, and the audit team's onsite inspection, the facility is compliant with this standard.

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

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.

- (a) The agency has administrative procedures to address inmate grievances regarding sexual abuse in Rule 291-109-0100 Inmate Communication and Grievance Review System.

- (b) The grievance rule states, "There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse." The facility grievance coordinator was interviewed and stated the inmate is not required to follow an informal grievance process or attempt to resolve the allegation with staff. He also stated he gives an orientation on the grievance process to all new inmates.
- (c) The grievance rule states, "The grievance coordinator may not refer a grievance alleging sexual abuse to a staff member who is the subject of the grievance." The grievance coordinator stated a grievance would never be submitted or referred to the staff member who is the subject of the complaint. Locked grievance boxes were noted in several places in the facility. The grievance coordinator collects grievances on a regular basis.
- (d) The grievance rule dictates timelines for response to sexual abuse grievances that are the same as this sub-standard. The facility reports there have been no grievances filed in the past 12 months alleging sexual abuse. The grievance coordinator confirmed this in his interview. He also expressed a firm knowledge of the requirements in this standard and the grievance process in general.
- (e) Third parties are allowed by the grievance rule to assist inmates in filing grievances alleging sexual abuse. If the inmate declines to pursue grievances written on his behalf, the department will document the decision.
- (f) Emergency grievances can be submitted directly to the Officer in Charge (OIC) or the OIC's designee. During the onsite inspection, staff stated if they received an emergency grievance, they would immediately notify the OIC. The grievance rule requires the OIC or designee to immediately review the emergency grievance and take immediate action to mitigate the risk of sexual assault. The OIC or designee is then to forward the grievance and initial response to the grievance coordinator within 48 hours. The grievance coordinator is to issue a final response within five days of submission of the grievance.
- (g) The facility has not disciplined an inmate for filing a grievance regarding sexual abuse in bad faith. The Hearings Rule includes a violation for providing false information that would cause a threat to the safety, security, or orderly operation of a facility. DOC Policy 40.1.13 states, "The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith."

Supporting Documents:

Rule 291-109-0100 Inmate Communication and Grievance Review System

The facility reports there have been no grievances filed that allege sexual abuse in the last 12 months therefore, there were no documents to review beyond policy. Based on policy review and an interview with the grievance coordinator, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 requires inmate access to outside confidential services. The contract with the Center for Hope and Safety states the Center will "provide and staff a confidential victim support

services crisis line seven days a week to provide crisis intervention services to adults in custody who are experiencing or have experienced sexual abuse." This contract has been in place since 2015 and amended on several occasions with the current contract effective until November 30, 2019. The PREA Coordinator stated the calls to all advocacy centers are not recorded. When inmates call the advocate hotline, they are routed to the local advocacy center. However, if they are moved to a different facility, they can continue to communicate with the original center if they choose. A representative from the Center for Hope and Safety was interviewed. She confirmed they receive numerous calls from inmates in facilities. However, they rarely know which facility they are calling from, which confirms the anonymity of these calls.

- (b) Inmates are given an advocacy brochure which has the contact information for the outside victim resource. The brochure is available in English and Spanish. Inmates can call the number provided or write to the address provided. The brochure 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." The Mail (Inmate) rule lists incoming and outgoing mail from/to sexual abuse advocacy programs as official mail and outlines how official mail is handled. During the onsite inspection, the audit team saw advocacy brochures available in the dormitories.
- (c) The agency has Contract #5221 with Center for Hope and Safety which complies with this standard and was reviewed by the auditor.

Supporting Documents:

Contract #5221 with Center for Hope and Safety

ODOC Sexual Abuse Advocacy brochure

Rule 291-131-0005 Mail (Inmate)

DOC Policy 40.1.13

Based on policy, contract, and other document review, and interviews, the facility is compliant with this standard.

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 accepts third party reports. They have reporting information on their Department website at <https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/report-an-incident.aspx>. They also provide pamphlets with information in their visiting rooms. Various staff confirmed they would accept and investigate reports from third parties.

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 persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

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

Auditor Overall Compliance Determination

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

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.

- (a) DOC Policy 40.1.13 states, "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 incidents." All 12 staff randomly selected for interviews stated they are required to report in accordance with this standard.
- (b) DOC Policy 40.1.13 states, "PREA information collected during investigations and intake assessments is considered sensitive and should only be shared with the staff with a need to know as part of their assigned duties." All 12 staff randomly selected for interviews stated information about a sexual abuse is only shared with staff who need to know the information.
- (c) DOC Policy 40.1.13 requires that information provided in confidential communications to DOC Medical Services staff and Behavioral Health Services staff will be shared consistent with and

according to the standards required by state statute, professional licensure, and ethical standards. It also requires that DOC staff inform inmates of any limits to confidentiality prior to conducting interviews. The Health Services Information Disclosure, which is signed by the inmate, states that information pertaining to staff sexual abuse or inmate sexual abuse is not confidential and will be reported without the consent of the patient. The auditor reviewed signed examples of these forms while at the facility. A behavioral health staff and a medical staff were interviewed. Both confirmed they are required to report, and inmates are notified of their duty to report and limits to confidentiality at the initiation of services. Neither staff has received information they would need to report while at this facility. The medical staff stated she had to report something while working at another facility and did so according to agency policy.

- (d) The Health Services Information Disclosure states that the abuse of a child under 18 years of age or 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 will be reported. The facility has not had any victims under 18 or vulnerable adults to necessitate such notification.
- (e) DOC Policy 40.1.13 requires staff to accept reports from third-party and anonymous sources. DOC Policy 70.1.4 states that all allegations of sexual abuse and sexual harassment will be investigated. The Superintendent, PREA Compliance Manager, and numerous other staff confirmed reports would be forwarded for investigation to the appropriate investigators.

Supporting Documents:

DOC Policy 40.1.13

Health Services Information Disclosure

DOC Policy 40.1.13

Based on policy and document review and interviews with staff, the facility is compliant with this standard.

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.

DOC Policy 40.1.13 outlines response protocols for protecting inmates. Rule 291-046-0005 Segregation (Administrative) allows for inmates to be placed in involuntary administrative segregation in compliance with 115.43 if no other alternatives are available. The Superintendent, PREA Compliance Manager, and every staff randomly selected for interviews, stated they would immediately act to separate a potential victim from a potential abuser when an inmate is at imminent risk of sexual abuse. Based on policy review, interviews with staff, and the audit team's overall assessment of PREA compliance, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 states, "Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred." The facility has not had to notify another agency or facility of any such allegations in the last 12 months.
- (b) DOC Policy 40.1.13 requires this notification be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- (c) DOC Policy 40.1.13 requires the notification to be documented. ODOC documents this on a Confinement Notification form.
- (d) DOC Policy 40.1.13 states, "The facility head or agency office that receives such notification shall ensure that the allegation is investigated." The Superintendent confirmed that if they receive an allegation from another facility that something occurred in this facility, they would immediately forward it to the PREA Coordinator, PREA Compliance Manager and the appropriate investigator. The one allegation investigated in the last 12 months was made by an inmate who was at Oregon State Penitentiary when he made the report. It was reported and responded to in accordance with these standards.

Supporting Documents:
DOC Policy 40.1.13
Confinement Notification Template

Based on policy and interviews with staff, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 requires staff to immediately report sexual abuse and sexual harassment. The policy then requires the Officer in Charge (OIC) to initiate action as outlined in the OIC PREA Checklist to mitigate immediate harm to the victim. The first step in the OIC PREA Allegation Checklist is to ensure the victim is safe and kept separated from the alleged abuser. Staff are issued first responder cards which remind them of the steps first responders should take. When staff receive information regarding sexual abuse, they are to document it on a Staff Reporting Responsibilities form. This form includes a reminder to ensure the victim is safe and separated from the alleged perpetrator. Procedure 39 also outlines first responder duties. All 12 staff randomly selected for interviews identified the appropriate first responder duties, including evidence protection.
- (b) Non-security staff are required to complete the same first responder duties as security staff. All non-security staff selected for interviews accurately identified the appropriate first responder duties.

Supporting Documents:

DOC Policy 40.1.13

OIC PREA Allegation Checklist

Staff Reporting Responsibilities form

First Responder Card

Procedure 39: Responding to Sexual Abuse and Sexual Harassment Allegations (PREA)

Based on policy and document review and staff interviews, the facility is compliant with this standard.

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.

The auditor reviewed Procedure 39 which outlines the facility's response to sexual abuse and sexual harassment allegations. It covers first responder duties, responsibilities of the Officer in Charge, notifications to the Oregon State Police or Special Investigations Unit and sexual abuse liaison, notification to behavioral health and medical services, and coordination with the PREA Compliance Manager and PREA Coordinator. This meets all the elements required by this standard. All staff interviewed were well informed of the process to follow and the elements of a coordinated response, including the checklists and reporting forms. Additionally, the facility has a sexual abuse response team which receives specialized training to respond to sexual abuse allegations.

Supporting Documents:

Procedure 39: Responding to Sexual Abuse and Sexual Harassment Allegations (PREA)

Based on review of Procedure 39 and interviews with staff, the facility is compliant with this standard.

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 participates in collective bargaining. Union contracts reviewed by the auditor state, "The employee may be suspended in accordance with current practice or be allowed to continue work during the period of investigation." Therefore, the agency's ability to remove alleged staff sexual abusers pending an investigation is not limited. The Inspector General confirmed the agency has the ability to re-assign employees or place employees on leave with or without pay pending an investigation.

Supporting Documents:

Association of Oregon Correction Employees Collective Bargaining Agreement 2017-2019

Based on review of the contract language and staff interviews, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 requires the PREA compliance manager to monitor all inmates and staff who report sexual abuse or sexual harassment or who cooperate with investigations for retaliation. The policy dictates a zero tolerance for retaliation and states inmates and staff have a right to be free from retaliation.
- (b) DOC Policy 40.1.13 states actions taken to remedy retaliation will be documented and forwarded to the PREA Coordinator and sexual abuse liaison. The Superintendent and Inspector General stated retaliation would be investigated, and protective measures would be taken if needed.
- (c) DOC Policy 40.1.13 states monitoring will continue for 90 days following a report. Incidents of retaliation are to be addressed immediately. Monitoring should include review of inmate disciplinary reports, housing assignments, program changes, and negative performance reviews or reassignments for staff. The facility reports there is one inmate but no staff currently being monitored for retaliation. The Offender Management System (OMS) tracks the individuals on retaliation monitoring. For inmates, the system automatically pulls information about disciplinary reports, housing changes, etc. for the person monitoring retaliation to review. The PREA Compliance Manager receives emails when monitoring is due. The PCM or a member of the SART team is to meet with the inmate or staff to check in with them within 30, 60, and 90 days at a minimum or more frequently as the situation dictates. Documentation in OMS for retaliation monitoring for the one inmate being monitored was reviewed by the auditor. The audit team interviewed a SART member who conducts monitoring. She verified the process as required under this standard.
- (d) DOC Policy 40.1.13 states, "In the case of inmates, such monitoring shall also include periodic status checks." The SART member interviewed confirmed she would initiate contact with the inmate during retaliation monitoring.
- (e) DOC Policy 40.1.13 states, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation."

Supporting Documents:

DOC Policy 40.1.13

Offender Management System records

Based on review of policy, retaliation monitoring documentation and staff interviews, the facility is compliant with this standard.

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.

See notes for 115.43. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the same requirements as noted in standard 115.43. The facility reports that no inmates have been held in involuntary segregation as a means of protection in the last 12 months.

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.

- (a) DOC Policy 70.1.4 outlines the process for who is assigned sexual abuse and sexual harassment allegations. Criminal allegations are investigated by the Oregon State Police. Allegations that are non-criminal will be investigated either by the Inspector General's Office or the local facility's investigators. DOC Policy 70.1.4 also requires individuals assigned to conduct investigations to do so in a fair and objective manner, employing sound investigative techniques. The agency reviews the information in each allegation and uses flow charts and decision trees to determine who should investigate each case. The PREA Coordinator, a facility investigator, a Special Investigations (SIU) investigator and other staff interviewed stated all allegations, regardless of the source or how much information was given, would be investigated. Staff stated the investigation would begin immediately.

- (b) DOC Policy 40.1.13 states, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff identified by the department." See notes for Standard 115.34. The one investigation from the previous 12 months was conducted by a staff member trained according to Standard 115.34.
- (c) DOC Policy 70.1.3 outlines criminal evidence handling. It requires that evidence in administrative cases should be treated as criminal evidence as administrative investigations can become criminal investigations depending on the circumstances. The PREA Investigative Report template asks whether the subject had prior allegations of sexual abuse or harassment. The one investigative case from the previous 12 months was reviewed by the auditor. The investigator interviewed the victim, the witness and the alleged suspect. He reviewed prior allegations against the alleged suspect and relevant medical records. For this case, no other relevant evidence was available to the investigator.
- (d) DOC Policy 70.1.4 outlines the process for who is assigned sexual abuse and sexual harassment allegations. Criminal allegations are referred to and investigated by the Oregon State Police. If a compelled interview were required, the Oregon State Police would be responsible for consulting with the prosecutors.
- (e) The PREA Investigative Report template states, "Credibility Assessments: Credibility shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff." The investigator in the case reviewed, documented his finding based upon the facts of the case. The facility and SIU investigators who were interviewed stated they would base a person's credibility on known facts such as disciplinary history and evidence in the case, not on the status of the person. Polygraphs or other truth-telling devices are not used.
- (f) The PREA Investigative Report template requires the investigator to determine whether staff actions or failures to act contributed to abuse. The form requires a description of evidence, investigative process, and an explanation of any credibility assessments. In the case reviewed, the investigator covered the requirements of this standard and determined there were no staff actions or failures to act that contributed to the incident.
- (g) The interagency agreement with the Oregon State Police requires sexual assault investigations to be conducted in accordance with guidelines established by the Prison Rape Elimination Act and sexual assault protocols established by Oregon statute and best practices. The PREA Compliance Manager, PREA Coordinator, Inspector General, and the two investigators interviewed all stated the Oregon State Police works very well with the agency. They stay in contact during a criminal investigation, assist OSP whenever needed, and receive a final report from them at the end of the investigation.
- (h) The facility reports zero substantiated allegations of conduct that appear to be criminal were referred for prosecution since the last audit. The two investigators interviewed confirmed that if, during an administrative investigation, any criminal elements are discovered, the case would be referred to the Oregon State Police.
- (i) DOC Policy 40.1.13 states, "The retention of all written reports referenced as long as the alleged abuser is incarcerated by the department, plus five years." DOC Policy 70.1.4 states all records

pertaining to employee, contractor, or volunteer investigations will be kept confidential and disclosed in accordance with state or federal law.

- (j) DOC Policy 70.1.4 states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." Both investigators confirmed an investigation would continue regardless of whether the victim or suspect were still employed or in the custody of the department.
- (l) The interagency agreement with the Oregon State Police states that OSP will notify the Special Investigations Unit if any information of a non-criminal nature is developed which may lead to disciplinary action or may affect the security or safety of the institution. OSP is also required to send all completed criminal investigation reports to the DOC Special Investigations Unit. The agreement also requires ODOC to provide reports, evidence, and other information to OSP. The PREA Compliance Manager, PREA Coordinator, Inspector General, and the two investigators interviewed all stated the Oregon State Police works very well with the agency. They stay in contact during a criminal investigation, assist OSP whenever needed, and receive a final report from them at the end of the investigation.

Supporting Documents:

DOC Policy 70.1.4

DOC Policy 70.1.3

DOC Policy 40.1.13

Investigations Decision Chart

PREA Reporting flowchart

Interagency Agreement with Oregon State Police

PREA Investigative Report template

Based on policy, investigation documentation, and interviews, the facility is compliant with this standard.

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.

DOC Policy 40.1.13 states, "DOC shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Both the facility investigator and the Special Investigations Unit investigator stated the evidentiary standard is preponderance of the evidence. Both accurately defined this as anything over 50% of the evidence.

Supporting Documents:
DOC Policy 40.1.13

Based on policy review and interviews, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 requires reporting according to this substandard. The PREA compliance manager is responsible for verbally reporting to inmates the outcome of the investigation. The facility documents this on the Reporting to Inmates form. This document is retained by the facility for safety and security purposes. In the case the auditor reviewed, the investigator notified the inmate of the finding. This was documented in the investigative case file.
- (b) DOC Policy states, "If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate." ODOC works with the Oregon State Police to ensure they receive the information to report to the inmate in accordance with this standard. This was confirmed by the PREA Coordinator, PREA Compliance Manager and investigative staff.
- (c) DOC Policy 40.1.13 requires reporting according to this substandard. The PREA compliance manager is responsible for verbally reporting to inmates the status of the staff member. The facility documents this on the Reporting to Inmates form. This document is retained by the facility for safety and security purposes. In the case reviewed, this sub-standard was not applicable, therefore there was no documentation to review.
- (d) The PREA compliance manager is responsible for verbally reporting to inmates the status of the alleged abuser. The facility documents this on the Reporting to Inmates form. This document is retained by the facility for safety and security purposes. While the language specific to (c) above is in DOC policy, the language specific to (d) is not. This was brought to the attention of the PREA Coordinator while onsite. The language is, however, on the Reporting to Inmates form. Additionally, the PREA Coordinator sent an email reminding staff to follow the entire standard and report all required steps to the inmate. In discussion with the PREA Coordinator, revising policy can be a lengthy process, extending beyond a typical corrective action period. She noted the needed revision to the policy to include in future revisions. With the requirement documented in both the form used by the department and the reminder sent to staff, the auditor determined this sufficient documentation to ensure this standard is being followed.
- (e) Notifications as required by this standard are documented on the Reporting to Inmates form. The facility reports one notification pursuant to this standard has been made in the last 12 months, the documentation of which was reviewed by the auditor.

Supporting Documents:
DOC Policy 40.1.13
Reporting to Inmates form

Based on policy, document review, and interviews, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies." There were no incidents in the last 12 months that led to staff disciplinary action for violating agency sexual abuse or sexual harassment policies.

- (b) DOC Policy 40.1.13 states, "Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse." The facility reports there have been no staff from the facility who have violated agency sexual abuse and harassment policies in the last 12 months.
- (c) DOC Policy 40.1.13 requires disciplinary actions be commensurate with the nature and circumstances of the acts committed, disciplinary history, and sanctions imposed for comparable offenses.
- (d) DOC Policy 40.1.13 requires reporting to law enforcement agencies and licensing bodies in accordance with this substandard. The PREA Coordinator confirmed these notifications would occur. Substantiated cases against security staff would be reported to the Department of Public Safety Standards and Training which certifies correctional staff.

Supporting Documents:
DOC Policy 40.1.13

Based on policy and staff interviews, the facility is compliant with this standard.

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

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DOC Policy 40.1.13 requires reporting and remedial measures consistent with this standard. The facility reports there have been no contractors or volunteers who have engaged in sexual abuse or sexual harassment in the last 12 months. The facility Superintendent stated that if a volunteer or contractor was alleged to engage in sexual abuse or sexual harassment, their access to the facility would be denied pending an investigation and if determined to be substantiated they would be permanently removed from the facility.

Supporting Documents:
DOC Policy 40.1.13

Based on policy and interviews, the facility is compliant with this standard.

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

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- (a) Inmates are subject to disciplinary action for sexual assault, sexual coercion and sexual solicitation as defined in the agency Hearings Rule. The facility reports there have been no substantiated administrative or criminal findings of inmate-on-inmate sexual abuse in the last 12 months, therefore, beyond policy there was no documentation to review relevant to this standard.
- (b) The Hearings Rule lists one of the objectives of the rule is to "provide consistent Departmental response to like types of misconduct committed by inmates with similar misconduct histories." The facility Superintendent stated the disciplinary process is based on a grid system. Disciplinary sanctions are imposed based upon the preponderance of the evidence and the severity of the discipline is based on the actions and circumstances of the incident.

- (c) The Hearings Rule requires behavioral health services staff to be notified if an inmate with mental health or developmental disabilities is scheduled for a disciplinary hearing. Behavioral health staff will, as needed, submit an evaluation to the hearings officer regarding the inmate's ability to understand the charges and the hearing process and if their mental health status contributed to the alleged violation.
- (d) ODOC does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for abuse.
- (e-f) DOC Policy 40.1.13 states, "The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith."
- (g) The agency prohibits sexual activity between inmates. It is listed in their disciplinary code as non-assaultive sexual activity.

Supporting Documents:

Rule 291-105-0005 Prohibited Inmate Conduct and Processing Disciplinary Actions

DOC Policy 40.1.13

Based on policy and interviews, the facility is compliant with this standard.

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

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- (a) In addition to the risk assessment conducted in accordance with 115.41, Procedure MH-E-02 states a medical nurse at the intake facility will interview each inmate during the institutional receiving process to screen and identify inmates who have disclosed sexual abuse. The nurse asks for information regarding prior sexual abuse in the community or prison setting. The nurse then determines whether the inmate should be seen immediately by a mental health specialist. The procedure requires inmates who have reported prior sexual abuse in an institution, or the community will be referred to a mental health treatment provider for an assessment within 14 days of the intake screening. When they arrive at MCCF, inmates are asked during the intake screening about prior history of abuse. If they answer yes, they are asked if they want to see behavioral health and if they do, an auto generated email is sent to behavioral health who will schedule an assessment. The facility reported that all inmates who reported abuse during screening refused any follow-up with mental health or medical. The audit team interviewed five

inmates who reported abuse during screening. All five stated they were offered mental health follow-up but that they did not want or need it, so they refused the follow-up.

- (b) In addition to the risk assessment conducted in accordance with 115.41, Procedure MH-E-02 states a medical nurse at the intake facility will interview each inmate during the institutional receiving process to screen and identify inmates who have disclosed they have been sexually abusive. The nurse asks for information regarding prior sexual abuse in the community or prison setting. The nurse then determines whether the inmate should be seen immediately by a mental health specialist. The procedure requires that inmates who report they have perpetrated sexual abuse will be referred to behavioral health services within 14 days for a mental health assessment. When they arrive at MCCF, inmates are asked if they have a prior history of being sexually abusive. If they answer yes, they are asked if they want to see behavioral health and if they do, an auto generated email is sent to behavioral health who will schedule an assessment. There are no inmates currently at the facility who reported perpetrating sexual abuse during screening. It is unlikely there would be any inmates at the facility who reported perpetrating sexual abuse given the classification process for inmates to be placed at this facility precludes those with a sex offense.
- (c) This substandard is not applicable as this facility is a prison, not a jail.
- (d) Procedure MH-H-02 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." DOC Policy 40.1.13 also requires that information should only be shared with staff who have a need to know. All staff interviewed stated information would only be shared with those with a need to know.
- (e) Procedure MH-E-02 requires the mental health treatment provider to review with the inmate the limits of confidentiality and duty to report and the inmate must be asked to sign an Informed Consent to Treatment form. Procedure P-E-02 states, "In compliance with the National PREA standards, Health Services personnel query new patients during intake regarding abuse/abusive history and suicidality, therefore the patient will be asked to read, understand and sign the Health Services Information Disclosure..." DOC Policy 40.1.13 requires that information provided in confidential communications to DOC Medical Services staff and Behavioral Health Services staff will be shared consistent with and according to the standards required by state statute, professional licensure, and ethical standards. It also requires that DOC staff inform inmates of any limits to confidentiality prior to conducting interviews. The Health Services Information Disclosure, which is signed by the inmate, states that information pertaining to staff sexual abuse or inmate sexual abuse and abuse of a child under 18 is not confidential and will be reported without the consent of the patient. The auditor reviewed signed examples of these forms while at the facility. A behavioral health staff and a medical staff were interviewed. Both confirmed inmates are notified of their duty to report and limits to confidentiality at the initiation of services.

Supporting Documents:

Procedure MH-E-02: Mental Health and Developmental Disability Screening and Assessment of Sexual Abuse and Abusiveness at Intake

Procedure MH-H-02: Confidentiality of Clinical Records and Information
Health Services Information Disclosure form

Procedure P-E-02: Receiving Screening

Based on policy and document review, review of screenings, and interviews with staff and inmates, the facility is compliant with this standard.

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

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- (a) Procedure P-B-05 requires that inmates who report sexual abuse during incarceration will receive prompt attention for treatment. DOC Policy 40.1.13 requires timely, unimpeded access to emergency medical treatment as determined by the medical practitioners' professional judgement. Both the medical staff and the behavioral health staff who were interviewed stated inmates would receive timely, unimpeded access to emergency medical treatment and crisis intervention services according to the professional judgement of the clinical staff. The clinic at the facility is staffed during regular business hours. If an inmate needed medical attention beyond the capability or hours of the clinic, they would be transported to the hospital or to Oregon State Penitentiary, based upon the medical need. In the case reviewed by the audit team, the inmate was offered appropriate services which was documented in the case file.
- (b) Procedure P-B-05 states, "If there is no mental health professional on site, the assessment will be conducted by a health services nurse, who will complete a suicide risk screening and consult with the on-call psychiatric mental health nurse practitioner (PMHNP)." The OIC/PREA Allegation Checklist requires notification to the Medical Services Manager and Behavioral Health Services Manager. Staff interviewed stated medical and behavioral health staff would be notified in a timely manner.
- (c) Procedure P-B-05 requires prophylactic treatment be offered to all victims. The medical staff interviewed confirmed inmates would be offered timely information about and access to prophylaxis.
- (d) Procedure P-B-05 states treatment services will be provided to the victim without financial cost and regardless of whether the victim cooperates with any investigation. Medical staff confirmed treatment would be provided at no cost to the victim.

Supporting Documents:

Procedure P-B-05: Procedure in the Event of Sexual Abuse

DOC Policy 40.1.13

OIC/PREA Allegation Checklist

Based on policy and document review and interviews with staff, the facility is compliant with this standard.

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.

- (a) Procedure P-B-05 outlines medical and mental health treatment for sexual abuse. The medical and behavioral health staff who were interviewed stated evaluation and treatment would be provided as deemed appropriate.
- (b) Procedure P-B-05 states, "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody." The medical and behavioral health staff interviewed confirmed services would include treatment plans, continued care and assistance if transitioning to the community. This would include evaluation by facility clinical staff, transport to the hospital if necessary, checks and treatment for sexually transmitted infections, etc. The behavioral health staff who would be called on to evaluate MCCF inmates regularly work at Oregon State Penitentiary and are not at MCCF on a regular basis. If the inmate needs ongoing behavioral health care, they would be transferred to a facility similar to MCCF that has regular onsite behavioral health staff.
- (c) The medical staff and behavioral health staff interviewed confirmed the level of care is consistent with, and in some cases better than, the community level of care.
- (d) This substandard is not applicable since this is a male facility. However, Procedure P-B-05 states that victims will be offered pregnancy tests.
- (e) This substandard is not applicable since this is a male facility. However, Procedure P-B-05 states that victims will receive timely and comprehensive information and access to all lawful pregnancy-related medical services.
- (f) Procedure P-B-05 states prophylactic treatment will be offered to all victims and referrals will be made for HIV testing and/or health counseling. The medical staff confirmed that inmates will be provided testing and treatment for sexually transmitted infections.
- (g) Procedure P-B-05 states treatment services will be provided to the victim without financial cost and regardless of whether the victim cooperates with the investigation or names the abuser. Clinical staff confirmed treatment would be provided at no cost to the victim.
- (h) Procedure MH-E-03 states, "A mental health evaluation will be completed by a mental health treatment provider within 60 days of notification of a known inmate-on-inmate sexual abuser once

it has been determined by the PREA compliance manager that the allegation has been substantiated following an administrative or criminal finding." The behavioral health staff confirmed this evaluation would be completed.

Supporting Documents:

Procedure P-B-05: Procedure in the Event of Sexual Abuse

Procedure MH-E-03: Transfer Screening

Based on policy review and interviews, the facility is compliant with this standard.

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

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.

- (a) The agency has an automated system in the Offender Management System (OMS) which notifies the PREA Compliance Manager when an incident has been closed. The instructions on the system are that an incident is to be reviewed when a date is entered in the date closed field, the incident type was nonconsensual sexual acts, abusive sexual contacts, or staff sexual misconduct and the status is either substantiated or unsubstantiated. The PCM Guidelines require the PCM to ensure an incident review is conducted on sexual abuse allegations deemed to be substantiated or unsubstantiated. The PREA Compliance Manager, the Superintendent and an Assistant Superintendent all confirmed incident reviews are completed in accordance with this standard.
- (b) The OMS system requires a review within 30 days of the date closed. The PCM Guidelines require the review to be completed within 30 days of the conclusion. The facility reports conducting one incident review within the past 12 months. The documentation for this was reviewed by the auditor and it shows the incident review was conducted within 30 days.
- (c) The PCM Guidelines state the review will be completed with input from line supervisors, investigators, medical services, behavioral health and other staff as relevant. The PREA Compliance Manager, the Superintendent and an Assistant Superintendent all confirmed incident

reviews include upper-level management and input from line supervisors, investigators and medical or behavioral health staff. The Assistant Superintendent specifically identified that the PREA Compliance Manager, behavioral health staff and the Officer in Charge are included in these reviews. The documentation shows approval lines for the PCM, Superintendent, and the PREA Coordinator.

- (d) The PCM Guidelines require the PCM to assess all elements of this subsection. The PCM is to submit the review to the superintendent and PREA Coordinator for signatures and the institutions administrator for substantiated cases. The Assistant Superintendent stated they cover all the elements in the incident review. This was also demonstrated in the documentation provided. The Assistant Superintendent stated they will tour the area where the incident happened and review whether changes need to be made for policy, procedure, training, barriers or blind spots, staffing, etc.
- (e) The Superintendent stated the report from the incident review team is reviewed by the executive team to determine what changes need to be made. There are spaces within the incident review form to provide comments. However, for the case that was reviewed, there were no recommended changes.

Supporting Documents:
ODOC PREA Compliance Manager Guidelines
Offender Management System screen shots
Sexual Abuse Incident Review form

Based on review of relevant documents, the Offender Management System, and interviews with staff, the facility is compliant with this standard.

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.

- DOC Policy 40.1.13 requires data to be collected for accurate tracking of sexual abuse and sexual harassment in order to reduce the risk of sexual abuse and sexual harassment. The agency uses a set of definitions consistent with those in the standards. The agency collects data consistent with the Survey of Sexual Victimization. They also collect data for internal tracking of trends. This was confirmed by the PREA Coordinator.
- DOC Policy 40.1.13 requires an annual summary for the Director on the frequency and severity of sexual abuse and sexual harassment within DOC institutions. The PREA Coordinator prepares an annual report with data and submits the annual Survey of Sexual Victimization.
- ODOC collects data consistent with the Survey of Sexual Victimization. The auditor reviewed the forms submitted from ODOC for 2016 and 2017. DOC Policy 40.1.13 requires this data collection and reporting.
- DOC Policy 40.1.13 outlines the various ways data and information will be gathered.

- (e) DOC Policy 40.1.13 states, "The agency also shall obtain incident-based and aggregated data from every private facility with which is contracts for the confinement of its inmates." This standard specifically states the agency shall obtain data from every private facility with which is contracts. ODOC has contracts with county (public) facilities but they do not have a contract with any private facilities. Throughout the standards, public and private agencies and facilities are clearly distinguished. In addition, the Final Rule of the PREA Standards from the Department of Justice states on page 37183 in the clarification for this particular standard, "Comment: A county sheriff's office noted that paragraph (e) requires agencies to collect data from private facilities with which they contract for confinement, whereas the most recent revision of to the SSV excludes contracted facilities because BJS contacts these facilities directly. Response: The Department believes that making public agencies responsible for collecting data from facilities that they supervise directly and from private facilities with whom they contract for confinement is the best way to ensure compliance. Centralizing data collection in this way will maximize the likelihood of effective oversight by the agency and the Department." Here again, public agencies and private facilities are clearly differentiated. Additionally, the response states the agency must collect data from facilities they supervise directly and from private facilities, neither of which is true for the county jails. Therefore, the auditor determines the agency does not have an obligation to collect data from these county facilities.
- (f) ODOC submits data for the annual Survey of Sexual Victimization. The forms for 2016 and 2017 were reviewed by the auditor.

Supporting Documents:

ODOC Survey of Sexual Victimization 2016 and 2017

DOC Policy 40.1.13

PREA Annual Report 2013, 2014, 2015, 2016, 2017

Based on document review and interviews, the facility is compliant with this standard.

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.

- (a) DOC Policy 40.1.13 requires an annual summary for the Director on the frequency and severity of sexual abuse and sexual harassment within DOC institutions. The annual report includes definitions, agency achievements, and allegation data. The data is broken down to include inmate-inmate and staff-inmate allegations by year, by finding, and by facility. The PREA Coordinator confirmed the agency regularly collects and analyzes data for trends and to improve practices as needed.
- (b) The annual reports were reviewed by the auditor and include a comparison of data from each year and corrective actions or progress for each facility.
- (c) The PREA Coordinator and the Inspector General confirmed the annual report is approved by the Director. The auditor was also sent an email string showing the Director's approval. The annual

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

- (d) The annual reports only include aggregated data and not incident specific data that would have any personally identifiable information or information that would be a threat to the safety or security of a facility. DOC Policy 40.1.13 states specific material will be redacted from reports when publication would present a clear and specific threat to the safety and security of a facility and they will indicate the nature of the material redacted.

Supporting Documents:

PREA Annual Report 2013, 2014, 2015, 2016, 2017

DOC Policy 40.1.13

Based on review of policy and the ODOC annual reports and interviews with the PREA Coordinator and Inspector General, the facility is compliant with this standard.

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.

- (a) The PREA Coordinator states data is securely retained through lock and key or on the computerized Offender Management System that is limited to need-to-know personnel.
- (b) See comments under 115.87 and 115.88. Aggregated data is available through the annual reports on the department website at: <https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/statistics-and-reports.aspx>
- (c) The annual reports only include aggregated data and not incident specific data that would have any personally identifiable information or information that would be a threat to the safety or security of a facility.
- (d) The PREA Coordinator states ODOC does not have a purge date for data, however, it would be kept for at least ten years after the date of the initial collection.

Based on review of documents and an interview with the PREA Coordinator regarding data collection (see comments for standards 115.87 and 115.88), the facility is compliant with this standard.

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.

- (a) MCCF was previously audited with a final audit report dated June 30, 2016. The auditor reviewed final audit reports for all ODOC facilities on the ODOC website. Each of the 14 facilities has been audited at least once in previous years. For this audit cycle, ten facilities have been audited so far.
- (b) For this audit cycle, ten of the 14 facilities have completed audits with final audit reports posted to the agency website.
- (h) The audit team was granted access to all areas relevant to the audit.
- (i) The auditor was given all documents requested during the audit process.
- (m) The audit team used private rooms to conduct all inmate interviews without staff present.
- (n) Notifications were posted throughout the facility as required for the audit process. The auditor did not receive any letters in response to the notifications.

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.

The auditor reviewed audit reports for all ODOC facilities on the ODOC website: <https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/statistics-and-reports.aspx>. Each of the 14 facilities has been audited at least once in previous years. For this audit cycle, ten facilities have been audited so far.

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.

/s/ Michele Morgenroth

March 29, 2019

Auditor Signature

Date