

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

Interim Final

Date of Report 10/28/2019

Auditor Information

Name: Jason Bennett	Email: Jason.bennett@doc.wa.gov
Company Name: Olympic Corrections Center Washington State Department of Corrections	
Mailing Address: 11235 Hoh Mainline	City, State, Zip: Forks, WA 98331
Telephone: 360-374-7001	Date of Facility Visit: August 26-28, 2019

Agency Information

Name of Agency: Oregon Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Oregon, Governor's Office	
Physical Address: 2575 Center Street		City, State, Zip: Salem, OR 97301	
Mailing Address: Same as above		City, State, Zip: Same as above	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.oregon.gov/doc/prison-rape-elimination-act/pages/home.aspx			

Agency Chief Executive Officer

Name: Colette Peters, Director	
Email: colette.s.peters@doc.state.or.us	Telephone: (503) 945-0927

Agency-Wide PREA Coordinator

Name: Ericka Sage, Agency PREA Coordinator	
Email: Ericka.r.sage@doc.state.us	Telephone: (503) 947-9950
PREA Coordinator Reports to: Assistant Inspector General	Number of Compliance Managers who report to the PREA Coordinator 13

Facility Information

Name of Facility: Snake River Correctional Institution

Physical Address: 777 Stanton, Blvd

City, State, Zip: Ontario, OR 97914

Mailing Address (if different from above):
Same as above

City, State, Zip: same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Internal PREA audit May 2019

Warden/Jail Administrator/Sheriff/Director

Name: Brad Cain, Superintendent

Email: brad.e.cain@doc.state.or.us

Telephone: (541) 881-5001

Facility PREA Compliance Manager

Name: William J. King, Lieutenant

Email: bill.j.king@doc.state.or.us

Telephone: (541) 881-5000

Facility Health Service Administrator N/A

Name: Joe Bugher

Email: joe.a.bugher@doc.state.or.us

Telephone: (503) 378-5520

Facility Characteristics

Designated Facility Capacity:	3061	
Current Population of Facility:	2980	
Average daily population for the past 12 months:	2991	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18-89	
Average length of stay or time under supervision:	160.5 months	
Facility security levels/inmate custody levels:	1-5 (Minimum to Max)	
Number of inmates admitted to facility during the past 12 months:	1439	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1439	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1284	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	917	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	79
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	113
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	165
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	15
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	44
Number of single cell housing units:	6
Number of multiple occupancy cell housing units:	34
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	168
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	21 (SIU)	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

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.

Jason M. Bennett, a probationary auditor for adult facilities, certified by the U.S. Department of Justice (USDOJ), conducted the Prison Rape Elimination Act (PREA) audit of the Snake River Correctional Institution (SRCI). The onsite audit was conducted August 26, 2019 through August 30, 2019. The facility's previous DOJ PREA Audit was completed July 19, 2017. Snake River Correctional Institution is operated by the Oregon State Department of Corrections (ODOC). In addition to the lead auditor, the team was comprised of Lori Scamahorn (Washington State Penitentiary), Tanner Mink (Washington State Penitentiary), and Barbara Kopecky (Washington State Corrections Center). The audit was conducted as part of the Western States PREA Audits Consortium agreement as a reciprocal audit. During the course of the audit, Jason Bennett conducted the documentation review; and informal and formal interviews with both staff and inmates. Barbara Kopecky conducted interviews of specialized staff and random staff. Lori Scamahorn and Tanner Mink conducted interviews with random and targeted inmates. The site review was conducted by Jason Bennett, Lori Scamahorn, Tanner Mink, and Barbara Kopecky.

Phase I: Pre-Onsite Audit

On 06/24/2019, a teleconference meeting was held between the Oregon Department of Corrections PREA Coordinator, Ericka Sage; Snake River Correctional Institution PREA Compliance Manager, Bill King; and the auditor. During the meeting general logistics of the audit were discussed including the need for unimpeded access to the facility, staff, inmates, and documentation. The facility noted non-allowable items, including blue clothing and cell phones. The auditor provided a copy of the PREA audit process map to the agency describing the pre-audit, audit, and post audit phases. The agency has completed 26 DOJ PREA Audits and this was the 2nd audit for SRCI, as such the agency was familiar with the audit process, the role of the auditor as well as the purpose of the practice-based audit. The agency PREA coordinator noted an understanding of the purpose of corrective action. During the meeting timelines were discussed, including the posting of audit notices at least 6 weeks prior to the audit and the delivery of the proof document through a flash drive. The auditor noted that in addition to the routine protocols, that portions of the draft protocols for Grievance Coordinator, Disciplinary Hearings Officer and Volunteer Coordinator would be used as part of the audit.

On 06/10/2019, the auditor provided auditor notice information to the agency PREA coordinator. On 06/24/2019 the auditor reviewed and approved the draft notice with all required information (Scheduled dates of the audit, purpose of the audit, name of the auditor, auditor contact information, and confidentiality information). The notice was sent by the agency PREA coordinator to the facility on behalf of the auditor.

The notice read as follows:

The Snake River Correctional Institution will be undergoing an audit for compliance with the U.S. Department of Justice's National Standards to Prevent, Detect and Respond to Prison

Rape under the Prison Rape Elimination Act (PREA) for adult prisons during the following period, (August 25) – (August 30), (2019)

Any person with information relevant to this compliance audit may confidentially correspond with the auditor by writing to:*

*Jason Bennett, PREA Auditor
11235 Hoh Mainline
Forks, WA 98331*

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

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

The PREA coordinator provided posting instructions to the PREA compliance manager on behalf of the auditor including, “please post the attached audit notice throughout the facility, in all places where it will be visible to all inmates and staff. Areas should include, but are not limited to: housing units, visiting areas, dining room, staff breakrooms, facility entrance, and any indoor recreational spaces. Please make sure notices are posted in both Spanish and English, on brightly colored paper and laminated if possible. If lamination is not possible, be prepared to replace often.”

The PREA compliance manager provided an inventory detailing the locations that each poster was placed. Photographic evidence of 64 postings was included in the flash drive, the digital information (meta data) indicates that the photos were taken on 07/08/2019. English notices were printed on bright orange paper and laminated, Spanish posters were printed on bright green paper and also laminated. During the onsite review, the auditor observed the postings as indicated in the inventory and photographs received, additional notes on posters is located in notes on housing units and work locations.

The audit notice included original dates for arriving on August 25th through August 30th; however, the auditor requested an adjustment to begin the audit on August 26th. The team was able to complete all observations, document collection, and interviews by August 28th.

Per the PREA coordinator, “Mailroom staff should be instructed they are not to inspect outgoing mail to the auditor. Once posted the auditor will want a list of all the locations the notice was posted as well as a sampling of photos. Notice will need to be posted and the verification sent to the auditor prior to 7/12.” The auditor noted that the verification arrived in the flash drive, on 07/29/2019; however, the metadata (digital information) from the digital photos indicated posting was completed by 07/08/2019.

The auditor received two letters from inmates incarcerated at Snake River Correctional Institution, and a third letter from a concerned third party. The auditor met with the individual authors for the letters and reviewed the concern raised by the third party.

The auditor also reviewed Oregon statutes regarding mandatory reporting laws. The State of Oregon laws are specific to child abuse and requires that, “Any public or private official having reasonable cause to believe that any child with whom the official comes in contact has suffered abuse or that any person with whom the official comes in contact has abused a child shall immediately report. The

statute provides a complete description of all mandatory reporters. Access to Mandatory Reporting and links to the law are included below.

https://www.oregon.gov/DHS/ABUSE/Pages/mandatory_report.aspx

The Pre-Audit Questionnaire (PAQ) dated 07/12/2019 and initial documentation was received by the auditor on 07/29/2019. The material was provided on a flash drive and included individual folders for each standard and subfolders for many of the individual provisions. The folders contained documents such as policies, staff rosters, memos from the agency PREA coordinator addressing each standard, photographs, schematics, and other miscellaneous documentation to support the agency's compliance with each of the PREA standards. Documents for 115.43 were missing in the original flash drive, upon notification the PREA coordinator provided the documentation within several hours. The auditor provided document request to the PREA coordinator as needed, each request received a timely reply..

Prior to the onsite review the auditor conducted searches for public information related to the Snake River Correctional Institution, including the agency website. In addition to the facility the search included terms such as PREA, abuse, staffing, and overcrowding. The search was conducted using both Google and Bing search engines. Specific to Snake River Correctional Institution the search produced no significant notations of PREA concerns or overcrowding. There was one article citing concerns over shortages due to pending retirements, a lockdown over staff assault, as well as several others not related to the audit. As part of this research the auditor found policies online, annual PREA reports dating back to 2014, and the previous PREA report for Snake River Correctional Institution completed in 2017. As part of the advance contacts, the auditor contacted Just Detention International in regards to Snake River Correctional Institution. The JDI staff indicated that there had been no contacts related to concerns with Snake River Correctional Institution.

Prior to the onsite review, the auditor sent several emails to the agency PREA coordinator requesting additional documentation, each request received a timely response.

In advance of the audit, the auditor conducted a test of the 3rd party reporting phone number found on the agency website, which reads, "Reports can also be made by staff, inmates, or the public using the toll-free Inspector General Hotline at (877) 678-4222." The auditor received confirmation of receipt of this test call on 08/19/2019. The reporting information is found on the web address below.

<https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/report-an-incident.aspx>

On 08/12/2019, an email was provided with memo to Superintendent Cain through the agency PREA coordinator, containing both an introduction to the audit team leader and outlining the nuances of probationary certification status of the lead auditor.

On behalf of the auditor an email was provided to the facility by the agency PREA coordinator requesting the following documentation be available upon the audit team's arrival to include:

Complete inmate roster (provide based on actual population on the first day of the onsite portion of the audit)

- Youthful inmates (if any)
- Inmates with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
- Inmates who are Limited English Proficient (LEP)
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inmates (identify all inmates in each category)
- Inmates in segregated housing
- Inmates who reported sexual abuse

- Inmates who reported sexual victimization during risk screening

Staff List - Complete staff roster (indicating title, shift, and post assignment)

Specialized staff which includes:

- Agency Contract Administrator
- Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates, if any
- Education staff who work with youthful inmates, if any
- Program staff who work with youthful inmates, if any
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- SAFE and/or SANE staff
- Volunteers who have contact with inmates
- Contractors who have contact with inmates
- Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)
- Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, security staff (individuals who have responded to an incident of sexual abuse)
- First responders, non-security staff (individuals who have responded to an incident of sexual abuse)
- Intake staff

Phase II: Onsite Audit

The onsite review began on Monday 08/26/2019, the audit team arrived at the Snake River Correctional Institution administrative building at 0745 to check-in. The team was escorted to the staging area and provided with inmate rosters by individual complex, and staff rosters for each day and shift of our audit. Following our check-in, the audit team followed the PREA Compliance Manager, Lieutenant King. All initial documentation requested by the auditor was provided at that time, including the comprehensive list of inmates, staff, volunteers, and contractors. The auditor noted that on the day of arrival the facility count was 2827.

The in brief was well attended by more than 30 staff and the auditors, due to the number in attendance only the Executive team, Agency PREA Staff and audit team is listed below:

- Bran Cain, Superintendent
- Erica Sage, Agency PREA Coordinator
- Bill King, Lieutenant - PREA Compliance Manager
- Barbara Kopecky, Audit Team
- Tanner Mink, Audit Team
- Jason Bennett, Audit Team Lead

Following the in brief and introductions, the Audit Team began the onsite review, escorted by PCM Bill King, PC Ericka Sage, and several others.

The tour began with the minimum security complex, it was noted that there were minimal PREA posters in the area. There was a small visiting room, it was noted by the auditors that there were no posters in the visiting room. The PREA coordinator noted that was by design, as the area is a family area and the intent was not to post the word rape in front of small children. She noted that pamphlets were available for family and the information shared widely in on their website.

The minimum security units have a standalone kitchen and dining area. The auditors noted that the dining room was wide open with good line of site. The facility noted that the tables were removable so that the area could be used for recreation. Audit notices and posters were located in the dining room. The kitchen was set up with two main corridors. Walk-in refrigerators and freezers were secured by staff when not in use. The area had two cameras sitting diagonally across from each other to provide coverage over the entire dining room.

The program areas within the minimum security perimeter included a Dog Program and Bicycle Program in the same building. Supervision was limited to spot checking by staff working in the area. There were approximately 10 inmates assigned to the Dog Program and 1-2 in the Bicycle Program. The areas are secured when not in use.

The minimum security area has two open bay living units; pod one has housing for 98 adults in custody, while pod 2 has bunk space for 96 adults in custody. With the exception of number of bunks the layout is almost mirrored. The Officer's station of each pod is located near the front entrance and sits elevated to provide better visibility for the officer. The escorting staff provided the opposite gender announcements in each area, using the agency doorbells. Audit Notices in English (orange paper) and Spanish (green paper) were located in each pod. The pods also had posters with PREA information including contact numbers for the Inspector General (dial 9) as well as information for contacting the advocate services (711) described in standard 115.53. The posters also provided numbers for the Governor's Office of Constituent Services at (503) 378-4582. The bathrooms provided privacy through individual stalls, the doors were approximately 10 inches above the ground and approximately 4 ft. high, giving privacy for toilet usage but security noting staff could see if there were multiple occupants. The auditor observed that there were no open concept showers, only individual shower stalls; the doors sat approximately knee height to chest height, an additional curtain was provided above the door for additional privacy. While in the minimum units the auditor tested the grievance program by placing a test grievance in the box. The auditor received notification from the PREA compliance manager that the grievance was received for processing per ODOC reporting guidelines.

The audit team proceeded from the minimum facility complex to buildings outside the secure perimeter, including the warehouse and transportation unit building. The transport building is limited access and has an inmate escorted while in the area for cleaning only with no other access to the secured building. The warehouse serves multiple purposes including warehouse, receiving, uniform storage, mail room and canteen. The auditors noted the use of seven cameras and multiple mirrors in the canteen area as well as a significant work force; approximately 32 inmates and 7 staff. The audit team noted several other work areas outside the perimeters including: carpenter shop, welding shop, auto mechanic, exterior maintenance, and sign shop. Each area was wide open, with good visibility; no concerns were raised by the auditors; and informal interviews with incarcerated workers indicated that they felt safe working in each area.

Following the review of the minimum facility and exterior work areas, the team reported back to the administration building. Audit team member Lori Scamahorn was escorted by SRCI staff to begin interviews with the targeted and random adults in custody. Barbara Kopecky, Tanner Mink, and Jason Bennett continued the site review escorted by PCM Bill King and PC Ericka Sage.

Prior to entering the secured perimeter, the facility access staff checked visitor authorization, and provided a verbal statement to all visitors read directly from the notice, which reads, "Visitors are not to have contact with inmates except when this is included in the purpose of the visit; visitors are warned that there are inherent safety and security risks in visiting a correctional facility and the possibilities of personal assault or of being taken hostage do exist; visitors are told that the Oregon Department of Corrections has a zero-tolerance policy regarding sexual abuse and harassment."

Inside complex 1 housed main intake and release, physical plant and laundry. Inside the physical plant it was noted that a blind spot existed in the corner of the building; the facility staff took immediate action (in the presence of the auditors) by having a shelving unit moved and adjusting a mirror, the area was corrected on the spot. The facility laundry is located inside complex 1, the laundry area is large and wide open with good visibility and a large separate folding room. In the Sign Shop the addition of a mirror was requested to increase visibility into a potential blind spot, evidence was provided on 08/27/2019 that the mirror had been placed to increase visibility. Room 15-328 in maintenance had a blind spot in the back of open tool storage, a mirror was requested and placed on 08/27/2019.

The team walked through the behavioral health services (mental health), health services, dining, canteen distribution, and complex 1 housing areas. During the walkthrough of health services and behavioral health areas the auditor observed secure locations for inmate health records. Examination rooms provided privacy for examinations. Complex one housing units A-C are similar in design each holding 216 inmates divided among 3 pods, with 2 adults in custody per room. The area has one staff assigned to each pod, with an additional staff assigned to a control booth that oversees all three pods. In each of the living pods the auditor observed the showers, toilet areas, inmate cells, cameras, monitoring locations, windows, and mirrors. In complex 1 the auditor noted that there was only one camera in each living area focused on the officers and away from sleeping areas, toilets and showers.

The auditor noted the presence of the orange and green audit notices in the living units as well as the Agency PREA posters including, the contact information for the Victim's Advocates. Showers have standard a door that covers approximately knee to chest, the facility provided curtains at the top of the doors to provide additional coverage above head height. The auditor observed the shower and toilet areas from the ground floor and 2nd level to review line of sight and found no concerns with the level of privacy provided to the population for showering or using toilet facilities. The housing cells use tall narrow windows to provide privacy but space to observe the population during tier checks. Each of the units had four phones for the population to use as well as a kiosk capable of video visits with loved ones. The units also provided tablets for the population to checkout for additional media.

The main visiting room was a very large space with good visibility throughout the area. Similar to the minimum security facility, there were no PREA posters. This was again by design in order to make for a more family friendly area without the word rape present around children. Pamphlets were available for the visitors, and the staff noted the information is on the public website.

Barbara Kopecky and Tanner Mink joined Lori Scamahorn in the interview process with their designated assignments. Team Leader Jason Bennett continued the site review escorted by PCM Bill King, PC Ericka Sage, and Captain Amanda Rasmussen.

Complex 2 and Complex 3 housing areas are identical to each other. They each provide housing for 834 adults in custody; the individual units are identified as 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H, 2I, 2J. Complex 3 is identical in numbering 3(A-J). With the exception of 2I and 3I, all of the housing units are 2 man rooms, with capacity for 80 adults in custody. Units 2I and 3I each house 114 adults in custody in open bays. The auditor noted that each area maintained the similar supervision of one staff member in the area, with other rovers available as needed. All areas provided a bank of 4 phones and one kiosk system for the population to maintain communication with friends and family. Audit notices in English

and Spanish were posted in each of the living units. Agency PREA Posters were located within the living units containing the contact information and the Victim's Advocate contact information.

At the conclusion of the site review the lead auditor joined the audit team to assist with interviews. The facility provided private areas for each of the interviews, including staff offices and conference rooms. A total of 58 individual staff were interviewed including 19 random and 39 specialized staff. Additional numbers are indicated in the protocols below noting that 5 specialized staff were asked two sets of questions due to overlapping duties. Random staff were selected to provide sample representation from each shift, job class, work location, and seniority or time in service.

- Agency Head/Designee = 1
- PREA Coordinator = 1
- Agency Contract Administrator = 1
- Superintendent = 1
- PREA Compliance Manager = 1
- Administrative (HR) Staff = 1
- Supervisors who conduct rounds = 5
- Medical and Mental Health staff = 3 (2 Medical staff and 1 Mental Health staff)
- Non-medical staff who conduct searches = 2
- SAFE/SANE = 1
- Victim advocate = 1
- Agency Investigators = 1
- Facility Investigator=3
- Staff who conduct screenings = 3
- Staff who supervise inmates in segregation = 1
- Staff who participate in incident reviews = 2
- Staff responsible for monitoring for retaliation = 1
- Staff who serve as first responders = 5
- Intake staff = 2
- Contractors=2
- Volunteers = 2
- Disciplinary Hearings Officer= 1
- Grievance Coordinator= 1
- Volunteer Coordinator= 1
- Random staff = 19

The PREA compliance manager provided the team with rosters broken down by individual complex. For inmate interviews, the auditor reviewed the population prior to the onsite review. The auditor selected the 1st and 20th inmate in each of the housing areas. Selections were then adjusted for prioritization of targeted inmates groups. Adjustments were made to the initial random process to provide for diversity of age, vulnerability, ethnicity and time in the facility.

The number of inmates housed at Snake River Correctional Institution on the first day of the onsite review was 2,827. A total of 68 individual interviews were conducted with adults in custody, including 27 targeted inmates and those who wrote to the auditor. The random questions were asked in each interview, targeted interviews were only counted as one interview as listed below, there were no duplicates in the targeted group. Noting the absence of youthful inmates; blind, deaf, or hard of hearing, and inmates placed in segregation for high risk of victimization, additional interviews were conducted to over represent the other areas indicated below:

- Youthful inmates = 0 (Confirmed via inmate rosters)
- Physically disabled = 1
- Blind, Deaf or hard of hearing=0
- LEP inmates = 2
- Cognitively disabled inmates = 3 (of 9)
- LGB = 3
- Transgender / intersex inmates = 8 (of 26)
- Inmates in segregation for high risk of victimization = 0 (the facility reports none for 12 months)
- Inmates who reported sexual abuse = 1
- Inmates who reported sexual abuse during an assessment = 7
- Inmates who wrote to Auditor prior to onsite audit = 2
- Random inmates = 41

During both random and targeted interviews, the majority of inmates (92%) indicated that female staff routinely use the doorbell to announce their presence when entering into the housing areas. Similarly, the 98% of inmate interviews indicated that they were provided opportunity to use the toilet, shower and change clothing without being naked in full view of female staff. The auditor observed the regular and usage of the doorbell announcements throughout the onsite review.

Interviewees across the board indicated an understanding of the facility's rules against sexual abuse and sexual harassment as well as their right to not be sexually abused or sexually harassed. Four adults in custody indicated that they didn't received information from the facility but indicated they knew how to report sexual abuse or sexual harassment.

During the onsite review the audit team tested the phone system calling both the PREA hotline for notification, and calling the Victim's Advocates. The audit team left a test message on the PREA hotline that was confirmed by the PREA coordinator as being received. When testing the line for the PREA advocate, it was noted that the phone was answered by a live person. This was corroborated during an interview with the advocate staff noting that after hours and weekends someone always carries the contact phone.

As part of the observations the team tested the language line. When testing the language line for interpretation services it was noted that the directions were somewhat confusing. The facility provided documentation in a SART Team newsletter giving specific directions on how to access and utilize the system. The auditor was provided the education video and transcript as part of the documentation for standard 115.33. The process was not observed at SRCI, noting that all inmates had received the education prior to arrival. This was verified by the auditor reviewing the OMS system with the PREA Coordinator. The PREA compliance manager walked the auditor through the process and provided the transcript of the education this is given the the population.

During the onsite review the auditor noted that the facility employed 917 staff. The auditor selected 50 staff records for review including background checks and training records. This selection included individuals selected in the interview process. The auditor selected records with a concentration on newer staff and varied time in the agency as well as staff who promoted or changed positions in the last year and staff who reached a five year interval for updated background checks. Prior to arrival (08/23/2019) the auditor requested 50 inmate files for review. The auditor also reviewed 10 additional files specific to mental health needs for inmates who had reported being victims or perpetrating sexual abuse. The facility reported 1444 inmate grievances, one grievance was related to sexual abuse and two were related to sexual harassment. The facility demonstrated the electronic grievance system housing all grievances, and provided 12 non-PREA samples as selected by the auditor as part of the process review.

The facility noted that there had been a total of 11 allegations with completed investigations for the previous 12 months, 2 of which were referred for criminal investigations, nine were investigated administratively. The two criminal investigations are still pending and not closed at this time. A review of the allegations indicated that there was one allegation of staff/inmate sexual abuse and five allegation of inmate/inmate sexual abuse. There were seven allegations of sexual harassment. Two criminal cases were open and pending decisions. One of those cases was referred to the prosecutor. The two closed sexual abuse cases had reviews conducted and the documentation was provided to the auditor. The agency noted that five calls were received through the hotline between August 2018 and July 2019.

The audit team conducted an out brief on 05/28/2019, Including:

- Brad Cain, Superintendent
- Ericka Sage, Agency PREA Coordinator
- Bill King, Lieutenant (PREA Compliance Manager)
- Lori Scamahorn, Audit Team
- Barbara Kopecky, Audit Team
- Tanner Mink, Audit Team
- Jason Bennett, Audit Team Lead

The out brief included 23 additional staff member not noted above.

Phase III: Evidence Review

Upon the close of the onsite review, the auditor began the evidence review phase of the audit. This phase included the triangulation of information received from the PAQ and supporting documentation, the interviews conducted while onsite and the direct observations made by the audit team. To coordinate these efforts the auditor used tools provided by the PREA Resource Center including the Auditor Compliance Tool, the Documentation Review for Investigations, Documentation Review for Employee files, Documentation Review for Inmate Files, and the PREA Audit Report Introductory Sections Checklist.

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.

Snake River Correctional Institution (SRCI) is located in Ontario, Oregon, adjacent to the Oregon and Idaho state line. The facility is the largest in the Oregon Department of Corrections, with a rated capacity of 3,061. Housing security designations of Level 1 through 5 (minimum, medium, maximum) male adults. The facility was initially opened in August of 1991 with phase 1 of the construction including 576 medium inmates and 76 minimum inmates, these housing units are direct supervision units. In 1994 the additional funding for the remaining 2,355 beds was approved. The facility is divided into a co-located minimum security facility with its own perimeter and a main facility with three individual complexes. The facility has decentralized inmate services, to provide the population with separate housing, recreation and programming. The facility also provides for a substantial corridor system that

allows the population to move through various areas of the facility without experiencing the extreme types of weather. The summer months may exceed 100 degrees, and the winter month's average below freezing with record temps at -19 degrees.

Facility Housing

The facility has a combined rated capacity of 3,061 including the Minimum Custody Unit. The minimum custody facility is designed with two open bay pods, one of which houses 98 inmates and the second houses 96 inmates. The minimum facility maintains it's own recreation yard, food services (dining and food preparation) and programs including a Dog Program and Bicycle Program. The minimum facility provides support to the external operations of the combined facilities including all external maintenance needs; welding; carpentry; electrical; painting; radio repair; plumbing; heating and air conditioning (HVAC); general maintenance; and landscaping.

The Main Facility is comprised of three complexes, with 34 housing units. The general housing units are primarily composed of double occupancy cells. Complex 2 and 3 each maintain one open bay housing unit with capacity for 114 each. Complex 2 and Complex 3 housing areas are identical to each other. They each provide housing for 834 adults in custody, the individual units are identified as 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H, 2I, 2J. Complex 3 is identical in numbering 3(A-J). In addition to the general housing units, the facility maintains a Disciplinary Housing Unit (DSU), Intensive Management Unit (IMU), incentive unit, and medical unit.

Each housing unit provides access to four phones and a kiosk system. The general housing cells are dry cells, toilets are located off of the dayrooms in a separated area and include individual stalls that provide privacy, the doors were approximately 10 inches above the ground and approximately 4 ft. high, giving privacy for toilet usage but visibility below the door providing security staff visibility to observe if there are multiple occupants. Showers have a standard door that covers approximately knee to chest, the facility provided curtains at the top of the doors to provide additional coverage above head height. Cameras within the living units provide coverage near the officer's duty station and unit access area. At the officer's station a button is housed to announce the presence of female staff.

The facility provides access to recreation by providing a separate gymnasium for each complex and access to outdoor recreation. The recreation schedule includes a Senior Gym time for those who are 40 and older. Physical activities include basketball, weight lifting, softball, soccer and flag football, as well as cardio and wellness programs.

The average length of stay at the complex is 160.5 months. The age range of inmates at Snake River Correctional Institution is 18-89 years. The facility houses no youthful offenders. The facility houses 26 transgender adults in custody.

Security Staffing

The facility employs 917 staff that may have contact with the population. During the preceding 12 months 79 staff were hired. The Security Staffing Ranks include, Correctional Officers (534), Corporals (6), Sergeants (43), Lieutenants (16), and Captains (10). Non-security leadership includes, the Facility Superintendent, and three Assistant Superintendents (Security, Rehabilitation Services, and General Services).

Security Shifts:

1st Shift operates from 10:10 pm through 06:10 am

2nd Shift operates from 06:00 am through 02:30 pm

Security Administrative posts operate from 07:30 am through 4:00 pm

3rd Shift operates from 2:20 pm through 10:20 pm

Bargaining unit members including officers, corporals, sergeants and non-custody line staff (counselors, food service and medical) are represented by The American Federation of State, County, and Municipal Employees (AFSCME).

In addition to the listed staffing the facility works with 113 contractors providing support in areas such as education, maintenance, etc.

Case Management

Counselors are assigned to the population according to their ACRS (Automated Criminal Risk Score) score. The score is based on criteria such as— age, earned time, revocations, sentence length, thefts, prior incarcerations, and person-to-person crimes. Individuals with a score of .14 or lower, are assigned to a Reactive Case Management Counselor. A score of .15 or higher is assigned to an Intensive Case Management Counselor. Inmates assigned to the Intensive Case Management caseload are at greatest risk to re-offend and will be intensively managed.

Primary work programs include:

- Maintenance (Physical Plant) including welding; carpentry; electrical; painting; radio repair; plumbing; heating and air conditioning (HVAC); general maintenance; and landscaping.
- Facility support including food services, janitorial and recreational orderly.
- Oregon Correctional Enterprises (OCE)
 - The Call Center provides telephone agents to outside contractors.
 - The Sign Shop area does work for state agencies and private businesses.
 - The Laundry does institutional laundry.

Education

The facility provides: Adult Basic Skills Development in English as a Second Language (ESL), Adult Basic Education (ABE), and General Education Development (GED) noting that, “Inmates entering SRCI with an established need in one of these areas are automatically placed on the universal wait list for their class.” Education is also provided in the Intensive Management Unit, through the use of secure seating. The facility offers Building Construction Technology to increase employment opportunities. Cognitive skills programs are also provided to the population including: Living Healthy, Alcoholics Anonymous, Dads for Life, ART (Anger Regression Therapy), Art of Communication, Restorative Justice, and Pathfinders.

Religious Programs and Volunteers

The facility provides opportunity for religious programming for individual and groups noting 165 volunteers. Services are available for Non-Denominational Christians, Muslims, Native Americans, Jehovah’s Witnesses, Seventh Day Adventists, Yahwehs, Latter Day Saints, and Jewish faiths.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: [Click or tap here to enter text.](#)

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) OIG Organizational Chart
 - c) SRCI Organization Chart
 - d) Snake River Correctional Institution PREA Process
 - e) Security Staffing Plan Standard Review and Exception Request (01/30/2019)
 - f) Facility Post Deployments and Staffing
2. Interviews:
 - a) PREA Coordinator
 - b) PREA Compliance Manager

115.11 (a): ODOC Policy 40.1.13 "Prison Rape Elimination Act," section I states, "The department is committed to a zero-tolerance standard for sexual abuse and sexual harassment." This statement provides a clear connection with provision (a)'s zero tolerance requirement. During the onsite review, interviews with staff indicated that all staff received training and understood the zero-tolerance requirement in policy. Interviews with random and targeted inmates indicated that the zero-tolerance of sexual abuse and sexual harassment was understood and education was provided to the population. Interviews with contractors and volunteers also indicated an understanding of the zero-tolerance requirements of the agency.

ODOC Policy 40.1.13 "Prison Rape Elimination Act," section I.A-D (pg.1) continues to demonstrate the clear connection to prevention, detection and responding to such conduct in that, "The department will immediately respond to, investigate, and support the prosecution of sexual abuse and sexual harassment in Oregon's prisons, both internally and externally in partnership with law enforcement and county prosecutors." This statement provides application of the requirement for response to PREA related incidents.

The policy provides information relative to prevention and detection, "Through continual education of staff and inmates, the department will increase awareness of safe reporting mechanisms and available services to victims and concerned citizens, thereby creating institutional cultures that discourage sexual abuse and sexual harassment and misconduct." and "Through classification, assignment, review of new technologies, and improvements to institution architecture where feasible, the department will identify opportunities to separate and carefully monitor both sexually abused and vulnerable inmates and sexual abusers and victims to reduce the incidence of sexual misconduct."

115.11 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section II.A provides the definition of the Agency PREA Coordinator as "An administrator responsible for the development, implementation, and oversight of the department's compliance with the PREA standards in all of the department's facilities." A review of the agency's organizational chart (June 2019) indicates that the position reports to the Assistant Inspector General of the Special Programs Unit within the Office of the Inspector General. The Organization Chart identifies the PREA Administrator as Ericka Sage. As part of the onsite review the PREA coordinator was interviewed, she was asked, if she felt she had enough time to manage all of her PREA related responsibilities. She responded, "Yes, absolutely." She then

elaborated that there was a lot of support with the related duties as well as using effective time management.

115.11 (c) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section II.F provides the definition for PREA compliance manager, noting “A management staff person designated by the institution functional unit manager, with sufficient time and authority to coordinate the facility’s efforts to comply with the federal PREA standards.” It was noted that in institutions this function serves as a collateral duty to a facility manager. It was further noted that the agency and individual facilities have placed a high priority on PREA compliance, as such the PREA compliance managers are provided time to manage these tasks.

During the interview process PREA Coordinator Sage indicated that she works with 13 PREA compliance managers at 14 facilities, (one PREA compliance manager has responsibility for two facilities in close proximity). At Snake River the position is filled by Lieutenant William King. This was verified by reviewing the facility’s organization chart as well as page 4 of the “PREA Advocacy Contact Information-Department of Corrections Institutions and Community Sexual Assault Advocacy Organizations.” According to the Agency PREA Coordinator, “Each facility has also been assigned a Sexual Abuse Response Team and a Team Leader. These positions are collateral duties but assist the PREA compliance manager in all the duties required under PREA with oversight from the PREA compliance manager.” During an interview with the facility PREA compliance manager, when asked, “Do you feel that you have enough time to manage all of your PREA related responsibilities?” He replied absolutely, noting that the facility provides him with the tools and necessary avenues to complete any assigned tasks.

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

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) 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 following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Grant County contract 1797
 - c) Jackson County contract #5405 (Terminated 12/01/2018)
 - d) Lane County contract
 - e) Marion County contract
 - f) PREA contract boiler plate template
2. Interviews:
 - a) Agency Contract Administrator

115.12 (a) During the documentation period the Oregon Department of Corrections maintained contracts with four counties for housing inmates. On November 2, 2018 the agency notified Jackson County that the contract was being terminated effective 12/01/2018. At the time of the onsite review three contracts for housing inmates remained in effect including Grant County, Lane County, and Marion County. Each of the contracts contain language that requires the county to "adopt and comply with the Depart of Justice Prison Rape Elimination Act (PREA) standards set forth in 28 CFR 115.5 et seq." The contract language further provides that the, "County shall also provide information concerning compliance with the PREA standards, upon request, to ODOC."

115.12 (b) The 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.

Prior to the onsite review the auditor interviewed the contracts administrator, when asked "How do you monitor new and renewed contracts for confinement purposes to determine if the contractor complies with required PREA practices?" The contract administrator noted that the PREA coordinator provides the contracting agency with a self-assessment tool and they are required to complete it annually. The

administrator further elaborated that the contract language requires PREA certification and ongoing monitoring. The auditor reviewed contracts for all four counties that included language specific to monitoring in that, “DOC shall monitor the Agreement to ensure that Sheriff is complying with PREA standards described in this section...”

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

Marion County PREA Report

<https://www.co.marion.or.us/SO/Institutions/Documents/Final%20PREA%20Report%202017%20web.pdf>

Lane County PREA Report

http://www.lanecounty.org/UserFiles/Servers/Server_3585797/File/Government/County%20Departments/Sheriff%20Office/Corrections%20Division/2016%20PREA%20AUDIT%20-%20Main%20Jail%20Facility.pdf

Grant County PREA Report

<https://grantcountyoregon.net/DocumentCenter/View/449/Prison-Rape-Elimination-Act-PREA-Final-Report-2017-Jail-Audit-PDF>

Jackson County PREA Report

<http://jacksoncountyor.org/community-justice/Transition-Center/Prison-Rape-Elimination-Act>

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external

oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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.

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Agency Policy 40.2.1 "Staff Deployment System" (effective 11/27/2017)
 - c) PREA Security Staffing Analysis (effective 12/10/2014)
 - d) Security Staffing Plan Standard Review and Exception Request (effective 01/30/2019)
 - e) Facility Post Deployments and Staffing
2. Interviews:
 - a) Prison Superintendent
 - b) PREA Coordinator
 - c) PREA Compliance Manager
 - d) Agency Director/Designee
 - e) Intermediate or Higher-Level Facility Staff
3. Site Review Observations:
 - a) Informal interviews during site review
 - b) Staffing in accordance with rosters

115.13 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.9 states, "The department shall ensure that each facility it operates, develops and documents a staffing plan that provides for adequate levels of staffing to protect inmates against sexual abuse." The auditor noted that the policy

language provides the elements of the provision including: Generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisory staff; Institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors."

The Agency initiated, a PREA Security Staffing Analysis for all facilities completed by the Association of State Correctional Administrators (ASCA) based in Maryland. The first phase of the staffing analysis began in December 2013, with onsite reviews beginning July 28, 2014. The final report was submitted in December 2014. The design capacity noted was 3,142, with a census of 3,049. The PAQ notes the designed capacity at 3,061 with a current population of 2,980. The report provides an introduction noting, "ASCA conducted a review of security staffing at Department facilities with specific emphasis on offender supervision and compliance with the Prison Rape Elimination Act (PREA) standards." The report provides methodology that includes the standard requirements of 115.13, as well as a document review of organizational charts and facility descriptions; floor plans for each institution; daily population and capacity reports for each facility; current shift staffing rosters for all facilities; December 2013 ASCA facility staff in analysis report; all PREA complaints received by each facility during the past 12 months; and PREA Prisons and Jail Standards, Prevention Planning – Prisons and Jails, section 115.13 Supervision and monitoring. The report also included a site review of each facility including Snake River Correctional Institution (completed on September 8-9, 2014). Pages 75 through 84 provide a summary report specific to Snake River Correctional Institution, including the facility characteristics, operations, staffing, and housing units. The agency PREA coordinator reported that as a result of the report 33 additional correctional officer positions were provided to the agency and distributed as recommended by ASCA.

ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.4 also provides, "Security staffing standards and deployment of video monitoring systems or technology shall be assessed for adjustments and documented by the PREA compliance managers for facilities affected and communicate to Agency PREA coordinator." During the onsite review the Superintendent, Brad Cain, was interviewed. When asked, "Does your facility have a staffing plan?" he stated that it did have a staffing plan and noted that it was reviewed on an annual basis; that it addressed adequate staffing levels and video monitoring. When asked about if it was documented, he stated that it was. When interviewed about the staffing plan, the PREA compliance manager was able to articulate the considerations of items (1-11) listed in provision (a) of the standard. The information was supported by the documentation reviewed by the auditor, including the staffing plan document and annual reviews with signatures.

In a memo to the auditor dated July 16, 2019, the Agency PREA coordinator indicated, "As part of our annual staffing review in coordination with internal PREA audits, I was able to tour Snake River Correctional Institution As part of that tour and review, in coordination with facility management staff, I reviewed all components of the facilities physical plant (including "blind-spots" and areas where staff and inmates may be isolated). We reviewed the composition of the inmate population, the number and placement of supervisory staff, institutional programs that occur and the prevalence of substantiated and unsubstantiated incidents of sexual abuse and all other relevant factors." This onsite review by the agency PREA coordinator indicates an active participation in the staffing plan and assessment of the facility's approach to prevention of sexual abuse.

115.13 (b) In a letter to the auditor the Agency PREA coordinator indicated that, all deviations from the staffing plans are documented by an exception report and reviewed by the appropriate manager at

each facility. This statement was reiterated in the interviews with both the PREA coordinator and the facility PREA compliance manager. The facility indicated that there were no deviations to the staffing plan during the audit period. They provided documentation with copies of exception reports showing movement and noted that if there were deviations they would be included in similar reports.

Policy 40.2.1 "Staff Deployment System," section III.H.4 (pp. 5-6) outlines the use of the daily roster reports and requires, "The [officer in charge] OIC shall be responsible for the documentation and accuracy of the daily roster variance and exception notation." The policy and staffing plan provides coverage and documentation of post in that, if an absence in a fixed post occurs, the absence must be filled according to the following priority: Shift relief and variable relief staff; pull posts; and overtime. Any variation from this order of priority shall require written notice to the functional unit manager or designee on the next workday. During the onsite interviews, the superintendent confirmed that he would receive notification of any deviations from the established staffing plan.

115.13 (c) ODOC Policy 40.2.1 "Staff Deployment System," section III.G.4 (pg. 5) Requires an Annual Post Audit and Evaluation and Staffing Analysis. The policy specifically requires that, "Posts shall be evaluated at least annually by functional unit management staff and in consultation with the functional unit PREA coordinator to assess, determine, and document whether adjustments are needed to the established staffing plans and ensure facilities have the resources available to commit to ensure adherence to the staffing plan." This review is documented on "Staffing Standard Review and Exception Request form (CD1434)." This review includes the staff deployment manager, assistant superintendent of security and functional unit manager (facility superintendent). The review is forwarded to the Agency PREA coordinator. The facility provided the review including all associated signatures completed with the Agency PREA coordinator's final signature dated 01/30/2019.

The agency PREA coordinator also noted that a camera mapping plan had been created with prioritized and documented needs. Through the visits she noted that operational practices were reviewed and adjusted to maximize visibility in areas as needed. Through her assessments an increase in security mirrors were installed and current cameras have been adjusted to maximize visibility in locations of otherwise limited visibility. Doors were either locked, or removed to minimize the opportunity for sexual abuse in those areas. Post orders were changed to include frequent checks of areas that have lower visibility.

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

Unannounced rounds are documented in area log books in the upper left hand corner of the document, typically in red pen. The agency provided documentation of these rounds in the initial proof documents. While onsite the auditor reviewed active (in use) log books in the housing units as well as requested and received access to log books from previous months. The documents evidenced routine visits by intermediate supervisors, with supervisory signatures noted.

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

Interviews conducted with intermediate and higher-level facility staff of the ranks between assistant superintendent and lieutenant supported that unannounced rounds are conducted in all areas of the facility in compliance with agency policy and the provision of the standard. Interviewed supervisors indicated that they alternated rounds based on facility needs, providing for random visits to areas of the facility during all shifts at varied hours. Supervisors indicated that they had also provided direction to control rooms not to provide advance notice to areas that they were conducting rounds. Supervisors noted that evidence of compliance with this directive was found when a group of staff was surprised while performing their duties.

During the interviews the supervisors stated they document these rounds using the forms located in each housing unit, programing area, etc. Informal interviews were conducted with staff during the site visits; staff indicated that they routinely saw upper level supervisors and managers visiting their areas. Informal interviews during the site review also supported regular observations that Lieutenants and above visited the units.

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

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Enrolled House Bill 2251
2. Interviews:
 - a) Prison Superintendent
 - b) PREA Coordinator
3. Site Review Observations:
 - a) Informal interviews during site review

115.14 (a-c) Snake River Correctional Institution does not house youthful offenders. Engrossed HB 2251 Section 1 subsection 9 (pg. 3) states, "Notwithstanding any other provision of this section, under no circumstances may a person under 18 years of age be incarcerated in a Department of Corrections institution." The bill went into effect on 01/01/2018. According to a memo provided by PREA Coordinator, Ericka Sage, "Prior to that time, there was a technicality in the law that would allow a youth to be housed in an Oregon Department of Corrections facility, but in practice, this was not done." A link to the full text at the Oregon Legislative site is provided below.

<https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HB2251>

Interviews with the facility Superintendent, agency PREA coordinator and facility PREA compliance manager also supported compliance with the state law and standard. During the onsite review the auditor reviewed facility rosters and noted no indicators of individuals under the age of 18 being housed at the Snake River Correctional Institution.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

The following evidence was analyzed in making the compliance determination

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a) Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)
 - b) Oregon Administrative Rule 291-41 Searches (Inmate)
 - c) Oregon Administrative Rule 291-210 Transgender and Intersex (Inmate)
 - d) Training curriculum
 - e) Staff PREA Training Records
2. Interviews:
 - a) Random staff
 - b) Random inmate
 - c) Non-Medical staff included in cross-gender searches
 - d) PREA Compliance Manager
3. Site Review Observations:
 - a) Informal interviews during site review

- b) Observations of Housing areas
- c) Observations of showers
- d) Observations of video monitors

115.15 (a) Oregon Administrative Rules (OAR) Chapter 291, Division 41 (Searches) provides direction to the agency including Authority, Purpose and Policy requirements. (OAR) 291-41-0010 provides definitions, section 17 defines types of searches, subsection (d) defines “unclothed” as, “A search procedure wherein the person being searched removes all of his/her clothing and is visually examined and clothing removed is carefully inspected before return and redressing, for the purpose of detecting contraband.” The description, is similar to the definition of strip search as provided in the definitions from the PREA Standards (pg. 7) 291-041-0020 section 7 provides direction that, “Unclothed searches conducted by DOC staff will be of the same gender as the inmate, unless there is an emergency.”

The facility reported in the PAQ that there were no instances of cross gender strip searches or cross-gender visual body cavity searches (defined by the agency as unclothed searches). During the selection of staff for interview protocols –Non-Medical staff involved in Cross Gender Strip or visual searches, the PREA compliance manager reiterated that there had been no instances of staff involved in this type of search. The question from this protocol was added to several random interviews by the auditor, when asked, “What urgent circumstances would require cross-gender strip searches and visual body cavity searches?” Random Staff (with the added protocol) knew that, only in the most serious emergencies, would this ever happen, they noted there were almost no circumstances they could think of where it would occur. They noted not even in a natural disaster would they need to have cross-gender searches, as there is sufficient staff available to search.

The facility maintains a document, titled Cross-Gender Un-clothed Search Log, the document is required to be turned into the PREA compliance manager and identifies inmate number, date, time, location, staff name and reason for the search. As the facility reports there were no instances of cross gender searches the document was blank.

115.15 (b) The facility asserts that Snake River Correctional Institution does not house female inmates, this was confirmed by the auditor through a review of the inmate rosters and observations through the on-site review. Additionally, (OAR) 291-41-020 section 6 states, “Clothed Searches: Inmates may be searched only by authorized Department of Corrections personnel or a sworn police officer in the performance of his/her official duty. Cross-gender clothed searches of female inmates will not occur unless there is an emergency, and shall be documented.”

115.15 (c) Oregon Administrative Rules (OAR) 291-41-020 section 7 subsection (a) requires, “The facility shall document all unclothed searches to include cross-gender and cross-gender visual body cavity searches. (OAR) 291-41-020 section 6 provides the additional requirement that, “Inmates may be searched only by authorized Department of Corrections personnel or a sworn police officer in the performance of his/her official duty.....” The requirements of the administrative rule reiterate the requirements found in the provision of 115.15 (c). As noted in provision (b) of this standard Snake River Correctional Institution houses male inmates.

When reviewing documents, the facility indicated that it did not document routine unclothed searches of adults in custody unless there was an unusual report generated. The auditor reviewed samples unusual reports provided for other standards. The auditor noted that documentation of same gender unclothed searches (aka. Strip searches) was not a requirement of the standard; however, as the directive is indicated in the state administrative rules, the auditor provides the recommendation to the facility to develop local procedures to adhere to the internal rules of the State of Oregon. As noted in provision (b) the facility does houses male inmates.

115.15 (d) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.A.4 states, “Each institution shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.” This section of policy reiterates the language in provision (d) of this standard. ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.A.5 provides the additional requirement of this provision as it notes, “Opposite gender staff shall announce themselves prior to entering an inmate housing unit by the method approved by the agency.” The process has been in place since 2014. On June 11, 2014 the Assistant Director of the Operations Division, provided direction to all DOC Employees on the process in which staff will make this announcement. Oregon DOC including Snake River Correctional Institution, utilizes a door bell system that can be heard throughout each unit.

During the site review, the audit team observed the regular use of the doorbell system to announce the presence of female staff that accompanied the group. The auditor also conducted informal interviews with the population asking if female staff routinely used the doorbell to announce their presence on the unit, with little exception the population stated that they did. During formal interviews with random staff, the staff members routinely noted that female staff did make the required announcement. During formal interviews with inmates, when asked if the female staff announced their presence, the inmates routinely noted that the announcements did occur, noting that staff use the doorbell. As part of the onsite review the auditor walked through each living unit observing showers, toilet areas, inmate cells, cameras, monitoring locations, windows, and mirrors. The auditor noted that cameras were focused away from sleeping areas, toilets and showers. This was verified by the auditor during a review of control rooms with monitor access. The facility was divided into three general housing complexes in the main facility, in addition to the minimum security facility. General housing showers have a standard door that covers approximately knee to chest, the facility added curtains at the top of the doors to provide additional coverage above head height, evidence of these modifications was provided in the initial proof documents.

The segregation units have windows areas that are blurred to restrict viewing of the toilet areas. Special housing areas with cameras in the cells have had the camera lenses physically modified to prevent viewing of the toilet areas, increasing privacy.

115.15 (e) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.A.3 (page 4) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Interviews with random staff indicated an understanding of this policy requirement and compliance with the policy. Oregon Administrative Rules (OAR) 291-41-020 section 7 subsection (c) also provides that, “If the inmate’s genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” There were no documented searches of transgender or intersex offenders for this purpose. The facility reported that they had 26 transgender and intersex adults in custody. During interviews with the inmates who identified as transgender or intersex, they indicated that they had not been searched for this purpose.”

115.15 (f) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.B.3.b (pp.4-5) requires that, “The department shall train staff responsible for the supervision of inmates in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.” The agency provided current training curriculum, “Unclothed Searches Transgender Inmates,” the training covered standard search techniques for strip searches, searching of property and the unclothed search. The training provided direction such as Remove the inmate to a private area; Not done for punishment, harassment, or to determine genital status; Speak quietly and calmly, providing clear and concise

instructions and explanations; and Do NOT touch the inmate during the unclothed search unless it is needed to control the inmate. The training added components specific to Searches of a transgender population including; proper pronoun usage. 19 Random staff were asked, "Have you received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs?" 17 out of 19 of those interviewed confirmed they had received this training.

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

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

Recommendation:

The agency should incorporate policy and procedure that includes and operationalizes the responses from the PREA Resource Center in regards to strip searches of transgender inmates as noted the frequently asked questions posted from December 2nd 2016: "Operationally, four options are in current practice for searches of transgender or intersex inmates/residents/detainees: 1) searches conducted only by medical staff; 2) pat searches of adult inmates conducted by female staff only, especially given there is no prohibition on the pat searches female staff can perform (except in juvenile facilities); 3) asking inmates/residents/detainees to identify the gender of staff with whom they would feel most comfortable conducting the search, and 4) searches conducted in accordance with the inmate's gender identity."

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

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

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

115.16 (a)

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

and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Agency Policy 40.2.11 "Effective Communication for Deaf/Hearing Impaired Inmates" (Effective 05/15/2012)
2. Interviews:
 - a) Prison Superintendent
 - b) Agency Head/Designee
 - c) Inmates who are Limited English Proficient
3. Site Review Observations:
 - a) Informal interviews during site review
 - b) Staffing in accordance with rosters

115.16 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B (page 6) provides the direction that, "The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." The provided policy language speaks directly towards the ability to provide services including agency PREA initiatives to prevent, detect and respond to sexual abuse and sexual harassment. When asked, "Does the facility provide information about sexual abuse and sexual harassment that you are able to understand?" Both cognitively disabled and limited English proficient adults in custody stated yes. The agency noted that the video is provided with audio for those with who are blind or have low vision. The facility also provides a transcript for those who are hearing impaired.

ODOC Policy 40.2.11 “Effective Communication for Deaf/Hearing Impaired Inmates” provides the agency directives establishing staff, “responsibilities and procedures for ensuring that deaf and hearing-impaired inmates are afforded access to necessary hearing assessments and to auxiliary aids/services when required to permit deaf and hearing-impaired inmates to communicate effectively with others in accessing and participating in department programs, services, and activities.” The policy speaks directly to ensuring its programs, services and activities are provided to the population without discrimination. As part of the onsite review the Agency Director/Designee was interviewed, when asked, “Has the agency established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment?” He confirmed that educational information including posters are provided in Spanish; and the agency makes interpreters and language lines available. He also noted specific services for the hearing impaired, referencing the ADA policy.

115.16 (b) ODOC primarily uses interpreters through the Department of Human Services (<http://www.oregon.gov/DHS/BUSINESS-SERVICES/ODHHS/Pages/ECS.aspx>) this service is available to support individuals with the ability have meaningful access to ODOC’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has identified 15 staff as translators, Staff who do the interpretation receive a differential and must test to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. These individuals support the agency’s steps in preventing, detecting and responding to sexual abuse and sexual harassment for inmates who have limited English proficiency. Interviews with inmates with disabilities or who have limited English proficiency were interviewed as part of the process. When asked, “Does the facility provide information about sexual abuse and sexual harassment that you are able to understand?” Both Cognitive and Limited English Proficient adults in custody stated yes.

115.16 (c) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.D.1.g (page 8) states that, “Inmate interpreters, inmate readers, or other types of inmate assistants should not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties or the investigation of the inmate’s allegations.” This language matches the requirements of the provision, in limiting the use of inmate interpreters to circumstances that could compromise the inmate’s safety. The facility reported that it has no incidents in which inmates were used to interpret for each other in these circumstances. The audit team interviewed 19 random staff during the onsite review, when asked, “Does the agency ever allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment?” Fifteen staff understood the policy requirement that limited the use of inmate interpreters, four staff indicated they believed they could use an inmate to interpret in varying degrees such as if the inmate used a friend he trusted to bring the information forth.

In response to the information provided the facility, the facility provided an updated publication to the staff reminding them of the availability of the interpretation services prior to the auditor’s departure.

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

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 20.4.2 "Applicants for DOC Positions with Prior Criminal Convictions" (Effective 07/08/2014)
 - b) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - c) Agency policy 20.1.3 "Code of Conduct" (effective 07/01/2015)
 - d) Agency Policy 20.5.13 "Employment References (effective 07/15/1998)
 - e) Oregon Administrative Rule 259-008 Department of Public Safety standards and training
 - f) Oregon Administrative Rule 291-016 Facility Access
 - g) Agency Policy 20.4.5 "Recruitment and Selection Process" (effective 07/08/2014)
 - h) Agency Policy 100.1.1 "Non-Employee Service Provider (Carded and Non-Carded)" (Effective 01/01/15)
 - i) Employee Files
2. Interviews:
 - a) Human Resources
3. Site Review Observations:
 - a) Open Recruitments

115.17 (a) ODOC Policy 20.4.2 "Applicants for DOC Positions with Prior Criminal Convictions," section III.B (pg. 2) indicates that, "As required by the PREA, a candidate for a position that involves contact with inmates is automatically disqualified from employment, volunteering, and interning if he/she has any of the following: any conviction for sexual abuse in a prison, jail, secure community placement, or juvenile facility; any conviction for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or in the absence of a conviction, any civil or administrative finding that the applicant attempted to engaged in any activity described in sub-paragraphs (1) and (2), above." The policy requirement mirrors the requirements found in provision (a) of the standard. The auditor reviewed samples of recruitments provided as well as reviewed open recruitments from the agency webpage. During the review the auditor found the following notice to applicants, "ODOC is responsible for complying with the Federal Prison Rape Elimination Act (PREA 42 U.S.C. 1997). PREA prohibits the Oregon Department of Corrections from hiring, promoting, or contracting with anyone (that will have direct contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings. For more information regarding PREA please visit: United States Department of Justice." The application process can be reviewed at the below link.

<https://www.oregon.gov/doc/careers/Pages/home.aspx>

115.17 (b) ODOC Policy 20.4.2 "Applicants for DOC Positions with Prior Criminal Convictions," section III.C (pg. 2) states that, "Substantiated allegations of sexual abuse or sexual harassment incidents will

be used in determining whether to hire or promote a candidate. Candidates with these types of incidents may be considered with the approval of the Assistant Director of Human Resources.” During the onsite interview with Human Resources Staff, when asked, “Does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?” The human resources staff stated that they did consider these types of incidents.

115.17 (c) ODOC Policy 20.4.5 “Recruitment and Selection Process,” section III.D (pg. 3) requires that, “Hiring managers will complete a thorough reference and/or background checks on all final applicants prior to making an offer of employment. Hiring managers shall conduct employment reference checks, criminal background, enforce the Prison Rape Elimination Act zero tolerance for sexual abuse and harassment, and other work-related background investigations on department (employees) applicants and new applicants to secure further information concerning the applicant’s qualifications and to verify statements contained in an application or a statement made in an interview.” The facility reported that 89 new staff were hired during the previous 12 months, the auditor completed a random sample that included 12 new hires and promotions, the auditor reviewed available documentation including logs and background screenings to indicate the required reviews.

115.17 (d) Oregon Administrative Rules (OAR) Chapter 291, Division 16 (Facility Access) states that, “All persons entering the facility will be required to provide sufficient information for the functional unit to review criminal history and background. Any persons may be denied access to a facility if it would compromise the security, sound order, or discipline of the facility.” The facility indicated that they had 113 contractors within the previous 12 months and 165 volunteers for various programs. The auditor reviewed a random sample of documentation including the required criminal background check logs for contractors and volunteers.

ODOC Policy 100.1.1 “Non-Employee Service Provider (Carded and Non-Carded),” section III.E (pg. 2) provides the additional requirement that, “Background checks will be completed on contractors and volunteers to ensure compliance with requirements of the DOC policy on Prison Rape Elimination Act (40.1.13).” As part of the onsite review, the staff member who coordinates background checks for volunteers and contractors was interviewed and she stated that she initiated the process for the background checks. The auditor requested and received logs documenting the background checks for volunteers at Snake River Correctional Institution.

115.17 (e) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.K. (pg. 13) States that, “As required by the Prison Rape Elimination Act, the Department of Corrections shall conduct criminal background records checks at least every five years of permanent, temporary employees and contractors, volunteers and interns.” During the onsite review the auditor was provided documentation of criminal background checks for all staff, the earliest check was dated 09/25/2015 and the most recent check was dated 06/10/2019. During the onsite review the human resource staff were asked, “What system does the facility presently have in place to conduct criminal record background checks of current employees and contractors who may have contact with inmates?” The staff indicated that they use a system called Law Enforcement Data System (LEDS) and Oregon Judicial Information Network (OJIN) for conducting all background checks. The human resources staff were also asked, “Are these background checks conducted at least once every five years?” The human resources staff indicated that security staff were checked annually as part of their requirements to carry a firearm. She noted that staff were actually checked more often using their annual performance reviews as the guide. She indicated that managers were checked using their discretionary leave dates.

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

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

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

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

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

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Enrolled House Bill 2251
 - b) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)

2. Interviews:
 - a) Agency Director (designee)
 - b) Prison Superintendent
 - c) PREA Coordinator

3. Site Review Observations:
 - a) Informal interviews during site review

115.18 (a) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.A.7 (pg. 4), States, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the department shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.” The Agency PREA coordinator noted that ODOC had not acquired any new facilities or substantially modified or expanded any existing facilities since the previous PREA audit conducted at Snake River Correctional Institution in 2017. During the onsite review both the Agency Head (Designee) and the superintendent were asked, “How has the facility considered the effect of the expansion or modification upon the facility’s ability to protect inmates from sexual abuse?” The superintendent noted that there had been no expansions, but any modification would consider the impact on the ability to keep the population safe.

115.18 (b) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.A.8 (pg. 4) requires that, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse. The auditor received the camera mapping plans that included schematics with all the camera locations throughout the facility including all complexes and external buildings. It was noted during the onsite review that there had been not updates to the existing camera system.

The interview with the superintendent and agency head designee indicated that there had been no recent updates in technology to the Snake River Correctional Institution, it was indicated that based on pending funding the agency would consider “how such technology may enhance the agency’s ability to protect inmates from sexual abuse,” in accordance with the standard.

When asked, “When installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, how has the facility considered using such technology to enhance inmates’ protection from sexual abuse?” Superintendent Cain stated that the facility would analyze various blind spots and look for opportunities to increase the safety of the adults in custody.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.18

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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 following evidence was analyzed in making the compliance determination

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

- a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- b) Agency Policy 70.1.3 "Criminal & Administrative Evidence Handling" (eff. 05/1/2014)
- c) MOU with DOVE (final signature 01/23/2019)
- d) MOU with Oregon State Patrol (final signature 10/08/2018)
- e) Advocacy Notification (10/06/2016)
- f) Pamphlet "How to reach and Advocate"

2. Interviews:

- a) Random Staff
- b) SAFE/SANE Nurses

115.21 (a-b) ODOC Policy 70.1.3 "Criminal & Administrative Evidence Handling," Section III.A (pg. 1) states, "Any crime scene and any evidence seized as part of a criminal investigation, for the purpose of criminal prosecution, or for DOC administrative cases will be handled in a uniform and consistent manner by DOC employees to ensure the integrity and security of the evidence. An administrative investigation can turn into a criminal investigation depending on the circumstances. Therefore, all evidence should be treated as criminal evidence. For this reason, all evidence will be treated with the same integrity to preserve the chain of evidence."

The policy provides the agencies uniform protocols for evidence handling. The policy covers crime scene preservations, security and processing. This includes sections on securing the scene; photographing the scene/evidence; and evidence custodian. The policy also addresses evidence packaging and sealing as well as standards of evidence and evidence lockers. As the policy is inclusive of PREA but not limited, it also addresses controlled substance evidence. The protocol has been adapted from the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents." During the interviews with random staff, staff indicated they understood their responsibilities regarding preservation of a crime scene and evidence.

115.21 (c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.H (pg. 11) provides that, "Medical access to services for victims of sexual abuse will be handled in accordance with Health Services policy on procedure #P-B-05 (Procedure in the Event of Sexual Assault) that includes: Timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment; Necessary post event treatment including coordination with community hospitals; Testing and prophylactic treatment for sexually transmitted disease(STD); Comprehensive information and timely access to all lawful pregnancy related medical services; Referral to Behavioral Health Services; and Communication with the sexual abuse liaison regarding any information deemed not confidential." The auditor noted that the updated Health Services policy is number P-F-06.1 for "Procedure in the event of sexual abuse". Forensic medical exams are conducted at an outside facility. The Agency noted that there were no forensic exams during the previous 12 months.

Documentation from the facility notes onsite medical staff do not conduct medical examinations, inmates are sent to Saint Alphonsus Hospital for forensic examinations if needed. Facility medical staff also noted that forensic exams are not completed at the facility, victims are sent Saint Alphonsus Medical Center in Ontario, Oregon for forensic examinations, if a SAFE/SANE nurse is not on shift they are routed to Saint Alphonsus Medical Center in Nampa. The auditor spoke with staff at the Saint Alphonsus, who verified that they have a SAFE/SANE nurse available to conduct forensic examinations and would provide services to Snake River Correctional Institution.

115.21 (d-e) The ODOC/Snake River Correctional Institution maintains a memorandum of understanding with Project Dove to provide inmates with access to outside victim advocates for emotional support service related to sexual abuse. ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.F. (pg. 10) requires, "As requested by the inmate, a victim advocate shall accompany and support the inmate through the forensic medical examination and investigatory interview providing emotional support, crisis intervention, information, and referrals." The policy language mirrors the language in the standard memorandum of understanding with Project Dove.

The auditor spoke with a representative from Project Dove who verified the extent of the services provided including emotional support services and advocacy for victims of sexual abuse. Interviews with random inmates and inmates who reported sexual abuse were inconclusive as few individuals noted they were familiar with the information. During the onsite review the auditor observed posters with the advocacy contact information provided including telephone contact information (Dial 711). The facility orientation handbook provides community based PREA advocacy program information on page seven. The agency provides a pamphlet in English and Spanish, as well as ongoing education in newsletters advising the population on the advocacy services available and how to contact an advocate. The agency has a PREA Sexual Assault Forensic Exam: Advocacy guideline (updated 04/25/2016) for escort staff and advocates that outlines the roles, responsibilities and interactions.

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

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes 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.

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Agency Policy 70.1.4 "Investigations" (eff. 11/20/2018)
2. Interviews:
 - a) Agency Director (designee)
 - b) Prison Superintendent

- c) Investigators
- d) PREA Coordinator

115.22 (a) The agency ensures that investigations are completed for all allegations of sexual abuse and sexual harassment. The requirements are outlined in ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.G (pg. 10) which states, “Allegations of sexual abuse or sexual harassment of an inmate by a staff member as defined in this policy will be reviewed and referred to the appropriate investigator as specified in the ODOC policy on Investigations 70.1.4.” Identical requirements are found in Section G.2 relating to sexual abuse or harassment by an inmate. 40.1.13 provides the direction that investigations will occur. ODOC Policy 70.1.4 “Investigations,” outlines which entity will be assigned the investigation. The facility noted that there had been a total of 11 allegations for the previous 12 months, 2 of which were referred for criminal investigations, nine were investigated administratively. The two criminal investigations are still pending and not closed at this time.

During the interview with the agency director/designee, was asked, “Does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment?” He stated, “Yes”. He noted that all allegations are investigated. Inmate to inmate allegations are investigated by the facility, while investigators from HQ investigate allegations involving staff. Matters that are criminal in nature are referred to the Oregon State Police, investigators provide a supporting role or serve as liaisons to law enforcement.

115.22 (b) ODOC Policy 70.1.4 “Investigations,” section III.C. (pp. 5-6) identifies the factors in who has the investigation responsibilities. Investigation assignments may include the Inspector General’s Office, The Oregon State Police, or the facility investigators. This process is also outlined in the Investigations Decisions Chart attached to policy 70.1.4. Referrals to law enforcement are documented on the OIC checklist indicating, who, date, time and a case number. Interviews with investigators support the assertion that administrative or criminal investigations are completed for all allegations. All administrative investigations are completed by the agency, criminal allegations of sexual abuse are referred to local law enforcement. The auditor verified that the policy is available on the agency website, the address/link is provided.

<https://www.oregon.gov/doc/rules-and-policies/Pages/policies.aspx>

115.22 (c) DOC Policy 70.1.4 “Investigations,” section III.C. (pp. 5-6) states the Oregon State Police, “have the primary role in certain types of criminal investigations and are the Department of Corrections’ primary law enforcement partner in conducting criminal investigations arising from criminal acts alleged to have been committed in state correctional facilities or another property occupied by the department.” The policy is not limited to PREA investigations, but does include, “PREA cases that allege a criminal act, including but not limited to: custodial sexual misconduct, rape, sodomy and sexual abuse.” The auditor reviewed the current Interagency Agreement with the Oregon State Police (IAA-331-2018) which outlines the roles and responsibilities of each agency in the conduct of criminal investigations at correctional facilities.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.22

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) DOC-BCC- Prison Rape Elimination Act (PREA) v7-1-2014
 - c) NIC "PREA: Your Role Responding to Sexual Abuse"
 - d) Training Records
2. Interviews:
 - a) Random Staff
3. Site Review Observations:
 - a) Open Recruitments

115.31 (a & c) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.1.a (pg. 4) requires that, "DOC employees will receive training, based on PREA employee training standards, on inmate sexual abuse and sexual harassment every two years. The agency shall provide refresher information

on current sexual abuse and sexual harassment policies on years when trainings are not conducted.” The auditor reviewed the curriculum for both new employees and the refresher training provided. The training information was provided noting that new employees received an hour of classroom and two hours of online training. The auditor noted that this training covers each of the required elements of the standard including but not limited to, “its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Inmates’ rights to be free from sexual abuse and sexual harassment; The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;” Interviews were completed with 19 randomly selected staff, with almost no exception staff indicated that they recalled receiving this training. The auditor reviewed records for 50 random staff and found them all to be compliant with the training. As refresher training for 2018 the facility completed training using the NIC “PREA: Your Role Responding to Sexual Abuse” The auditor reviewed this training at the NIC Website and noted that it met the compliance requirements of 115.31 (c).

115.31 (b) The agency noted that they train all staff on both genders during the training. As such staff transferring between facilities that house different genders have already received the necessary training. The training material was provided by the facility and reviewed by the auditor. The auditor noted that the curriculum was mutually applicable to both male and female inmates.

115.31 (d) Staff are required to confirm they understand the training provided to them through the iLearn electronic training system This is completed at the end of the electronic training and required to receive credit for the class, as such the document training completions also indicate acknowledgement of their understanding of the material as that was provided. During the onsite review 19 random staff were interviewed and asked about the training they received specific to PREA. The individuals interviewed with the random staff protocols understood the training they received including the policies on prevention, detection, reporting and response. The auditor reviewed records for 50 random staff and found them all to be compliant with this provision. Staff are also required to sign form CD 1623 “PREA Acknowledgement Statement” and initial the statement, “I have read and reviewed the PREA Policy 40.1.13. I acknowledge that I understand the Department’s position on zero-tolerance of sexual abuse and sexual harassment, and I acknowledge that I will report any findings of sexual abuse or sexual harassment immediately.”

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.31

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Agency Policy 100.1.2 "Non-Employee Service Provider Training (Eff 01/01/15)
 - c) DOC-BCC- Prison Rape Elimination Act (PREA) v7-1-2014
 - d) NIC "PREA: Your Role Responding to Sexual Abuse"
 - e) Volunteer and Contractor Training Records
2. Interviews:
 - a) Random Staff
 - b) Volunteers
 - c) Contractors

115.32 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.1.c (pg. 5) states, "The department shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents."

During the onsite review both volunteers and contractors were interviewed as part of the process. When asked if they receive training in regards to their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure, all interviewees noted that they had. A review of rosters by the auditor supports this assertion. The training provided information on preventing, detecting, reporting, investigating, and responding to sexual misconduct against offenders, as well as information on red flag behaviors. The facility documented training provided to contractors and volunteers. The agency provided records indicating training for all 165 volunteers.

115.32 (b) ODOC Policy 100.1.2 “Non-Employee Service Provider Training,” section III.B.1 (pg. 2) provides for training requirements and states, in part, “Training requirements for non-employee service providers will be based on: Duration of service to the agency (short duration or long duration), Amount of contact with inmates (high contact or low contact), Frequency of entry into facilities (high frequency or low frequency) (not applicable for short-duration NSPs), and Facility access requirements.” The policy further identifies, “The minimum training requirements for all non-employee service providers, based on duration, contacts, and frequency, are identified in the NSP Training Requirements Flowchart (Attachment A to this policy).” The facility provided the attachment outlining training requirement (including PREA) for contractors, mentors, and volunteers. The facility reported that fulltime regular contractors received the same PREA training as staff, this statement was also supported by the identified flowchart. Training requirements for volunteers who provide part-time services are required to complete the “PREA and Boundaries for Volunteers” v. 8-1-13 along with the self-study guide. Contractors under escort are required to read a PREA Statement when entering into the facilities. During the onsite review both volunteers and contractors were interviewed. Individuals remembered portions of the training including requirements to separate victims and notify staff. All volunteers and contractors stated that they were aware of the agency’s zero-tolerance policy.

115.32 (c) Identical to the acknowledgement for Staff in 115.31 (d) contractors and volunteers are also required to sign form CD 1623 “PREA Acknowledgement Statement” and initial the statement, “I have read and reviewed the PREA Policy 40.1.13. I acknowledge that I understand the Department’s position on zero-tolerance of sexual abuse and sexual harassment, and I acknowledge that I will report any findings of sexual abuse or sexual harassment immediately.”

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.32

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Inmate Rule Book (effective 01/01/2019)
 - c) PREA Intake Video Transcript
 - d) Offender Management System Screen Shots
 - e) Offender Management System sample emails.
 - f) Inmate Records
 - g) Snake River Currents – Newsletters (weekly)
2. Interviews:
 - a) Random Staff
 - b) Random Inmates
 - c) LEP Inmates
3. Observations
 - a) Area Postings

115.33 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.2 (pp. 5-6) provides the requirements for inmate education in that, "Upon admission to DOC custody inmates will receive information about: How to avoid risk situations related to sexual abuse and harassment; How to safely report allegations or suspicion of sexual abuse or sexual harassment, sexual coercion and sexual solicitation; How to obtain mental health services and/or medical services if victimized; What the risks and potential consequences are for engaging in any type of sexual activity while incarcerated; An inmate's right to be free from sexual abuse and harassment; An inmate's right to be free from retaliation from reporting such incidents; and The agencies policies and procedures for responding to such

incidents.” The facility reported that during the documentation period 1,737 inmates were admitted to the facility. The facility stated that all inmates received information at intake.

As part of the on-site review the auditor visited the intake area and observed appropriate signage providing information to the population that Sexual Abuse or Harassment is never okay, and provided options on how to report including: telling staff members, calling the PREA Hotline, how to contact and advocate, as well as addresses to write to the Governor’s Office of Constituent Services. The signage also contained 3rd party contact number for family using the Inspector General’s public hotline at (877) 678-4222. During the on-site review the auditor also observed the intake process as well as interviewed the staff that complete the intake process. During the interviews staff noted that inmates are provided with information about the zero tolerance policy and how to report incidents of sexual abuse or harassment. The staff noted that the information was posted throughout the institution and during the screening process the inmates are informed as well as provided access to the literature found throughout the institution.

115.33 (b-c) Comprehensive education is provided to all inmates during intake at the Coffee Creek Correctional Facility which serves as the agency’s intake facility. This education is usually provided within a week, however never beyond 30 days of intake. Both the video and a transcript were provided to the auditor. The information begins with, “You have the right to be free of sexual abuse and sexual harassment. You have the right to be free from retaliation for reporting such incidents. You have the right to be free from harm of any kind (e.g. violence, harassment, bullying, retaliation, intimidation, etc.)” Both random and targeted interviews supported compliance in that the population watched the video within a week of intake. The facility reported that 1,382 inmates were admitted that remained longer than 30 days, noting that all had received their comprehensive education. The facility reported that 668 inmates were in custody and admitted prior to August 20, 2012. Also noting that all of them had received their comprehensive education. The auditor reviewed documentation for 50 randomly selected inmates including completion of PREA Education. The files were selected by the auditor and included those who had been in custody less than a year and files for inmates who arrived prior to 2012. The file review indicated timely completion for all new arrivals and education received within 12 months for those who were in custody prior to the August 20, 2012 date. For those individuals who arrive new the facility an email is generated from the Offender Management System if the comprehensive education is not completed. The auditor reviewed a copy of the email and noted that there were no inmates from Snake River Correctional Institution listed.

115.33 (d) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.B (page 6) provides the direction that, “The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.” The provided policy language speaks directly towards the ability to provide services including agency PREA initiatives to prevent, detect and respond to sexual abuse and sexual harassment. While not exclusive to comprehensive education it is inclusive of such. The auditor noted that posters in the living units are in both English and Spanish as well as large easy to read fonts, with clear contrast from the background. The educational video is provided with audio for visually impaired individuals as well as a transcript for audio impaired individuals. Cognitive and Limited English Proficient adults in custody were interviewed as part of the audit process, when asked, “Does the facility provide information about sexual abuse and sexual harassment that you are able to understand?” They responded with an affirmative, yes. Standard 115.16 provides additional information regarding provision 115.33 (d).

115.33 (e) The agency maintains documentation of the comprehensive education in the Offender Management System. The agency PREA coordinator was able to demonstrate the system to the auditor during the onsite phase of the audit and pull 50 sample documents for the auditor while onsite.

115.33 (f) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B (page 5-6) provides the requirement for continuous and readily available information in that, "The department shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats." The policy continues to state, "Each institution will display posters or other materials, in appropriate locations to include housing units and common areas where inmates gather, which are designed to inform all inmates: That DOC has a zero-tolerance policy toward sexual abuse and sexual harassment; That all inmates are encouraged to report any and all instances of sexual abuse or sexual harassment; and The current methods available for reporting." The auditor reviewed the available posters within the living units and common areas during the onsite review. The posters provided contact information for reporting as well as statements, "that Sexual Abuse or Harassment is never okay."

In addition to the standard posters and pamphlets the facility publishes a weekly newsletter to the population titled "Snake River Currents." Unlike an informational pamphlet that may not be picked up or retained, the newsletter contains information on meals, incentives, sports, special activities and weekly movies. Each newsletter contains an article on PREA. Volume 2, issue 74 provided an article titled "PREA Sexual Abuse Advocacy (Support)." The article provided an introduction, "After a sexual assault you may want to speak with someone who can assist you with what happens next" and follow-up information including the contact numbers and addresses for how to reach an advocate. "How to Reach an Advocate: Simply dial 711 or (208) 739-5061 from any inmate telephone. You will be connected directly to the local community-based advocacy center, where the institution you are housed is located. There is no charge when calling 711 or directly dialing the number listed. You may also write to Project Dove, PO Box 980, Ontario, OR 97914. This advocacy center is available to assist you and provides sexual abuse support to people of all genders." The auditor noted that the July 04 edition of the Snake River Currents included the complete audit notice information (dates, auditor contract information, and confidentiality).

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.33

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) DOC-BCC- Prison Rape Elimination Act (PREA) v7-1-2014
 - c) NIC "PREA: Your Role Responding to Sexual Abuse"
 - d) NIC Training Certificates

2. Interviews:
 - a) Investigators

115.34 (a-b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.1.d (pg. 5) requires that, In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff identified by the department." The policy adopts the requirement of the standard for specialized training for these positions, including investigators. As part of the process the audit team interviewed three facility investigators and the Special Investigators Unit PREA investigator, each investigator confirmed completion of the required training and recalled element of the training including Miranda, Garrity, evidence collection, and interviewing victims.

The facility reported that investigators completed the NIC training "PREA: Investigation Sexual Abuse in a Confinement Setting." The auditor has reviewed the curriculum for this training from the PREA Resource Website which notes in part, "The curriculum.... includes content on PREA standards relating to investigations;.....proper use of Miranda and Garrity warnings; trauma and victim response; processes of a forensic medical exam; first-response best practices; evidence-collection best practices in a confinement setting; techniques for interviewing male, female,....report writing techniques; and information on what prosecutors consider when determining whether to prosecute sexual abuse cases." Based on the content of the training the auditor determined it met the criteria for provisions (a & b).

In addition to the above noted training members of the Sexual Abuse Response Team members receive an additional 2 day training that includes mock interviews. The auditor was provided with the training presentation and noted that the required elements for 115.34 we reiterated in this supplemental training. As part of the onsite review 3 investigators were interviewed. Investigators were able to discuss topics covered by the training including: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity, and evidence collection.

115.34 (c) The auditor was provided with certificates of completion for the training provided by the Department of Justice, National Institute of Corrections specific to investigating Sexual Abuse in a Confinement Setting. The facility identified 14 members of the Sexual Assault Response Team investigative staff, the auditor was provided the NIC certificates for each member. The auditor was also provided with certificates for 16 agency level investigators, and 16 Oregon State Police

115.34 (d) The audit was provided certification of training completed by Investigators from the Oregon State Police. This is supplemental for PREA as OSP investigators have completed more comprehensive training related criminal investigations than that required by ODOC for administrative investigations.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.34

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.) 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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 following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) DOC-BCC- Prison Rape Elimination Act (PREA) v7-1-2014
 - c) NIC "PREA: Your Role Responding to Sexual Abuse"
2. Interviews:
 - a) Health Services Staff
 - b) SAFE/SANE staff (Non-DOC)

115.35 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B.1.d (pg. 5) states, In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff identified by the department. Interviews were conducted with both medical and mental health, the staff reported that they did receive additional training specific to offenders in confinement. Medical staff completed the online course provided by ODOC, "PREA Training; Health Services" A review of the course outline, and screen shots of the online training displayed (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Auditor reviewed documentation evidencing the completion of the required training by all medical staff. Interviews with medical staff and mental health staff confirmed that they had received the specialized training through the online course.

115.35 (b) Documentation from the facility and notes that the facility and onsite medical staff do not conduct medical examinations, inmates are sent to Saint Alphonsus Medical Center for forensic examinations in needed. Interviewed medical staff also noted that forensic exams are not completed at the facility, victims are sent Saint Alphonsus Medical Center in Ontario, Oregon for forensic examinations, if a SAFE/SANE nurse is not on shift they are routed to Saint Alphonsus Medical Center in Nampa, Idaho. The auditor spoke with staff at the Saint Alphonsus, who verified that they have a SAFE/SANE nurse available to conduct forensic examinations and would provide services to Snake River Correctional Institution.

115.35 (c) The auditor reviewed documentation indicating all 90 health services staff employed at Snake River Correctional Institution and found 100% completed both the specialized training noted in provision (a) of this standard and completed the NIC Training "PREA: Your Role Responding to Sexual Abuse" provided to all staff in standard 115.31

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.35

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as 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, as 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, as 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Oregon Administrative Rule 291-210 Transgender and Intersex (Inmate)
 - c) Screening Scoring System
 - d) Sample of Screenings
2. Interviews:
 - a) PREA Coordinator
 - b) PREA Compliance Manager
 - c) Staff Responsible for Screening
 - d) Random Inmates

115.41 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.3 (page 6) states, "Inmates will be assessed within 72 hours of arrival at all DOC facilities and again within 30 days to determine whether they meet specific criteria indicating either vulnerability or likelihood of perpetrating sexual abuse." The policy statement provides the requirement for all inmates to be screened at all facilities. During the onsite review a member of the audit team observed the intake process including the vulnerability assessment interview. The auditor was provided a demonstration of the computer system that houses the screening tool, discussed in greater detail in provisions (b-f).

Random Inmates who were interviewed as part of the audit process largely supported the assertion that they were interviewed and asked questions specific to the screening tool including "whether you had been in jail or prison before, whether you have ever been sexually abused, whether you identify with being gay, lesbian, or bisexual, and whether you think you might be in danger of sexual abuse here?" 13 out of 16 interviews remember being asked these questions, two individuals refused to respond. One individual couldn't remember. A total of 66 individuals were asked the random protocol questions 40 of which arrived more than 12 months ago. The Agency PREA coordinator provided a memo outlining elements of the system noting that, "Currently all institutions receive a PREA Transfer alert email daily, telling them how many inmates are arriving with PREA designators.

Staff who complete risk assessments were interviewed as part of the process, when asked "Do you screen inmates upon admission...for risk of sexual abuse victimization or sexual abusiveness..." The staff noted that they did. In addition, members of the audit team observed the intake process for newly arriving inmates including the completion of the risk assessment. The auditors observed the interview process including the completion of the risk assessment interviews. The facility noted that the risk assessments are completed as part of the intake process, well in advance of the 72 hour time line. The facility provided initial proof documents showing completion of the assessments. During the on-site phase the auditor identified 50 inmates and requested the associated documentation. All documentation requested was received and reviewed, the auditor noted no discrepancies, noting that documentation was provided to support all screenings being completed in a timely manner.

115.41 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.3 (page 6) states, "Inmates will be assessed within 72 hours" During the onsite review, audit team members observing the intake and screening process noted, that intake screening occurred on the first day the individuals arrive at the facility. Snake River Correctional Institution is not a reception center, as such inmates arrive from other facilities. The facility noted that they had received a total 1,439 inmates whose length of stay was greater than 72 hours.

The screening Audit Summary Report from 07/01/2018 through 07/01/2019 indicated 1,382 or 96% were completed timely (within 72 hours). The PREA coordinator noted that the system will automatically generate email messages to the PREA coordinator and the PREA compliance manager when reports are not completed in a timely manner. The PREA compliance manager follows up to ensure that all are subsequently completed. During the onsite review the PREA coordinator and PREA compliance specialist demonstrated the system including reports, indicating that there were no outstanding screenings for Snake River Correctional Institution at the time. The system also provided the agency PREA coordinator the access to see current standing across the agency, in order to make contact with local PREA compliance managers and address timeliness issues if they arise.

During the onsite review, staff who completed the screening were interviewed. When asked if the inmates were screened within 72 hours, the consensus was yes, with some clarification that it's actually completed on the day they arrive. With little exception inmates who remembered being screening also supported that they were completed soon after arrival. The assertion was supported by observations of the process by the audit team.

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

115.41 (d) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1.a (page 6) provides directive for specific factors used in the vulnerability assessment including: age; physical stature; mental, physical or developmental disability; sex offense convictions; first time offender status, (first time in DOC custody); past history of sexual victimization; inmate's own perception of vulnerability; whether the inmate is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming and whether the inmate's criminal history is exclusively nonviolent. The agency does not detain persons solely for civil immigration purposes. This was verified by the auditor through a review of the U.S. immigration and Customs Enforcement website, which indicated no contractual housing with Oregon Department of Corrections. As part of the review for this provision of the standard, staff who complete these screenings were interviewed, they noted that the components found in the provision were also part of the interview process they complete with inmates. The facility provided a sample of completed assessments, while on site the auditor selected 50 inmate files for review and also found evidence that the required elements were included in the screening process.

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

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

During the onsite review random inmates were asked about the risk assessment process and if they had been asked questions from the vulnerability tool again at a later date. Out of 19 inmates who received this question 16 answered affirmatively, two refused and one did not remember. There were 66 inmates interviewed with the random protocols; however, only 19 of them arrived in the preceding 12 months. As part of the review of documentation, the auditor reviewed files for 50 inmates present at Snake River Correctional Institution during the audit, the screening tool notes the assessment type as "Facility Transfer – 72" or "30 Day Review." The auditor found evidence that the 30 day reviews were completed consistently in accordance with agency policy and the provision of the standard in the requested samples. The agency provided a report that indicated during the year 1,284 screenings were expected, however only 1,102 were completed on time, at 85.8%. The facility self-corrected the issue and was at 95.2% for timeliness for the last six months of the documentation period. The facility reported that they found the issue in preparing for the audit and provided direction that corrected the reviews. The facility reported that the issue stemmed around local internal transfers from the major facility to the co-located minimum facility. The system does not differentiate between the local transfer and transfers from other facilities. The co-located minimum facility shares staffing and local management (superintendent), and support services. The minimum facility is also part of the same PREA audit. Based on these facts the re-screening between the main complex's and the minimum exceed the requirements of the standard.

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

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

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

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

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes 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 following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Oregon Administrative Rule 291-210 Transgender and Intersex (Inmate)
2. Interviews:
 - a) PREA Coordinator
 - b) PREA Compliance Manager
 - c) Staff Responsible for Screening
 - d) LGTBI Inmates

115.42 (a) The agency reports in the PAQ that it uses information from the screening tool to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually abusive. This assertion is supported in ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.4. (page 7) which reiterates the language from the provision in that, "The department shall use information from the risk screening to inform housing, bed, work, education, and program assignments....." The Agency PREA coordinator provided a memo outlining elements of the system noting that, "Currently all institutions receive a PREA transfer alert email daily, telling them how many inmates are arriving with PREA designators. Facilities then need to go in the Offender Management System and check that they have reviewed the inmate arriving. The system does a hard stop on all inmates designated as potentially aggressive being housed with an inmate being housed with someone who is potentially vulnerable." The facility demonstrated the system and displayed copies of the generated emails to the auditor during the onsite review.

The agency provided documentation on the Offender Management System (OMS) "hard stop" feature that does not allow inmates who score as potentially vulnerable to be housed with an individual that is aggressive (or potentially aggressive). The agency provided a copy of the IT Service Request SR2804 that initiates these blocks. If attempted, the screen notes, "Vulnerable inmates cannot be housed with aggressive inmates. Find alternative housing placement." Access to the PREA risk identifier is provided to staff who change bunk and job assignments. The agency considers the inmates views on their safety and provides opportunity for them request appropriate programming. The facility provides position recruitments advertised in the weekly newsletter, the auditor observed recruitments for physical plant recruitment and OCE Laundry. The handbook provides for "Screening and selection into work assignments is by a Work Eligibility Continuum. The elements affecting your rating are: Attitude (willingness, interest level, works well with others, both inmates and staff), Primary program (determined by Counselor), Individual skill levels (i.e., GED, vocational certificates), and Institutional needs and availability of opportunities: Also considered: Disciplinary history, Willingness to program, Education, Supervision level, Medical restrictions, Custody level, Department's request, Release date, Schedule conflicts, Institutional behavior, Past work performance, and Any special risk assessments."

When asked, “How does the agency/facility use information from the risk screening during intake (per 115.41) to keep inmates safe from being sexually victimized or from being sexually abusive?” Staff who complete screenings, stated that the screenings were used to determine their housing and what level of supervision the inmates would receive. The PREA compliance manager also noted that the information was used to keep the population safe in determining housing and programming assignments. The OMS system provides alerts for bunks and jobs.

115.42 (b) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.C.3. (pg. 7) provides directive with language from the standard that states, “The department makes individualized determinations about how to ensure the safety of each inmate.” The policy provides additional information as it notes, “... including housing, work assignments and access to services.” The agency noted that, notifications are made to staff who assign housing, bed, work, education and program assignments and when they are making those assignments, their PREA designator is displayed. Inmates who have designators are placed in high visibility areas. Each institution has identified which areas they need to be careful to place inmates with designator, especially focusing on aggressive inmates. When asked, “How does the agency/facility use information from the risk screening during intake (per 115.41) to keep inmates safe from being sexually victimized or from being sexually abusive?” Staff who complete screenings, stated that the screenings were used to determine their housing and what level of supervision the inmates would receive.

115.42 (c) Oregon Administrative Rules (OAR) Chapter 291, Division 210 Transgender and Intersex (Inmate) provides direction to the agency including authority, purpose and policy requirements. The administrative rule speaks to the policy of the department to “Assess, review, and manage inmates who identify as transgender or intersex on a case-by-case basis, in a respectful manner, considering each inmate’s individual circumstances, including but not limited to the inmate’s physical sexual characteristics, gender identification, physical presentation, behavior, and programming needs.”

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

115.42 (d) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.C.2. (pg.6) requires that, “The PREA Compliance Manager will review placement and programming assignments for each transgender or intersex inmate at least twice each year to review any threats to safety experienced by the inmate. As noted in the policy requirement this is completed by the PREA compliance specialist, this was affirmed by the PREA compliance specialist during the onsite interview. The reviews are generated by the automated system and completed by the PREA compliance specialist, with continual input by the inmate. During the interviews with staff who complete screenings, when asked, “Are placement and programming assignments for each transgender or intersex inmate reassessed at least

twice each year to review any threats to safety experienced by the inmate?" Interviewees affirmed that they are completed, but noted it was completed by members of the Sexual Abuse Response Team. The auditor reviewed documentation of reviews demonstrating twice yearly reviews.

115.42 (e) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1.f.2 (pg.7) requires that, "A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration." This language is consistent with the standard. During the onsite review when asked about if the facility considered a transgender or intersex inmates views with respect to his or her safety, both the PREA compliance manager and the screening staff indicated that this would be considered. Inmates who identified as transgender or intersex were interviewed as part of the process and indicated they believed that their views were considered. The auditor reviewed documentation of six month reviews for 10 individuals containing input from inmates in respect to their safety.

115.42 (f) Oregon Administrative Rules (OAR) 291-210-0030, section 8 provides that, "Shower and Hygiene at Intake Center: Inmates who identify as transgender or intersex at intake shall be given the Opportunity to shower privately from other inmates." The PREA coordinator asserts that, "As required by policy transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Each institution has a plan to ensure this can be accomplished even if they don't currently have transgender inmates housed at their facility. We ask this question during every review with the inmate. Auditors will be able to view transgender showers onsite." During the onsite review the auditor observed showers that provided privacy for all inmates, not limited to the transgender population. The shower curtains provide privacy displaying approximately 10 inches at the base to ensure there weren't multiple persons and providing coverage above neck height to provide privacy for transgender females with breast.

Interviews with the PREA compliance manager and staff who perform screenings further supported this statement through the interviews. Transgender and Intersex inmates who were interviewed also noted that they had opportunity to shower privately. The PREA compliance manager noted that all showers are separate at Snake River Correctional Institution, there were no group showers. The PREA compliance manager noted that all inmates sign up for shower times as well. During the onsite review the auditor observed showers in each complex and each living unit, noting that showers provided privacy by using hinged doors covering from below knee level with extensions added to the top shower stalls to provide privacy, to cover to the neck area.

115.42 (g) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.A.10. (page 4) states, "The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates."

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

Prior to the on-site review, the auditor received a list of inmates who identified as transgender or intersex. The list contained 26 individuals divided by 4 complexes and 15 housing units, indicating no

dedicated units for the purpose of this population. The auditor team noted that during tour and the interview process the population was not centralized.

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

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
 - b) Oregon Administrative Rule 291-046-0005 Segregation (Administrative)
2. Interviews:
 - a) Superintendent
 - b) Staff who supervise inmates in segregation

115.43 (a) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.C.1 (pg. 6) duplicates the standard language and states, “Inmates at high risk for sexual victimization shall not be placed in administrative housing unless an assessment of all available alternatives determines that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in administrative housing for less than 24 hours while completing the assessment.” The facility notes that no inmates were placed in involuntary segregated housing due to high risk of victimization during the preceding 12 months. The superintendent confirmed this during the interview process.

115.43 (b) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.C.1 (pp. 6-7) duplicates the requirements of provision (b) in that, “Inmates placed in administrative housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: The opportunities that have been limited; the duration of the limitation; and the reasons for such limitations.” The facility reported that no inmates were placed in involuntary segregated housing. Interviews with staff who supervise inmates in segregation confirmed that in those cases an inmate would be placed in administrative segregation for risk of victimization, they would be provided the noted opportunities and the facility would document the limitations, duration and reasons.

115.43 (c) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.C.1 (pg. 7) Mirrors the standard and requires, “The facility shall assign such inmates to administrative housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days. An inmate placed in involuntary administrative housing exceeding 30 days will receive a hearing by a hearings officer in accordance with the rule on Administrative Housing (OAR 291-046).” While not limited specifically to PREA related housing, OAR 291-046 requires, “An inmate may be voluntarily or involuntarily assigned to administrative housing for a period not to exceed 30 days without a hearing.” During the interview process the superintendent confirmed the requirement for a hearing at no later than 30 days and noted meetings would be much earlier. Staff who supervise inmates in segregation confirmed compliance with the policy requirement.

115.43 (d) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.C.1 (pg. 7) states, “If an administrative housing assignment is made the officer-in-charge shall clearly document: The basis for the facility’s concern for the inmate’s safety; and the reason why no alternative means of separation can be arranged.” The facility reported that there were no instances of individuals being placed in administrative segregation due to risk of victimization.

115.43 (e) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.C.1 (pg. 7) states, “Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.” Noting no inmates have been placed in administrative segregation for this purpose, staff who supervise inmates in segregation confirmed they would follow the requirements of the policy and administrative rule.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.43

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

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.

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Agency Policy 100.1.2 "Non-Employee Service Provider Training (Eff 01/01/15)
 - c) DOC-BCC- Prison Rape Elimination Act (PREA) v7-1-2014
 - d) NIC "PREA: Your Role Responding to Sexual Abuse"
 - e) Volunteer and Contractor Training Records
 - f) Inmate Rule Book (effective 01/01/2019)
 - g) PREA Intake Video Transcript
 - h) Offender Management System Screen Shots
 - i) Offender Management System sample emails.
 - j) Inmate Records
2. Interviews:
 - a) Random Staff
 - b) Volunteers
3. Observations
 - a) Area Postings
 - b) Volunteers

115.51 (a) The agency reports that it has established multiple internal avenues for inmates to report privately to the agency regarding concerns about sexual abuse, sexual harassment, and retaliation for making reports. This is supported in ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.D (pg. 9) states, "The Department of Corrections, through the Inspector General's Office, shall offer a "PREA Hotline" to accept recorded reports of sexual abuse or sexual harassment in DOC institutions or other areas under DOC control..." During the onsite review the auditor observed multiple ways for the population to report sexual abuse and sexual harassment, including: direct reporting to any staff member; in writing through a grievance or other correspondence; the agency provides access to a hotline to the inspector general's office; and they may write directly to the Governor's Office of constituent services.

Education is provided to the population as outlined in 115.33 with information provided on the various reporting avenues listed. Reporting avenues are also provided in continuous education through posters, that include phone numbers and addresses for reporting allegations of sexual abuse or sexual harassment. The auditor noted that the June 27th edition of the "Snake River Current" newsletter also

provided ongoing education and reporting information including: “In person to any staff; Through an inmate communication; Through the grievance system; Call the Inspector General’s Hotline (Pick up handset and dial “9”); Write the Governor’s Office (State Capitol, Room 160, 900 Court St., Salem, Oregon 97301); Friends or family can report on your behalf (877- 678-4222)”

The auditor tested the grievance system during the onsite phase and was notified by the PREA compliance manager of the receipt and processing of the grievance in accordance with agency policy. Prior to the onsite review the auditor tested the third party reporting process by calling the number from the agency website and leaving a recording. The auditor received confirmation of receipt of the call by the agency PREA coordinator.

During the onsite review 63 inmates were interviewed as part of the process and asked, “How would you report any sexual abuse or sexual harassment that happened to you or someone else? Is there someone who does not work at this facility who you could report to about sexual abuse or sexual harassment?” With exception to those who abstained in response, all other individuals were able to confirm knowledge of the ability to report allegations. During interviews with random staff, staff members were able to identify ways for inmates to report allegations.

115.51 (b) The agency noted that they provided at least one way for inmates to report abuse or harassment to an entity that was not part of the agency. ODOC reports that it has an agreement with the Governor’s Office to allow for an inmate to remain anonymous. This was confirmed by the auditor with the receipt and review of the operating procedure for the Governor’s Office of Constituent Services. The auditor noted that the procedure outlines processing for the Oregon Department of Corrections and the Oregon Youth Authority. This information is outlined on posters throughout the living units and common areas in the facility. The facility stated that it did not detain persons solely for civil immigration purposes, immigrant services agencies. This was further supported through a review of information available from the U.S. immigration and Customs Enforcement.

115.51 (c) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.D (pg. 9) mandates staff reporting in that, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an inmate that he/she has been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form.” Interviews with random staff confirmed an understanding of the requirements to accept and document all reports.

115.51 (d) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.D (pg. 9) provides staff with two methods to for private reporting opportunity in that, “Staff may utilize the Inspector General’s Hotline or the Governor’s Office to privately report all allegations of sexual abuse or sexual harassment. Such reports will be investigated within the limitations of information provided.” During interviews with random staff, staff understood the various avenues of privately reporting including the use of the PREA Hotline as well as speaking to directly to the officer in charge or superintendent

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.51

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

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.

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Agency Policy 100.1.2 "Non-Employee Service Provider Training (Eff 01/01/15)
 - c) Oregon Administrative Rule 291-109 Grievance Review System
 - d) SRCI Security Inmate Handbook (eff. 08/01/2016)
2. Interviews:
 - a) Random Staff
 - b) Grievance Coordinator
 - c) Disciplinary Hearings Officer
3. Observations
 - a) Offender Management System
 - b) Grievance Process

115.52 (a-b) The agency reports that it does provide an administrative procedure for dealing with inmate grievances, including those regarding sexual abuse. The administrative procedure is outlined in the Oregon Administrative Rules (OAR) 291-109-0100 section 3 subsection (b) which states, "Recognizing that due to the complex nature of the correctional setting some issues or disputes between staff and inmates may not be readily resolved at an informal level, it is the policy of the Department of Corrections to permit and encourage inmates to seek resolution of issues or disputes using the department's internal inmate grievance review and appeal system established in these rules."

Oregon Administrative Rule 291-109-0175 provides additional guidelines specific to allegations of sexual abuse. These rules mirror the requirements in the standard stating, "There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse." And "The grievance coordinator may not refer a grievance alleging sexual abuse to a staff member who is the subject of the grievance. The grievance coordinator will coordinate with the appropriate manager by sending the grievance and a grievance response form (CD 117b) to the manager respondent for reply." The grievance procedure provides no requirement for the alleged victim to resolve the grievance informally. During the onsite review the auditor interviewed the grievance coordinator who confirmed the practice

of accepting grievances related sexual abuse with no time limit, as well as not requiring them to submit the grievances to the alleged abuser. The auditor tested the grievance process during the onsite review.

115.52 (c) Inmates who allege sexual abuse may do so without submitting it to the staff member who is the subject of the complaint nor will that staff member investigate themselves, this was confirmed during the interview with the facility grievance coordinator as well as noted in the Oregon Administrative Rules (OAR) 291-109-0175 which states, "The grievance coordinator may not refer a grievance alleging sexual abuse to a staff member who is the subject of the grievance. The grievance coordinator will coordinate with the appropriate manager by sending the grievance and a grievance response form (CD 117b) to the manager respondent for reply."

115.52 (d) The agency issues the final decision on the grievance within 90 days as outlined in (OAR) 291-109-0175 which states, "The department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance." The auditor reviewed one grievance related to sexual abuse and six non-PREA related grievances as process references. The samples indicated compliance with completion within 90 days.

115.52 (e) The administrative rules allow for third parties to assist inmates in filing grievances. Compliance with this provision and the administrative rule was confirmed by the grievance coordinator. The auditor reviewed the Oregon Administrative Rules (OAR) 291-109-0175 which duplicates the standard in that, "Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates; If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision." The agency reported that there were no 3rd party allegations of sexual abuse.

115.52 (f) Emergency grievance procedures are outlined Oregon Administrative Rules (OAR) 291-109-0175. The procedures provide for response in line with this provision of the standard noting, "An inmate who alleges that he or she is subject to a substantial risk of imminent sexual abuse may provide the grievance directly to the officer-in-charge (OIC) or the OIC's designee; After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the OIC or the OIC's designee shall immediately review and take immediate corrective action as necessary to mitigate the risk of sexual assault; The OIC or the OIC's designee shall provide the emergency grievance and the initial response to the inmate and the grievance coordinator within 48 hours of the submission of the grievance; The grievance coordinator will issue to the inmate a final response to the emergency grievance within five days of the submission of the emergency grievance; The initial and final responses shall document the department's determination whether the inmate is in substantial risk of imminent sexual abuse and any action, if necessary, taken in response to the emergency grievance." The facility reported that there were no emergency grievances alleging substantial risk of imminent sexual abuse filed within the previous 12 months.

115.52 (g) The facility reports that there has been no discipline for bad faith allegations of sexual abuse. The Oregon Administrative Rules (OAR) 291-109 "Grievance Review System (Inmate)" maintains no language providing for discipline for any grievance report. ODOC Policy 40.1.13 "Prison Rape Elimination Act" (pg.8) restricts disciplinary action for bad faith allegations in that, "..... The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith." During the

onsite review the auditor interviewed the disciplinary hearings officer who confirmed there had been not disciplinary action for bad faith grievances.

Recommendations: The administrative rule and facility practice are compliant with the standard in that the agency does not impose a time limit for grievances regarding sexual abuse. Nor does it require an informal grievance process. The auditor noted that the information from the administrative rule is available to the population through the law library but is not specifically included in the SRCI Security Handbook or the Inmate Orientation Packet. It is recommended that the sections specific to the grievance process that outlines the agency's practice and administrative rule relative to grievances include references to: There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; The grievance coordinator may not refer a grievance alleging sexual abuse to a staff member who is the subject of the grievance. The grievance coordinator will coordinate with the appropriate manager by sending the grievance and a grievance response form (CD 117b) to the manager respondent for reply: An inmate who alleges that he or she is subject to a substantial risk of imminent sexual abuse may provide the grievance directly to the officer-in-charge (OIC) or the OIC's designee.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.52

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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.

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Snake River Current Events Volume 2, issue 74
 - c) Oregon Administrative Rules (OAR) 291-131 "Mail (inmate)"
 - d) MOU with DOVE (final signature 01/23/2019)
2. Interviews:
 - a) Random Staff
 - b) Random Sample of Inmates
 - c) Inmates who reported sexual abuse
3. Observations
 - a) Area Postings

115.53 (a) Oregon Department of Corrections including Snake River Correctional Institution provide inmates with access to outside victim advocates for emotional support service related to sexual abuse. ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.F. (pg. 10) requires, "The department shall make available to inmates mailing addresses and telephone numbers, (including toll-free crisis line numbers where available), of local, State, or national victim advocacy or rape crisis organizations and outside victim advocates for emotional support services related to sexual abuse. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible." The policy also requires, "As requested by the inmate, a victim

advocate shall accompany and support the inmate through the forensic medical examination and investigatory interview providing emotional support, crisis intervention, information, and referrals.” The policy provides for the elements of the standard and operationalizes the policy through a memorandum of understanding with Project Dove.

The auditor spoke with a representative from Project Dove who verified the extent of the services provided including emotional support services and advocacy for victims of sexual abuse. Interviews with random inmates and inmates who reported sexual abuse were inconclusive as few individuals noted they were familiar with the information. During the onsite review the auditor observed posters with the advocacy contact information provided including telephone contact information (Dial 711). The facility orientation handbook provides community based PREA advocacy program information on page seven.

Supplemental information was provided to the population as recently as the July edition of the facility newsletter “Snake River Currents” Each newsletter contains an article on PREA. Volume 2, issue 74 provided an article titled “PREA Sexual Abuse Advocacy (Support).” The article provided an introduction, “After a sexual assault you may want to speak with someone who can assist you with what happens next.” And follow-up including the contact numbers and addresses for how to reach an advocate. “How to Reach an Advocate: Simply dial 711 or (208) 739-5061 from any inmate telephone. You will be connected directly to the local community-based advocacy center where the institution you are housed is located. There is no charge when calling 711 or directly dialing the number listed. You may also write to Project Dove, PO Box 980, Ontario, OR 97914. This advocacy center is available to assist you and provides sexual abuse support to people of all genders.”

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

The population is also provided a pamphlet that states, “Communications with community-based advocates are considered privileged as of the 2015 legislative session (House Bill 3476). ODOC telephone calls and mail with community-based advocates will be handled similar to legal calls/official mail.”

115.53 (c) The Oregon Department of Corrections, Snake River Correctional Institution and Project Dove maintain a current Memorandum of Understanding. The auditor noted the most current memorandum was signed 01/23/2019 and supersedes the previous memorandums from 2017 and 2015.

The current agreement prefaces with, “A key principle of this collaboration is to provide sexual abuse survivors in custody with services comparable to those received by sexual abuse survivors in the community. Advocates can provide education, support services, information on options for reporting, and safety planning to their clients.” The MOU provides specific services for 115.21 (e) including: “As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.” The auditor reviewed the current and historical MOU’s noting

the MOU also outlines services in accordance with standard 115.53, this section of the MOU reads verbatim to this standard as, “The facility shall provide inmates with access to outside victim advocatesThe facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.”

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.53

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)
 - b) PREA Posters
 - c) PREA Visiting Pamphlets
 - d) ODOC Website
2. Interviews:
 - a) Random Staff

115.54 (a) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section 1.A states, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports...” The agency provides third party reporting information directly on their website at <https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/report-an-incident.aspx> .

The Page is titled “How to Report an incident” and provides the number to the Inspector General Hotline, noting, “Reports can also be made by staff, inmates, or the public using the toll-free Inspector General Hotline at (877) 678-4222. Hotline calls are not charged to inmate phone accounts. This number may be used to report the following: Abuse; Extortion; Fraud; Inmate prohibited conduct; Staff misconduct; and Waste.” The agency also provides information pamphlets in the visiting rooms titled, “What can I do to help keep my family and friends safe while in prisons?” The document provides the Inspector General’s Hotline and the Governor’s Citizen Message Line (503) 378-4582. The PREA Posters in the living units and common areas also provide the third party reporting information.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.54

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable 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.

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Agency Policy 70.1.4 "Investigations" (eff. 11/20/2018)
 - c) Health Services Information Disclosure (including completed samples)
2. Interviews:
 - a) Superintendent
 - b) Agency PREA Coordinator
 - c) Random Staff
 - d) Medical and Mental Health Staff

115.61 (a) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.D.2 (pp. 8-9) provides the provision language in that, “All staff will report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by inmate or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents...” Interviews with random staff confirmed an understanding of their requirement to immediately report any information regarding sexual abuse, harassment or retaliation. The training provided in §115.31 also provides direction for the staff members to direction for reporting information as required by this policy.

115.61 (b) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.D (pg. 8) provides confidentiality requirements in that, “PREA information collected during investigations or intake assessments is considered sensitive and should only be shared with those staff with a need to know as part of their assigned duties.” Random staff who were interviewed confirmed the understanding the confidentiality requirements.

115.61 (c) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.D (pg. 8) states in part that, “Information provided in confidential communications to the DOC staff listed below will be shared consistent with and according to the standards required by state statute, professional licensure, and ethical standards.; DOC Medical Services staff; Behavioral Health Services staff...” The policy also states that, “When interviewing inmates concerning sexual abuse, sexual solicitation, sexual harassment and sexual coercion, all DOC staff will inform inmates of any limits to confidentiality prior to conducting the interview.” This disclosure is provided to the adults in custody through a “Health Services Information Disclosure” that each inmate signs. The statement reads, “Some information obtained in a provider-patient relationship is not confidential and will be reported to non-health services staff and/or other agency personnel as needed even without written consent of the patient. According to State and Federal laws, this includes knowledge of: danger to self or others; abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of developmentally disabled or mentally ill, and a specified victim can be identified; staff physical or sexual abuse of inmates; escape plans or attempts; sexual abuse of or by another inmate.” The auditor reviewed completed samples of these forms.

115.61 (d) Snake River Correctional Institution does not house youthful offender (individuals under the age of 18). Engrossed HB 2251 Section 1 subsection 9 (pg. 3) states, “Notwithstanding any other provision of this section, under no circumstances may a person under 18 years of age be incarcerated in a Department of Corrections institution.”

Specific to vulnerable adults, Oregon Revised Statutes (ORS) 124.100 provides for the definition of vulnerable adults which includes: Elderly persons (65 years of age or older); financially incapable, incapacitated, and person with disabilities. The agency reports that all staff are mandatory reporters and report information under the state’s vulnerable person law. This requires that the applicable employees provide notification.

115.61 (e) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.D (pg. 9) mandates staff reporting in that, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an inmate that he/she has been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form.” The policy further requires that, allegations of sexual abuse or sexual harassment of an inmate by a staff member or other inmates will be reviewed and referred to the appropriate investigator as specified in the DOC policy on Investigations 70.1.4. The

superintendent confirmed the requirements to review and investigate allegations regardless of the source.

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
2. Interviews:
 - a) Agency Head/designee
 - b) Superintendent
 - c) Random Staff

115.62 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section 1.A states, "The department will immediately respond to, investigate, and support the prosecution of sexual abuse and sexual harassment in Oregon's prisons, both internally and externally in partnership with law enforcement and county prosecutors." The facility reported that there were no instances in which the facility determined

that an individual was at risk to a substantial risk of imminent sexual abuse. The facility did provide documentation noting facility moves when there was even a slight concern, that wasn't imminent. This was in order to provide protection for a potential victim, the facility relocated the potential aggressor and not the potential victim.

In all random staff interviews they noted that they would take action "immediately, right away, now, or ASAP," there were no indication of delay. Actions noted varied from separation, observation, conversation and notification. During the interview with the agency head, he indicated immediate action to make sure the adult in custody is safe. During the interview with the superintendent, when asked, "When you learn that an inmate is subject to a substantial risk of imminent sexual abuse what protective action does the facility take?" The facility looks to take immediate action to keep them safe including administrative housing as a last resort. He noted that the PREA compliance manager meets them to check up on them.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.62

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
2. Interviews:
 - a) Superintendent
 - b) PREA compliance manager

115.63(a-c): ODOC Policy 40.1.13 "Prison Rape Elimination Act", section III.E (pg. 9) requires that, "Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred." The policy also requires that, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation." Subsection b. of the policy provides the requirements of provision (c) in that, "The agency shall document that it has provided such notification." The policy requirements come directly from provisions (a-c) of the standard.

The ODOC uses a Confinement Notification Template for standardize notifications from its superintendents (facility heads). The form is used in providing allegation notifications to other jurisdictions. The form identifies to the receiving facility that the notification is being provided per "PREA Standard 115.63 Reporting to other confinement facilities." The template provides the language from provision (a) and a summary of the report including the date and location the abuse occurred. The notification provides contact information for the PREA compliance manager and agency PREA coordinator. The template is sent from the superintendent to the receiving agency head. The facility reported that there were 6 allegations received that occurred at other facilities and each was reported accordingly. The auditor reviewed documentation of these notifications.

115.63 (d): ODOC Policy 40.1.13 "Prison Rape Elimination Act", section III.E (pg. 9) requires, "The facility head or agency office that receives such notification shall ensure that the allegation is investigated." During the onsite review the facility superintendent was interviewed and confirmed that an allegation received from another agency would be investigated just as if it had originated at the facility. The facility reported three such notifications were received and each was investigated or had previously been investigated by the facility.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.63

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination

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

- a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
- b) CD1620 Staff Reporting form
- c) CD 1621 OIC Checklist
- d) Training rosters for § 115.31

2. Interviews:

- a) Random Staff
- b) Security staff first responders
- c) Non security first responders
- d) Inmates who reported sexual abuse

115.64 (a) Policy 40.1.13 "Prison Rape Elimination Act," section III.E.2 (pg. 8) requires, "All staff will report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by inmate or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents. When an inmate reports incidents of sexual abuse, sexual solicitation, sexual harassment or sexual coercion to DOC staff members, staff will contact the OIC or supervisor immediately. The OIC will initiate action as outlined in this policy and the OIC PREA Checklist (CD 1621) to mitigate: Immediate harm to the victim or reporter; and/or Damage to potential crime scenes or evidence." Staff are provided with a job aid (card) that highlights initial responsibilities consistent with their training and this standard including: "Ensure the victim is safe and kept separated from the alleged perpetrator (if immediate need exists); Notify the Officer-in-Charge or a Supervisor immediately; Document your notification and basic required information that you reported on the CD1620 Staff Reporting form; Preserve evidence. Prevent inmate from washing hands or otherwise disposing of evidence." The facility reported that during the previous 12 months, four allegations were received that an inmate was sexually abused. During the same 12 months there were no instances first responders being notified in a time period that allowed for the collection of evidence.

During the onsite review, 19 random staff, were asked, "If you are the first person to be alerted that an inmate has allegedly been the victim of sexual abuse, what is your responsibility in that situation?" The interviewed staff consistently indicated the need to separate the victim and make notification. Similar responses were provided to five additional staff (security and non-security) were asked, "Can you describe the actions you take as a first responder to an allegation of sexual abuse?" The responders were able to confirm the initial steps including separating the victim from abuser, notification and preservation of the crime scene/evidence. The auditor noted that medical and mental health response is at the direction of the OIC and is included in the checklist for response.

115.64 (b) The agency notes that Policy 40.1.13 "Prison Rape Elimination Act," section II.N (pg. 3) does not differentiate between security and non-security duties and states, "For purposes of this policy staff includes DOC employees, OCE employees, contract service providers, and volunteers." Non-security staff are referred to as "security plus" in the agency and are required to complete the same first responder training and duties as security staff. Non-security staff who were interviewed confirmed their requirements in first responder and random staff interviews. Training provided to all staff in § 115.31 did not differentiate roles between security and security plus staff.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.64

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) Procedure 39 "Responding to Sexual Abuse and Sexual Harassment Allegations" (Effective 10/01/2018)
2. Interviews:
 - a) Superintendent

115.65 (a) The Snake River Correctional Institution has developed a written plan to coordinate actions taken in response to an incident of sexual abuse. This plan is outlined in Procedure 39 "Responding to Sexual Abuse and Sexual Harassment Allegations (Effective 10/01/2018). The plan is local to the facility and operationalizes elements of ODOC 40.1.13 "Prison Rape Elimination Act." The plan notes that all staff who work with inmates at SRCI shall be trained as first responders and are provided instruction for when an inmate reports sexual abuse or sexual harassment. The plan outlines the responsibilities of the Officer in Charge and includes specific measures if the sexual abuse allegation is less than 96 hours old. The plan incorporates notifications to the Oregon State Police, the Special Investigations Unit, Sexual Abuse Liaison, Behavior Health Services Manager and Medical Services Manager.

The plan outlines the responsibility of the facility PREA compliance manager as, "Coordinate with the SAL to ensure all resources are available to conduct a thorough investigation; Coordinate with the PREA coordinator and other institutions PCMs for long-term housing changes; Review all retaliation checks for completeness and accuracy; Meet with alleged victim related to changes in the status of the investigation; Report final outcome of investigation to inmate (substantiate, unsubstantiated or

unfounded); Conduct a Sexual Abuse Incident Review to look at potential facility changes to reduce opportunities for future sexual abuse.” The coordinated response activities are noted on a checklist (CD 1621) completed by the Officer in Charge. The superintendent confirmed the presence and knowledge of the facility’s plan for response. The ODOC has created Sexual Abuse Response Teams at each facility, this includes Snake River Correctional Institution. These teams are led by the facility PREA compliance manager, the team is responsible for actions including investigations, incident review, and retaliation monitoring.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.65

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination

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

- a) Collective Bargaining Agreement for Security Staff between the Department of Administrative Services on behalf of the Oregon Department of Corrections and the American of State, County and Municipal Employees -AFL-CIO (AFSCME Council 75) 2017 -2019
- b) Collective Bargaining Agreement for Security Plus Staff between the Department of Administrative Services on behalf of the Oregon Department of Corrections and the American of State, County and Municipal Employees -AFL-CIO (AFSCME Local 2376, Council 75) 201-2019

2. Interviews:

- a) Agency Head/Designee

115.66 (a) ODOC participates in collective bargaining with the American Federation of State, County and Municipal Employees - AFL-CIO (AFSCME Local 75), The union represents two separate bargaining units, the first includes Security Staff (Officers, Corporals, Sergeants). The second bargaining unit (Security Plus) includes: counselors, health services, kitchen services, and other non-security represented staff. These two groups maintain separate contracts. The facility noted that the agreements are consistent with Standards 115.72 and 115.76.

The auditor reviewed the contract language noting that the language in the CBA indicates that staff bid for shifts and days off, not location. This limitation provides the facility additional opportunity to move staff as needed with no noted restraint on the ability of the agency to remove staff who are alleged sexual abusers from contact with inmates during the investigation process.

Article 43 of the collective bargaining agreements provide for the usage of “just cause” in disciplinary matters. The auditor noted that the just cause burden of proof relies upon “substantial evidence” and does not exceed the preponderance of evidence for proof. As part of the process, the agency director designee was interviewed, he also noted that contract language allows the agency to move staff if necessary.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.66

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
2. Interviews:
 - b) Agency Director/Designee
 - c) Superintendent
 - d) PREA Compliance Manager/Retaliation Monitoring
 - e) Inmates who reported sexual abuse

115.67 (a) Policy 40.1.13 "Prison Rape Elimination Act," section III.E.2 (pg. 9) requires, "The PREA Compliance Manager shall be responsible for monitoring all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff." The policy notes that the facility PREA compliance manager is responsible for retaliation monitoring, this was confirmed with him during the interview process.

115.67 (b) Policy 40.1.13 "Prison Rape Elimination Act," section III.E.2 (pg. 9) requires, "All actions taken to remedy any such retaliation will be documented and forwarded to the Agency PREA coordinator and the sexual abuse liaison." The facility reported that there were no acts of retaliation noted for the previous 12 months. The superintendent confirmed that actions would be taken to

prevent and address any retaliation. The director's designee discussed the various measures to monitor and address retaliation for alleged victims.

115.67 (c) Policy 40.1.13 "Prison Rape Elimination Act," section III.E.2 (pg. 9) provides for the 90 day monitoring requirement in, "Monitoring will continue for at least 90 days following a report of sexual abuse. The PREA compliance manager shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation." Both the superintendent and the PREA compliance manager confirmed that monitoring would continue for at least 90 days unless it was warranted to maintain it longer or end it sooner if the investigation was determined to be unfounded. During the interview with an individual that reported sexual abuse, they indicated they felt they were protected. The auditor reviewed sample document of retaliation monitoring and noted that the retaliation monitoring is built into the Offender Management System, and provides automatic notifications. The monitoring process for Snake River includes SART Team members assigned the individual reviews with periodic meetings with the individuals. Documentation is then reviewed by a Lt. assigned to the SART and finally by the PREA compliance manager. All actions are documented electronically on a PREA Retaliation Check sheet. Each check sheet reviews if there has been changes in housing assignments in the previous 90 days; specific conflicts; disciplinary action; conduct issues; and programming changes. During the onsite review the auditor reviewed the OMS system with the agency PREA coordinator and the PREA compliance manager.

115.67 (d) Policy 40.1.13 "Prison Rape Elimination Act," section III.E.2.d (pg. 10) states, "In the case of inmates, such monitoring shall also include periodic status checks." The policy statement comes directly from the standard. The PREA compliance manager is responsible for retaliation monitoring and noted that periodic status checks are completed by members of the Sexual Abuse Response Team and reported back to him. Sample documentation was reviewed by the auditor, indicating such status checks.

115.67 (e) Policy 40.1.13 "Prison Rape Elimination Act," section III.E.2.f (pg. 9) requires, "If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation." Both the agency head designee and the superintendent confirmed that steps would be taken to monitor and address any concerns raised by and individual who cooperates with an investigation.

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

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
 - b) Oregon Administrative Rule 291-046-0005 Segregation (Administrative)
2. Interviews:
 - a) Superintendent
 - b) Staff who supervise inmates in segregation

115.68 (a) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.C.1 (pg. 6) duplicates the language from the standard and states, "Inmates at high risk for sexual victimization shall not be placed in administrative housing unless an assessment of all available alternatives determines that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in administrative housing for less than 24 hours while completing the assessment." The facility notes that no inmates were placed in involuntary segregated housing due to high risk of victimization during the preceding 12 months. The superintendent confirmed this during the interview process. Interviews with staff who supervise segregation also noted no individuals placed in segregation housing as victims, stating the facility looks for the least impact on victims. During the auditor's review of investigation files, it was noted that there were no indications of victims placed in administrative segregation.

Additional information provided in standard 115.43

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.68

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
 - b) Agency Policy 70.1.3 "Criminal & Administrative Evidence Handling" (eff. 05/01/2014)
 - c) Agency Policy 70.1.4 "Investigations" (eff. 11/20/2018)
 - d) PREA Reporting flowchart
 - e) PREA Investigative Report Template
2. Interviews:
 - a) Investigators
 - b) Agency PREA Coordinator
 - c) PREA Compliance Manager

115.71 (a) Policy 40.1.13 "Prison Rape Elimination Act," section I.A (pg. 1) states, "The department will immediately respond to, investigate, and support the prosecution of sexual abuse and sexual harassment in Oregon's prisons, both internally and externally in partnership with law enforcement and county prosecutors." ODOC Policy 70.1.4 "Investigations," section III.C. (pg. 3) states that, "An allegation against an employee, contractor, volunteer or inmate from any source may be verbal or in writing. Verbal and written complaints/allegations must contain sufficient information for an investigation to be considered. Information must be detailed to the greatest extent possible and meet the guidelines established in this policy."

The policy also provides the requirement that, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports." When asked about how to handle anonymous and third party reports, investigators reported that they are investigated just the same and treated just as seriously. When asked about how long it took to initiate an investigation, the investigators confirmed that the investigation began promptly.

ODOC Policy 70.1.4 "Investigations," section III.C. (pp. 5-6) identifies the factors in who has the investigation responsibilities. Investigation assignments may include the Inspector General's Office, The Oregon State Police, or the facility investigators. This process is also outlined in the Investigations Decisions Chart attached to policy 70.1.4.

115.71 (b) ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.B. (pg. 5) states "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department." The facility reported that investigators completed the NIC training "PREA: Investigation Sexual Abuse in a Confinement Setting." The auditor was provided with certificates of completion for the training provided by the Department of Justice, National Institute of Corrections (NIC) specific to investigating Sexual Abuse in a Confinement Setting. The facility identified 14 members of the Sexual Assault Response Team investigative staff; the auditor was provided the NIC certificates for each member.

In addition to the above noted training members of the Sexual Abuse Response Team members receive an additional 2 day training that includes mock interviews. The auditor was provided with the training presentation and noted that the required elements for 115.34 were reiterated in this supplemental training. As part of the onsite review 3 investigators were interviewed. Investigators were able to discuss topics covered by the training including: techniques for interviewing sexual abuse

victims, proper use of Miranda and Garrity, and evidence collection. Additional information for this provision is provided in standard 115.34.

115.71 (c) 70.1.3 “Criminal & Administrative Evidence Handling,” section III.C. (pg. 2) states, “Regardless of whether the criminal investigation will be handled by Oregon State Police, SIU, or Institution staff, the crime scene and all evidence will be handled in the same manner to preserve the chain of custody.” ODOC Policy 70.1.4 “Investigations,” section III.F.7 (pg. 9) states that, “Evidence acquired during the investigative process will be processed in accordance with the department policy on Criminal Evidence Handling 70.1.3.” The agency uses a report template that includes a checklist that directs a review of evidence including; if the subject had prior allegations of sexual abuse or sexual harassment; witnesses and evidence collection (including video, phone recordings, and documents). As part of the process investigative staff were interviewed. The staff noted that they would take steps by reviewing the reports, and gathering all evidence including video, phone calls, documents, etc. The investigators noted they would review previous allegations, develop questions and interview witnesses, the victim and the alleged perpetrator. The auditor reviewed completed investigation reports that confirmed compliance with the policy and provision.

115.71 (d) ODOC Policy 70.1.4 “Investigations,” section III.D. (pg. 6) States that, “The Oregon State Police have the primary role in certain types of criminal investigations and are the Department of Corrections’ primary law enforcement partner in conducting criminal investigations arising from criminal acts alleged to have been committed in state correctional facilities.”

Agency and facility staff are provided training specific to Garrity rights noting that, “it is important to let the criminal case pass into the charged state before the administrative investigator begins to interview the staff suspect.” The investigators noted that is done to avoid interference with a criminal investigation.

115.71 (e) Policy 40.1.13 “Prison Rape Elimination Act,” section III.D.1.e (pg. 8) states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. The ODOC will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.” This is reiterated on the PREA report template which provides instruction on Credibility Assessments, noting that “Credibility shall be assessed on an individual basis and shall not be determined by the status as an inmate or staff.” During the interviews with investigators they confirmed that credibility is assessed individually based on known facts and not on the status as an inmate. When asked, “Would you, under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation?” The investigators consistently stated no.

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

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

115.71 (h) The facility reports that, substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. During interviews with investigative staff, when asked, “When do you refer cases for prosecution?” The investigators confirmed that referrals would be by the state police when they appeared to be criminal with sufficient evidence to prosecute. The facility reported that there were two pending sexual abuse cases that appeared to be criminal; however, they were still pending at the time.

115.71 (i) Policy 40.1.13 “Prison Rape Elimination Act,” section III.J.2.c.4 (pg. 13) requires, “The retention of all written reports referenced as long as the alleged abuser is incarcerated by the department, plus five years.” The agency uploads all reports into the Offender Management System. During the onsite review, the PREA coordinator and facility PREA compliance manager demonstrated the system for the auditor who noted that older reports were present.

115.71 (j) ODOC Policy 70.1.4 “Investigations,” section III.F.7 (pg. 9) States, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.” During the interviews with investigators they were asked, “How do you proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct?” The investigators stated that the investigation continues through the process.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.71

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a) Agency Policy 40.1.13 “Prison Rape Elimination Act” (effective 11/20/2018)
 - b) Investigator Training Presentation
2. Interviews:
 - a) Investigative staff

115.72 (a) Policy 40.1.13 “Prison Rape Elimination Act,” section III.G (pg. 11) states, “DOC shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” The training for investigators provides the criteria for administrative action noting the language directly from the standard, “The agency shall impose no standard higher than preponderance of evidence....” The training further clarifies that a preponderance is 51% of the evidence supports the allegation. During interviews with investigative staff, all interviewees understood the standard of evidence as a preponderance.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.72

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
 - b) Agency Policy 70.1.3 "Criminal & Administrative Evidence Handling" (eff. 05/01/2014)
 - c) Agency Policy 70.1.4 "Investigations" (eff. 11/20/2018)
 - d) PREA Reporting flowchart
 - e) PREA Investigative Report Template
2. Interviews:
 - a) Superintendent
 - b) Investigative Staff
 - c) PREA Compliance Manager
 - d) Inmates who reported sexual abuse

115.73 (a) and (e) The agency reports that notification is provided by the PREA compliance manager to an inmate following an allegation so sexual abuse. The requirement is documented in ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.G (pg. 10) and states, "Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the PREA compliance manager of that facility shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded." The facility reported that there were 6 investigations completed by the agency in the previous 12 months, with 6 notifications provided to the alleged victims. The auditor reviewed samples of these notifications as part of the evidence review. During the onsite review the superintendent confirmed that notifications of the investigation outcome are provided to the alleged victim in each case. During the interview process investigative staff stated that inmates are notified of the outcome; however, notification is made by the PREA compliance manager not by investigators. The PREA compliance manager stated that he provides notification to the alleged victim and maintains a copy of the notification Form CD 1622. The inmate is not provided copies of the

notification form for their safety. The form provides the incident date, investigative agency and outcome. Interviews with alleged victims confirm notification of the outcome, it was noted that they don't receive the response in writing, which is consistent with agency process.

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

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

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

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
2. Interviews:
 - a) Investigators

115.76 (a) Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies."

115.76 (b) Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse." The facility reports there have been no instances of staff from the facility violating agency policies on sexual abuse in the previous 12 months.

115.76 (c) Policy 40.1.13 “Prison Rape Elimination Act,” section III.I (pg. 12) states, “Disciplinary actions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.” The facility reports there have been no instances of staff from the facility violating agency policies on sexual abuse or sexual harassment in the previous 12 months.

115.76 (d) Policy 40.1.13 “Prison Rape Elimination Act,” section III.I (pg. 12) states, “All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.” Interviews with investigative staff confirmed that even if staff resigned, the investigation into sexual abuse allegations would continue.

The auditor noted that the policy citations for provisions (a-d) maintain language directly from standard 115.76.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.76

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
2. Interviews:
 - a) Superintendent

115.77(a): Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." The facility reported that there were no investigations related to misconduct by a volunteer or contractor or during the previous 12 months.

115.77(b): Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by contractor or volunteer." During the interview, the superintendent confirmed that actions could include termination of facility access during any investigation from a PREA-related allegation.

The auditor noted that the policy requirements are duplicate with the standard and therefore compliant.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.77

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes 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 following evidence was analyzed in making the compliance determination:

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

- a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
- b) OAR 291-105 "Prohibited Inmate Conduct and Processing Disciplinary Actions"

2. Interviews:

- a) Superintendent
- b) Disciplinary Hearings Officer

115.78 (a) The facility reports that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse as well as following a criminal finding of guilt for inmate on inmate sexual abuse. OAR 291-105-0005, "Prohibited Inmate Conduct and Processing Disciplinary Actions," provides the authority and direction for the disciplinary process as well as identifying the rules of conduct for the inmate population. Section (k) 2.20 states, "Sexual Assault: An inmate commits Sexual Assault if he/she engages in non-consensual sexual activity with another person, or when force is used or when the person is unable to consent because of age or incapacitation (mental defect, mental incapacitation or physical helplessness)." The facility reports that there were no findings of guilt for inmate on inmate sexual abuse that have occurred at the facility in the previous 12 months, this does not include the two cases that are pending the completion of criminal cases at this time.

115.78 (b) Policy 40.1.13 "Prison Rape Elimination Act," section III.I (pg. 12) states, "Disciplinary actions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." The superintendent confirmed that sanctions were commensurate with similar offenses. The agency uses a Major Violation Grid/Inmates Misconduct History Scale that provides sanction to remain in a consistent range with similar infraction behavior. The grid provides for 6 separate categories based on seriousness of the offense and provides for progressive action based on the number of major violations within the previous 2 years.

115.78 (c) OAR 291-105, "Prohibited Inmate Conduct and Processing Disciplinary Actions," section 0026 "Hearings Officers Responsibilities paragraph (7) states, "Behavioral Health Services staff will be notified when inmates with mental health, developmental disability issues, or inmates that have engaged in self-harm activities or suicide attempts are placed in disciplinary segregation or are scheduled for a disciplinary hearing." Section 8 continues to note, "The mental health evaluation shall address the following; is the inmate able to understand the charges and the hearing process at this time; from a mental health standpoint, should sanctions be modified or are sanctions for the alleged misconduct contraindicated; and did the inmate's mental health status contribute to the alleged violation." These rules are applied to all conduct rule violations, including but not limited to those related to sexual abuse or sexual harassment. The superintendent confirmed that an inmate's mental health status would be considered during the hearings process. During the onsite review the auditor interviewed the disciplinary hearings officer, who noted that mental health status is a consideration in the process.

115.78 (d) ODOC does not offer sex offender treatment or other forms of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse. Interviews with the mental health staff were inconclusive, noting they believed this was provided. During the evidence examination it was determined that there was confusion on behalf of the interviewees between sex offender treatment and the mental health evaluation required for inmate on inmate abusers pursuant to 115.83 (h).

115.78 (e) Oregon law considers inmates to be the victim in cases of sexual contact. The Oregon Revised Statute 163.452 Custodial sexual misconduct in the first degree reads, “A person commits the crime of custodial sexual misconduct in the first degree if the person: Engages in sexual intercourse or oral or anal sexual intercourse with another person or penetrates the vagina, anus or penis of another person with any object other than the penis or mouth of the actor knowing that the other person is: In the custody of a law enforcement agency following arrest; confined or detained in a correctional facility; participating in an inmate or offender work crew or work release program; or on probation, parole, post-prison supervision or other form of conditional or supervised release.” Oregon Revised Statute 163.454 Custodial sexual misconduct in the second degree, differs in the use of sexual contact instead of sexual intercourse.

115.78 (f) Policy 40.1.13 “Prison Rape Elimination Act,” section III.D.1 (pg. 8) states, “The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith.” The disciplinary hearings officer noted that there were no incidents of individuals being disciplined in the previous 12 months.

115.78 (g) The agency prohibits all sexual activity between inmates as outlined in (OAR 291-105-0015 “Rules of Misconduct,” subsection (m) 2.30 which reads, “Non-assaultive Sexual Activity: An inmate commits Non assaultive Sexual Activity if he/she engages in sexual activity and the sexual activity is conducted without violence, threat of violence, coercion, or use of a weapon.” Non-assaultive sexual activity is listed in section III of the Major Violation Grid.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.78

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (eff. 11/20/2018)
 - b) Health Services Section Policy #P-E-02
 - c) OAR 291-124 "Health Services-Health evaluation and Screening"
2. Interviews:
 - a) Agency PREA Coordinator
 - b) PREA Compliance Manager

c) Staff who complete risk screenings

115.81(a): ODOC HS BHS Policy and Procedure # MH-E-02 (pg. 3) requires, “All inmates who have reported that they have disclosed prior sexual abuse in an institutional setting or in the community will be referred to a mental health treatment provider for a mental health assessment within 14 days of the intake screening.” The policy provides additional mental health considerations and further requires that, “Those inmates who have reported that they have disclosed prior sexual abuse in an institutional setting or in the community and have a valid PAI with no elevated scales and have only answered yes to either of the questions in the PREA section of the Medical Receiving Screening form or the Intake Victimization Screening Tool will be referred to a mental health specialist within 14 days to complete a Suicide Risk Screening form. If it is determined that any inmate who has experienced prior sexual abuse meets criteria for a mental health diagnosis he/she will be referred to a mental health treatment provider for a more comprehensive mental health or prescriber evaluation.” The referrals for these mental health evaluations are automated from the Offender Management System. The system sends and automated email to mental health staff which states:

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

The PREA standards state:

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

Additionally:

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Staff who completed risk screenings confirmed that the process was automated. During the onsite review the agency PREA coordinator and PREA compliance manager demonstrated the system to the auditor, including the auto generated emails. Inmates who disclosed sexual victimization during screening were interviewed as part of the onsite review, those interviewed indicated they were offered mental health services, only one accepted and stated it was provided right away.

115.81 (b) ODOC HS BHS Policy and Procedure # MH-E-02 (pg. 3) requires that, “All inmates who have reported that they have previously perpetrated sexual abuse in an institution setting or in the community will be referred to BHS for a mental health assessment.” This process is automated similar to provision (a). The Offender Management System sends and email to mental health staff that reads:

“Inmate @@offenderName@@; @@offenderSID@@ at @@offenderLocation@@ indicates they have been convicted of sexually abusing an adult or child in the past during a PREA Risk Screening Assessment.

The PREA standards state: § 115.81 Medical and mental health screenings; history of sexual abuse. If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.”

Staff who completed risk screenings confirmed that the process was automated. During the onsite review the agency PREA coordinator and PREA compliance manager demonstrated the system to the auditor, including the auto generated emails.

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

115.81 (d) Policy 40.1.13 “Prison Rape Elimination Act,” section III.D.1 (pg. 8) states, “PREA information collected during investigations or intake assessments is considered sensitive and should only be shared with those staff with a need to know as part of their assigned duties.” During the interview with the agency PREA coordinator, she confirmed that the information going into the assessment was confidential and was limited through controls within the Offender Management System.

115.81 (e) ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.D (pg. 8) states that, “When interviewing inmates concerning sexual abuse, sexual solicitation, sexual harassment and sexual coercion, all DOC staff will inform inmates of any limits to confidentiality prior to conducting the interview.” This disclosure is provided to the adults in custody through a “Health Services Information Disclosure” that each inmate signs. The statement reads, “Some information obtained in a provider-patient relationship is not confidential and will be reported to non-Health Services staff and/or other agency personnel as needed even without written consent of the patient. According to State and Federal laws, this includes knowledge of: danger to self or others; abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of developmentally disabled or mentally ill, and a specified victim can be identified; staff physical or sexual abuse of inmates; escape plans or attempts; sexual abuse of or by another inmate.” The auditor reviewed completed samples of these forms.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.81

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) HS Policy and Procedure #P-F-06.1
 - c) OIC Checklist
2. Interviews:
 - a) medical staff and mental health staff
 - b) security and non-security staff first responders

115.82 (a) The ODOC reports that inmates received timely, unimpeded access to emergency medical services. ODOC Policy 40.1.13 "Prison Rape Elimination Act," section III.H (pg. 11) provides the

supporting direction and states, in part, “Medical: Medical access to services for victims of sexual abuse will be handled in accordance with Health Services policy on procedure #P-B-05 (Procedure in the Event of Sexual Assault) that includes: Timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners’ professional judgment.” This was confirmed with medical and mental health staff as part of the interview process. The auditor noted that policy citation references the previous numbering system for “Procedure in the Event of Sexual Abuse,” which is now identified as P-F-06.1

115.82 (b) P-F-06.1, “Procedure in the event of sexual abuse” (pg. 2) states, “If there is no mental health professional on site, the assessment will be conducted by a health services nurse, who will complete a suicide risk screening and consult with the on-call PMHNP.” The OIC/PREA Allegations checklist requires immediate notifications to the Medical Services Manager and the BHS manager. First responders who were interviewed noted that these notifications are made by the Officers in Charge (OIC).

115.82 (c) Procedure P-F-06.1 States, “Prophylactic treatment for sexually transmitted diseases, including HIV disease, will be offered to all victims. A referral will be made to the appropriate health care professional(s) for possible HIV testing and/or health counseling.” This was confirmed during interviews with medical staff. Treatment and testing was reiterated in ODOC Policy 40.1.13 “Prison Rape Elimination Act,” section III.H (pg. 11).

115.82 (d) Procedure P-F-06 (pg. 2) states, “Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” Medical staff confirmed treatment would be provided at no cost to the victim.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.82

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) HS Policy P-F-06.1 "Procedure in the event of sexual abuse" (06/2018)
 - c) BHS Policy #MH-E-03 "Transfer Screening"
2. Interviews:
 - a) Medical and Mental Health Staff

115.83 (a) The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison. Treatment and mental health services are outlined in HS Policy P-F-06.1 "Procedure in the event of sexual abuse," (pg. 1) states, "Inmates who report or seek health care attention as a result of a sexual abuse during incarceration shall receive prompt attention for treatment and evidence gathering." During the onsite review medical and mental health staff were interviewed and confirmed that victims of sexual abuse receive treatment and crisis intervention.

115.83 (b) HS Policy P-F-06.1 "Procedure in the event of sexual abuse," states, "The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody." During the onsite review medical and mental health staff were interviewed and confirmed services would include treatment plans, and referrals for continued care if transitioning to the community.

115.83 (c) During the onsite review medical staff and mental health staff were interviewed. During the interviews the staff confirmed the level of care is consistent with the community level of care.

115.83 (d-e) Provision (d) is not applicable noting that Snake River Correctional Institution is a male facility.

115.83 (f) HS Policy P-F-06.1 "Procedure in the event of sexual abuse" (pg. 2) states, "Prophylactic treatment for sexually transmitted diseases, including HIV disease, will be offered to all victims. A referral will be made to the appropriate health care professional(s) for possible HIV testing and/or health counseling." During interviews medical staff confirmed that inmates will be provided testing and treatment.

115.83 (g) HS Policy P-F-06.1 (pg. 2) states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Medical staff confirmed treatment would be provided at no cost to the victim.

115.83 (h) ODOC BHS Division Policy and Procedure #MH-E-03, Transfer Screening, section D (pg. 3), “A mental health evaluation is completed within 60 days of notification of a known inmate on inmate sexual abuser once it has been determined by the PREA compliance manager (PCM) that the allegation has been substantiated following an administrative or criminal finding.” Mental health staff confirmed that an evaluation is completed within 60 days. The ODOC does not provide sex offender treatment.

Based on the auditor’s observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.83

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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 following evidence was analyzed in making the compliance determination:

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

115.86 (a-b) The agency noted that, "When the PREA incident closes out the facilities PREA compliance manager receives an email notifying them that they need to complete an incident review." This is an automated notification that comes from the OMS. The agency provided screenshots to the auditor and demonstrated the system during the onsite review. The facility reported that six investigations were completed during the previous 12 months and five reviews completed during the 30 day window, the 6th review was completed by the committee but was waiting finalization. The PREA

compliance manager demonstrated that the system automatically sends a notification when the investigation is closed and requires the review to be completed within 30 days.

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

115.86 (d-e) The auditor noted that the PCM guidelines and the auto-generated review form require consideration of, "The allegation or investigation indicated a need to review policy or practice to better prevent, detect, or respond to sexual abuse?" as well as, "The incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation (*notify STM Coordinator*); or was motivated or otherwise caused by other group dynamics; were there any physical barriers that may have prevented detection of the abuse; could monitoring technology be deployed or augmented to supplement supervision by staff." The PCM is required to complete the report and secure the signatures of the superintendent and the agency PREA coordinator and in substantiated cases the institutions administrator.

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

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.87

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.

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
2. Interviews:
 - a) Agency Director/Designee
 - b) Agency PREA Coordinator
 - c) PREA Compliance Manager

115.87 (a)/(c) Policy 40.1.13 “Prison Rape Elimination Act,” section III.J (pp.12-13) requires, “The Agency PREA coordinator shall be responsible to identify the specific data that must be collected and to work with the PREA compliance manager from each institution to assure data is submitted within the required timeframe.” The policy also provides standardized definitions outlined in section II of this policy. Subsection f. of the policy mirrors the provision requirement in that, “The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.” The PREA coordinator indicated that she aggregates this data at least annually for the directors review, and then it is provided to the Department of Justice using the most recent SSV by the due date.

115.87 (b) The PREA coordinator indicated that she aggregates this data at least annually for the directors review, and then is provided to the Department of Justice using the most recent SSV by the due date. The policy also requires, “This data will be compiled into monthly and annual reports for submission to the director.” The agency provided the documentation of the SSV summary information and Incident Forms (SSV-IA) for 2016 and 2017 for review by the auditor. These have been submitted to the Department of Justice in compliance with established procedures and timelines.

115.87 (d) The agency reports that they maintain, review and collect data as needed from all incident based documents. During the onsite review the agency PREA coordinator demonstrated the Offender Management System (OMS) to the auditor, noting all PREA-related information is maintained. This includes but is not limited to incident reports, investigation files, and sexual abuse incident reviews.

115.87 (e) The agency reports that ODOC does not contract with private facility for the confinement of its inmates, but if it did the PREA coordinator would collect aggregate data.

115.87 (f) The agency reported that they provided the requested data to the Department of Justice. The agency provided the documentation of the SSV summary information and Incident Forms (SSV-IA) for 2016 and 2017 for review by the auditor.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.87

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) PREA Annual Report 2017
 - c) PREA Annual Report 2016
 - d) PREA Annual Report 2015
 - e) PREA Annual Report 2014
2. Interviews:
 - a) Agency Director/Designee
 - b) Agency PREA Coordinator
 - c) PREA Compliance Manager

115.88 (a) Policy 40.1.13 “Prison Rape Elimination Act,” section III.J (pg.12) outlines the requirement for data collection by assigning the PREA coordinator to, “Compile information collected directly from the inmate population by means of various survey methods which relate to the prevalence of sexual abuse within the institutions, including the circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination by: Identifying problem areas; taking corrective action on an ongoing basis; preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.” The agency PREA coordinator asserted that the agency collected this data and noted that it was provided to the auditor as well as available to the public on its website. During the interview process the facility PREA compliance manager stated that they provide any information requested; however, the PREA coordinator has access through the OMS. The agency director/designee stated that they gather the data and used it to identify the problem areas, noting the use of the automated system to look for trends with a focus on improving sexual safety. In addition to the report on the website the agency provides a report to the legislature. The Agency Website is provided below:

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

115.88 (b) The auditor reviewed the reports for years 2013 through 2017, each report provided a comparison of data from previous years. Page four of the 2017 report provides comparison data for years: 2013, 2014, 2015, 2016, and 2017; breaking down the number substantiated, unsubstantiated and unfounded sexual abuse allegations as an agency and by individual facility. The auditor noted that the reports provide the information in easy to read graphs as well as the raw numbers.

115.88 (c) The auditor reviewed the recent reports from the website and noted that the 2016 report indicates approval by Colette S. Peters, Director. The 2017 report was approved by Craig A. Prins, Inspector General (designee) for Colette Peters Director. During the interview with the agency director/designee, he was asked if he “Approves the reports written pursuant to 115.88?” He noted that either himself or Director Peters does, he noted that the Ms. Peters is Keenly interested. He noted that the reports are on the website. The website is provided in provision (a) of this standard.

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

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 - a) Agency Policy 40.1.13 "Prison Rape Elimination Act" (effective 11/20/2018)
 - b) PREA Annual Report 2017
 - c) PREA Annual Report 2016
 - d) PREA Annual Report 2015
 - e) PREA Annual Report 2014
2. Interviews:

a) Agency PREA Coordinator

115.89 (a) ODOC PREA data is physically retained through a lock and key. Digital data is maintained in a computerized database that is limited to staff with a need to know, the agency PREA coordinator controls the levels of access in the Offender Management System. As part of the pre-onsite phase the agency PREA coordinator was interviewed, and asked, "How does the agency ensure that data collected pursuant to 115.87 are securely retained?" The agency PREA coordinator indicated that based on need to know, she controlled the level of access to the OMS. During the onsite review, the Agency PREA coordinator demonstrated the restrictions to access within the system.

115.89 (b) The auditor reviewed the public website, noting the information is available for years 2014 through 2017 (published 12/2018) and includes access to individual audit summary reports for each facility between 2014-2019. The information is available to the public on the agency's website at:

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

115.89 (c) The auditor reviewed Annual Agency Reports from the agency website for calendar years 2014 through 2017 and noted that the reports provided no personal identifying information. During an interview with the agency PREA coordinator, she was asked, "What type of materials are typically redacted from the annual report?" She indicated that the agency does not include any personally identifying information.

115.89 (d) The ODOC does not have a purge date and indicates that the information would be available for a minimum of ten years from the date of collection in compliance with the standard.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.401 (a-b) The Auditor reviewed documentation regarding the facility and agency audit cycle, noting that Snake River Correctional Institution was completed in the third year of the agency audit cycle. The

agency operates 14 facilities. Five audits were completed in 2017 and five audits were completed in 2018. Snake River Correctional Institution is one of four remaining for 2019/2020.

115.401 (h-i) The audit team was provided unrestricted access to the all areas of the facility including housing units, administration, and control rooms. Documentation for each standard, was provided by the facility and agency, the auditor was able to review additional documentation and request supplemental supporting documentation, the facility provided each document accordingly.

115.401 (m-n) The auditor and team were afforded opportunity to conduct private and confidential interviews with inmates. The auditor received documentation that the audit notices were posted prior to arrival and received two letters from inmates incarcerated at SRCI, both letters were treated like legal mail and neither appeared to be opened or tampered with.

Based on the auditor's observation, review of documentation, and interviews, the Snake River Correctional Institution is in full compliance with all elements of standard 115.401.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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.

Oregon Department of Corrections posts all Final PREA audit reports to its public website at <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>.

Presently there are 26 Audit Reports including the report from the previous audit conducted at Snake River Correctional Institution completed July 2017.

Based on the auditor's observation, review of documentation the Snake River Correctional Institution is in full compliance with all elements of standard 115.403.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Jason Bennett

10/28/2019

Auditor Signature

Date

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

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