

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: July 11, 2022

Date of Final Audit Report: January 12, 2023

Auditor Information

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Company Name: California Department of Corrections and Rehabilitation	
Mailing Address: P.O. Box 942883, Suite 344-N	City, State, Zip: Sacramento, CA 94238-0001
Telephone: 916-261-5524	Date of Facility Visit: May 10 – 12, 2022

Agency Information

Name of Agency: Oregon Department of Corrections (ODOC)			
Governing Authority or Parent Agency (If Applicable): n/a			
Physical Address: 2575 Center Street NE		City, State, Zip: Salem, OR 97301	
Mailing Address: 2575 Center Street NE		City, State, Zip: Salem, OR 97301	
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.oregon.gov	Telephone: 503-947-9947

Agency-Wide PREA Coordinator

Name: Ericka Sage	
Email: Ericka.R.SAGE@doc.oregon.gov	Telephone: 971-301-1653
PREA Coordinator Reports to: Office of the Inspector General; Assistant Inspector General, Special Programs Unit (Jason Brown)	Number of Compliance Managers who report to the PREA Coordinator: 13; none of these individuals report directly to the PC

Facility Information			
Name of Facility: Warner Creek Correctional Facility			
Physical Address: 20654 Rabbit Hill Road		City, State, Zip: Lakeview, OR 97630-5000	
Mailing Address (if different from above): (Above)		City, State, Zip: (Above)	
The Facility 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
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://www.oregon.gov/doc/prison-rape-elimination-act/Pages/statistics-and-reports.aspx			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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):			
<input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: None provided			
Warden/Jail Administrator/Sheriff/Director			
Name: Jeremy Beaumont			
Email: Jeremy.D.BEAUMONT@doc.oregon.gov		Telephone: (541) 947-8218	
Facility PREA Compliance Manager			
Name: Trevor Stancliff			
Email: Trevor.STANCLIFF@doc.oregon.gov		Telephone: (541) 947-8303	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Joe Bugher			
Email: Joe.a.bugher@doc.oregon.gov		Telephone: (503) 378-5520	
Facility Characteristics			
Designated Facility Capacity:		400	
Current Population of Facility:		245	

Average daily population for the past 12 months:	180	
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:	19 to 83 years old	
Average length of stay or time under supervision:	15.1 months	
Facility security levels/inmate custody levels:	Minimum; Classification Level 1 & 2	
Number of inmates admitted to facility during the past 12 months:	180	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	177	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	142	
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)	<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 checked="" 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 type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	98	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	10	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0	
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:	54; volunteer program restarting secondary to COVID restrictions
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>	<p>Ten (10); A-Building (Administration offices, Conference Room, Employee Gym), B1-Building (Trades & Warehouse)/B2-Building (Food Services/Dining Room), B3-Building (Facility Entrance/Offices, DSU Holding, Receiving & Release), C-Building (Health Services, Education, Counselors' offices, Religious Services), [Note: no D-Building], E-Building (Weights, Barbershop, Activities Room), F-Building (Housing Units 1, 2, 3, and 4, Central Officers' Bubble), G-Building (Religious Activities Yard, Storage), H-Building (former call center, not utilized), [Note: No I-Building], J-Building (Wireless/Telecoms), K-Building (Toolshed, Storage), L-Building (Open-bay Storage).</p>

<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>	<p>5; 4 open bay/dorm units and 1 Segregation hallway</p>
<p>Number of single cell housing units:</p>	<p>0</p>
<p>Number of multiple occupancy cell housing units:</p>	<p>3 – double-cell capable in Segregation</p>
<p>Number of open bay/dorm housing units:</p>	<p>4</p>
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>3</p>
<p>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)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center">Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are mental health services provided on-site?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><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.)</p>
<p align="center">Investigations</p>	
<p align="center">Criminal Investigations</p>	

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?		5 Special Investigations Unit (SIU); 6 Facility SART Investigators per PAQ; 6 SIU per 115.34 documentation
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	

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: One (1)

List of Standards Exceeded: Standard 115.401: Frequency and scope of audits

Standards Met

Number of Standards Met: Forty-four (44)

List of Standards Met:

- Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- Standard 115.12: Contracting with other entities for the confinement of inmates
- Standard 115.13: Supervision and monitoring
- Standard 115.14: Youthful inmates
- Standard 115.17: Hiring and promotion decisions
- Standard 115.18: Upgrades to facilities and technologies
- Standard 115.21: Evidence protocol and forensic medical examinations
- Standard 115.22: Policies to ensure referrals of allegations for investigations
- Standard 115.34: Specialized training: Investigations
- Standard 115.42: Use of screening information
- Standard 115.43: Protective Custody
- Standard 115.51: Inmate reporting
- Standard 115.52: Exhaustion of administrative remedies
- Standard 115.53: Inmate access to outside confidential support services
- Standard 115.54: Third-party reporting
- Standard 115.61: Staff and agency reporting duties
- Standard 115.62: Agency protection duties
- Standard 115.63: Reporting to other confinement facilities
- Standard 115.64: Staff first responder duties
- Standard 115.65: Coordinated response
- Standard 115.66: Preservation of ability to protect inmates from contact with abusers
- Standard 115.67: Agency protection against retaliation
- Standard 115.68: Post-allegation protective custody
- Standard 115.72: Evidentiary standard for administrative investigations
- Standard 115.73: Reporting to inmates
- Standard 115.76: Disciplinary sanctions for staff
- Standard 115.77: Corrective action for contractors and volunteers
- Standard 115.78: Disciplinary sanctions for inmates
- Standard 115.82: Access to emergency medical and mental health services
- Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers
- Standard 115.87: Data collection
- Standard 115.88: Data review for corrective action
- Standard 115.89: Data storage, publication, and destruction
- Standard 115.403: Audit contents and findings

Standards Met through Corrective Action:

*** NOTE: See Standards for Corrective Actions Issued and Completed**

Standard 115.15: Limits to cross-gender viewing and searches (115.15d)
Standard 115.16: Inmates with disabilities and inmates who are limited English proficient (115.16b)
Standard 115.31: Employee training (115.31c)
Standard 115.32: Volunteer and contractor training (115.32c)
Standard 115.33: Inmate education (115.33d)
Standard 115.35: Specialized training: Medical and mental health care (115.35a & d)
Standard 115.41: Screening for risk of victimization and abusiveness (115.41a, b, d & f)
Standard 115.71: Criminal and administrative agency investigations (115.71a, e, & f)
Standard 115.81: Medical and mental health screenings; history of sexual abuse (115.81a & b)
Standard 115.86: Sexual abuse incident reviews (115.86a, b, c, d, & e)

NOTE: Standard 115.401: Frequency and scope of audits (115.401i ~ Both Met and Exceeded with Corrective Action)

Standards Not Met

Number of Standards Not Met: Zero (0)

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	May 10, 2022
2. End date of the onsite portion of the audit:	May 12, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Just Detention International (JDI) and Lakeview County Crisis Center (LCCC)
Audited Facility Information	
4. Designated Facility Capacity:	400
5. Average daily population for the past 12 months:	340
6. Number of inmate/resident/detainee 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 residents 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.	Four; 4
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	329 AICs (Adults in Custody; the auditor will use 'AIC' terminology interchangeably with 'inmate' and 'offender' throughout the report to acknowledge ODOC's progressive approach to identification of incarcerated individuals.
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	Zero; 0. The facility does not house juvenile offenders at any time.
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	Zero; 0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	Two; 2
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	Zero; 0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	Zero; 0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	Fifteen; 15. However, these individuals did not all qualify as LEP. Instead, some were Spanish primary language with proficient English.
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	Three; 3
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	Zero; 0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	One; 1. The second individual falling in this category had already left the facility.
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	Zero; 0. Identified investigations demonstrated these individuals had already left the facility.
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	Five; 5. These individuals had both reported victimization AND wanted to meet with Mental Health.
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	Zero; 0. Per report, and Standard review, facility does not use Segregated housing for this purpose.
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	Zero; 0. Per report, and Standard review, facility does not use Segregated housing for this purpose.

22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	Zero; 0. Facility does not house individuals who meet this criteria at any time.
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	WCCF is a work facility and located at great distance from major medical care facilities, there are very few individuals with high medical needs (i.e., blind/low vision, deaf/hard of hearing, physically disabled) housed at the facility. If an individual is identified with high mental health needs, WCCF transfers them to a designated ODOC facility with onsite Mental Health providers. There were no prohibitions regarding housing of the transgender/intersex population; however, per report, AICs meeting this criteria rarely transferred to WCCF.
<p style="text-align: center;"><i>Staff, Volunteers, and Contractors</i> <u>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</u></p>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	Ninety-eight (98); the same as designated with PAQ submission.
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	Four; 4
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	Ten (10) have been approved for return post-COVID volunteer program suspension protocol.
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The number of staff and contractors was reportedly unchanged from that reported upon PAQ submission. The facility continued to hire into any vacancies. There had originally been 54 volunteers approved; however, upon site review 10 had completed appropriate training, LEDS, and documentation for return to volunteer positions.
<p style="text-align: center;">Interviews</p>	
<p style="text-align: center;">Inmate/Resident/Detainee Interviews</p>	
<p style="text-align: center;"><i>Random Inmate/Resident/Detainee Interviews</i></p>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13 Random, in addition to 15 Specialized/Targeted; TOTAL: 28 AICs
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<div style="list-style-type: none;"> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender </div>

	<input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	The auditor randomly selected inmate interviewees based primarily upon Housing Assignment, with secondary consideration given to Age, Race, and Ethnicity. The auditor utilized random number generation when selecting from all areas of the facility from the Housing Unit lists.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	Not applicable; n/a
32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no apparent barriers identified in selecting and/or completing interviews secondary to Random sample generation. The sole exception was noted in one Housing Unit, not fully housed (twelve; 12 AICs in the Unit 4), secondary to COVID-quarantine period and one (1) individual (in DSU; Disciplinary Segregation Unit) ONLY for active COVID status. The auditor, randomly selected individuals from this 'COVID-pre-caution' population and the team was able to complete all requested interviews adhering to necessary COVID protocols.
<i>Targeted Inmate/Resident/Detainee Interviews</i>	
33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: <i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i> <i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i> <i>If a particular targeted population is not applicable in the audited facility, enter "0".</i>	Fifteen; 15

34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	Zero; 0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor corroborated that no youthful inmates (zero; 0) were housed at WCCF based upon information gathered during the PAQ, onsite observations, and interviews with both inmates and staff.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	Zero; 0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor corroborated that no inmates with a physical disability (zero; 0) were housed at WCCF based upon information gathered during the PAQ, onsite observations, and interviews with both inmates and staff (to include Medical providers).
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	Two; 2
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Not applicable; n/a
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	Zero; 0

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor corroborated that no blind or vision impaired inmates (zero; 0) were housed at WCCF based upon information gathered during the PAQ, onsite observations, and interviews with both inmates and staff (to include Medical providers).</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>Zero; 0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor corroborated that no deaf or hard-of-hearing inmates (zero; 0) were housed at WCCF based upon information gathered during the PAQ, onsite observations, and interviews with both inmates and staff (to include Medical providers).</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>Four; 4</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Not applicable; n/a</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>Three; 3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	Not applicable; n/a
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	Zero; 0
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	The auditor corroborated that no transgender or intersex inmates (zero; 0) were housed at WCCF based upon information gathered during the PAQ, onsite observations, and interviews with both inmates and staff (to include Medical providers).
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	One; 1
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	Not applicable; n/a
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	Five (5); List provided was only comprised of individuals who had both disclosed prior sexual victimization AND accepted referral to Mental Health for services.
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	Not applicable; n/a

<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>Zero; 0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor corroborated that no inmates had been placed in Segregated Housing for Risk of and/or Allegations of Sexual Abuse (zero; 0). This information was corroborated by PAQ evidence, review of investigation documentation (to include pre- and post- allegation housing), onsite observations, and interviews with both inmates and staff (to include Administrative Segregation Staffing).</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Pursuant to question 23, as WCCF is a work facility and located at great distance from major medical care facilities, very few individuals with high medical needs (i.e., blind/low vision, deaf/hard of hearing, physically disabled) are housed at the facility (none during the site review). If an individual is identified with high mental health needs, WCCF transfers them to a designated ODOC facility with onsite Mental Health providers. There were no prohibitions regarding housing of the transgender/intersex population; however, per report, AICs meeting this criteria rarely transfer to WCCF. In order to meet Targeted category numerical criterion, *all* identified gay and bisexual, cognitively disabled, sexual abuse reporter, and history of ‘reported victimization’ individuals were interviewed. Therefore, no sampling occurred of these groups, as every identified individual was selected. Of note, the individuals interviewed for ‘reported victimization’ history were comprised of individuals who had reported victimization AND accepted the offer of Mental Health services (as provided by list). The LEP population was also oversampled (while not all fifteen (15) individuals interviewed) to further ensure the numerical criteria for Targeted interviews was met. However, it should be noted that not every LEP identified AIC was non-English speaking, monolingual, and most had English proficiency.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	Fourteen; 14
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	Not applicable; n/a
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no identified barriers regarding the completion of Random Staff interviews. Attempts were made to ensure Custody (ODOC termed 'Security') representation across all three (3) watches and from various locations in the facility. In addition, the audit team interviewed individuals who were non-Custody (ODOC termed 'Security-Plus').
Specialized Staff, Volunteers, and Contractor Interviews <u>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</u>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	Twenty-three (23) for a total of thirty-one (31) protocols
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (NOTE: Agency Head Designee)
a. If no, explain why it was not possible to interview the Agency Head:	Not applicable; n/a
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	Not applicable; n/a

53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Not applicable; n/a
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Not applicable; n/a
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> One (1) Agency contract administrator <input checked="" type="checkbox"/> Three (3) Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> N/A Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> N/A Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Two (2) Medical staff <input type="checkbox"/> N/A Mental health staff; not employed at WCCF <input type="checkbox"/> N/A Non-medical staff involved in cross-gender strip or visual searches (No cross-gender strip searches are permitted) <input checked="" type="checkbox"/> One (1) Administrative (human resources) staff <input checked="" type="checkbox"/> One (1) Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Two (2) Investigative staff responsible for conducting administrative investigations (Three total; with two (2) WCCF & One (1) Special Investigations Unit; listed below) <input checked="" type="checkbox"/> One (1) Investigative staff responsible for conducting criminal investigations (Special Investigations Unit; SIU) <input checked="" type="checkbox"/> Two (2) Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Two (2) Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Four (4) Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> One (1) Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> Seven (7) First responders, both security and non-security staff <input checked="" type="checkbox"/> One (1) Intake staff; Three (3) total, including staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Other (describe) One (1) Grievance Coordinator
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	Four; 4
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental

	<input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	Three; 3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other – Work programs
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no identified barriers to completing interviews. Specialized Staff, Contractors and Volunteers were all very cooperative and well informed. Any interviews of individuals who were not based onsite were conducted telephonically. The audit team interviewed staff from all shifts and locations of the facility without difficulty. The First Responders were oversampled to ensure representation from each of the three (3) shifts. The base number of contractors (at four; 4), and current volunteers (at 10; 10) impeded randomized sampling processes.
Site Review and Documentation Sampling	
Site Review	
<i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	n/a
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	n/a
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	<p>No (0) intakes occurred during the site review, therefore, the audit team was unable to observe the intake process and risk screening. However, the team met with relevant staff and ‘walked through’ the Intake and Risk Screen process, as well as PREA Education. The telephone system was appropriately tested.</p>
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>All areas of the facility were accessible to the audit team with provision of a site map and schematic of camera placement. The audit team conducted informal interviews with AICs and staff throughout the physical plant inspection, as well as during the course of the site review. During the physical inspection, as identified in the relevant Standard sections, the audit team noted posted numbers for the Agency Hotline and Rape Crisis Counselling service were outdated. However, via telephonic instructions the audit team was able appropriately to test the phone system functions. After the site review, WCCF replaced old posters with updated ones, and provided photographic evidence. As noted above, there were no intakes during the site review period. However, the audit team met with Intake, as well as Receiving and Release staff to ‘walk through’ the Intake, Screening, and PREA Education processes.</p>
<p style="text-align: center;">Documentation Sampling</p>	
<p><i>Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.</i></p>	
<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Documentation as requested for the Inmate (ten; 10 files) and Staff (twelve; 12 files) did not require oversampling. However, as there were solely four (4) contractors and ten (10) active volunteers, sampling was limited to one (1) contractor and three (3) volunteer files. The auditor requested documentation that corresponded to those</p>

	Inmates, Staff, Contractors and Volunteers who had been interviewed (based upon random selection), such as to corroborate interview information.
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Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual abuse	Zero (0)	Zero (0)	Zero (0)	Zero (0)
<u>Staff-on-inmate</u> sexual abuse	Two (2)	Zero (0)	Two (2)	Zero (0)
Total	Two (2)	Zero (0)	Two (2)	Zero (0)

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

NOTE: One (1) case of Staff-on-Inmate Sexual Abuse overturned from 'unfounded' to 'unsubstantiated' upon site review. A second Staff-on-Inmate Sexual Abuse allegation occurred in March 2022 prior to site review and is included here.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate</u> sexual harassment	Two (2)	Zero (0)	Two (2)	Zero (0)
<u>Staff-on-inmate</u> sexual harassment	Zero (0)	Zero (0)	Zero (0)	Zero (0)
Total	Two (2)	Zero (0)	Two (2)	Zero (0)

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

NOTE: One (1) case of Inmate-on-Inmate Sexual Harassment was recoded from 'Other-not PREA' upon site review.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally,

for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Not applicable; n/a

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	Zero (0)	Zero (0)	Zero (0)	Zero (0)
<u>Staff-on-inmate sexual abuse</u>	Zero (0)	Zero (0)	Two (2)	Zero (0)
Total	Zero (0)	Zero (0)	Two (2)	Zero (0)

a. If you were unable to provide any of the information above, explain why this information could not be provided.

NOTE: One (1) case of Staff-on-Inmate Sexual Abuse overturned from 'unfounded' to 'unsubstantiated' upon site review. A second case occurred in March prior to site review and is included here.

Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Not applicable; n/a

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	Zero (0)	Zero (0)	Two (2)	Zero (0)
Staff-on-inmate sexual harassment	Zero (0)	Zero (0)	Zero (0)	Zero (0)
Total	Zero (0)	Zero (0)	Two (2)	Zero (0)

- a. If you were unable to provide any of the information above, explain why this information could not be provided.

Not applicable; n/a

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:

Two; 2

- a. If 0, explain why you were unable to review any sexual abuse investigation files:

Not applicable; n/a

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☒ Yes – Only two (2) investigations met criteria ☐ No
☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

Zero (0) occurred during reporting period

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☐ Yes ☒ No – Zero (0) investigations met criteria
☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

☐ Yes ☒ No – Zero (0) investigations met criteria
☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

Two; 2

79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☐ Yes ☒ No – Zero (0) investigations met criteria
☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

☒ Yes - Only two (2) investigations met criteria ☐ No
☐ N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:

Two; 2

- a. If 0, explain why you were unable to review any sexual harassment investigation files:

Not applicable; n/a

82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes - Only two (2) investigation met criteria <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	Two; 2
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – Zero (0) investigations met criteria <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes - Only two (2) investigation met criteria <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	Zero; 0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Zero (0) investigations met criteria <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Zero (0) investigations met criteria <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	As there were four (4) investigations completed during the reporting period, the auditor comprehensively reviewed all files. Answers for questions 76, 77, 79, 84, 87 & 88 are 'No' because there were no investigation files meeting the listed criteria. Note: The auditor answered questions related to use of cross-section for criminal and/or administrative investigations by findings/outcomes based solely on two case representations in associated categories (as noted).
Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	One; 1
Non-certified Support Staff	

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>One; 1</p>
<p style="text-align: center;">Auditing Arrangements and Compensation</p>	
<p>92. Who paid you to conduct this audit?</p>	<p><input type="checkbox"/> The audited facility or its parent agency</p> <p><input checked="" type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>

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 auditor reviewed ODOC Policy 40.1.13: Prison Rape Elimination Act (Revised (Rev.) 1/20/22); WCCF Operational Procedure 63: Responding to Sexual Abuse and Sexual Harassment Allegations (Rev. 01/28/19); and CD 1623 PREA Acknowledgement (Rev. 01/21) towards making compliance determinations for the provisions of this standard.

Standard 115.11a: ODOC Policy 40.1.13 materially provided the Agency's written policy mandating zero tolerance towards any form of sexual misconduct (defined below to include *non-assaultive sexual activity*, *sexual abuse*, *sexual harassment*, *sexual coercion*, and *sexual solicitation*), which included all forms of sexual abuse and/or harassment towards AICs by other AICs and staff. ODOC Policy defined these forms of sexual abuse and sexual harassment, as:

"Non-Assaultive Sexual Activity: Engaging in sexual activity and the sexual activity is conducted without violence, threat of violence, coercion, or use of a weapon.

Sexual Abuse: Sexual abuse of an AIC by another AIC and sexual abuse of an AIC by a staff member.

1. Sexual abuse of an AIC by another AIC includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - b. Contact between the mouth and the penis, vulva, or anus;
 - c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
2. Sexual abuse of an AIC by a staff member, contractor or volunteer includes any of the following acts, with or without consent of the AIC, detainee, or resident:
 - a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - b. Contact between the mouth and the penis, vulva, or anus;
 - c. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse or gratify sexual desire;
 - d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
 - e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks that is unrelated to the official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse or gratify sexual desire;
 - f. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described by paragraphs (A) – (E) of this section;
 - g. Any display by a staff member, contractor, or volunteer of their uncovered genitalia, buttocks, or breast in the presence of an AIC, detainee, or resident; and
 - h. Voyeurism by a staff member, contractor, or volunteer. Voyeurism by a staff member, contractor or volunteer means an invasion of privacy of an AIC by staff for reasons unrelated to official duties, such as peering at an AIC who is using a toilet in their cell to perform bodily functions; requiring an AIC to expose their buttocks, genitals, or breasts;

or taking images of all or part of an AIC's naked body or of an AIC performing bodily functions.

Sexual Harassment: Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one AIC directed toward another, and repeated verbal comments or gestures of a sexual nature to an AIC by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual Coercion: Compelling or inducing another person to engage in sexual abuse by deceit, threats, force, intimidation, or for personal favors.

Sexual Solicitation: The solicitation of another person to engage in sexual activity”.

The ODOC PREA Policy delineated the Agency's approach towards prevention, detection, and response of any sexual misconduct, to include within Section A. Prevention Planning:

1. “DOC staff must be able to recognize the signs of sexual abuse and sexual harassment and understand their responsibility in the detection, prevention, response, and reporting of an alleged sexual abuse or sexual harassment”.

According to CD 1623 PREA Acknowledgement Statement, all staff sign the following statement, “By signing this form, you acknowledge that you have read PREA Policy 40.1.13, that you understand ODOC's zero-tolerance policy for sexual abuse, sexual harassment and retaliation, and that you will report any relevant information immediately”.

In addition, WCCF Operational Procedure 63's delineated, “I. Purpose: To outline the process for investigating, responding to, and review of allegations of Sexual Abuse and Sexual Harassment at Warner Creek Correctional Facility”, applying all required elements of ODOC Policy 40.1.13. The Agency provided a Memorandum (dated: 03/10/2022; author: Agency PREA Coordinator) with subject, entitled, “Compliance with PREA Standard 115.11”, which affirmed ODOC's zero-tolerance policy for sexual abuse and sexual harassment, in addition to the Agency's approach to preventing, detecting, and responding to such conduct.

Interviews with the Agency Head Designee, PREA Coordinator, and WCCF Superintendent, as well as all randomly selected (14 of 14; 100%) and contract (3 of 3; 100%) employees and volunteers (4 of 4; 100%) supported a comprehensive understanding of ODOC's PREA Policy of zero tolerance towards sexual abuse and harassment. Each category of staff were able to verbalize WCCF's efforts related to prevention, detection, and response to any form of sexual abuse and/or harassment. When queried, every indicated interviewee expressed their responsibility to immediately (i.e., without delay) report and respond to all PREA-related incidents, without exception. AIC random interviews (27 of 27; 100%) and site review observations (including PREA posters/pamphlets, completed PREA investigations, and informal discussions with both staff and inmates) provided support for the Agency's commitment towards zero tolerance of sexual abuse and sexual harassment.

Standard 115.11b: The auditor reviewed the ODOC Memorandum (dated: 03/10/2022; author: PREA Coordinator), ODOC organizational chart, and ODOC PREA Coordinator position description (Classification Title: Program Analyst 4), which all demonstrating the PREA Coordinator position designated as an upper-level management position. The PREA Coordinator reported to the Office of the Inspector General's Assistant Inspector General – Special Programs. Policy 40.1.13 defined 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 the department's facilities”. The auditor reviewed documentation provided, as related to the PREA Coordinator's position. Per the Position Description, the PREA Coordinator has responsibilities related to 1.) Oversight,

Analysis, and Ongoing Program Development; 2.) Policy Coordination with Grant Development and Management; 3.) Build Collaborative Partnerships; 4.) Incident Reviews, to include PREA Allegations/Hotline Calls/Governor's Office Allegations with Reporting and Tracking; 5.) Training/Education; and 6.) Audits. ODOC Policy 40.1.13, stated, the PREA Coordinator shall: review security staffing standards and deployment of electronic monitoring; consult regarding staff PREA professional development and implementation; ensure actions towards retaliation monitoring are evaluated; identify specific data to be collected from each institutional PREA Compliance Manager (PCM) and private facility as related to PREA investigations and findings (to include monitoring timeframes); collect incident-based and aggregated data to compile the annual Agency PREA report; and provide incident-based data for submission as requested by the Department of Justice (DOJ).

The ODOC PREA Coordinator Memorandum stated, "ODOC employs a full-time dedicated position as an agency PREA Coordinator. This position has the time and the authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards in all of its facilities... This position reports to the Assistant Inspector General of the Special Programs Unit within the Office of the Inspector General. Although this position has not been permanently funded, the agency ensures it funded and available".

During interview, the PREA Coordinator reported that they had sufficient time and authority to conduct responsibilities associated with the development, implementation, and oversight of PREA standards at all ODOC assigned facilities. They indicated there are thirteen (13) facility PCMs, none of whom report directly to them. However, they stated they communicate routinely with the PCMs, and are available for consultation whenever needed.

The PREA Coordinator provided consultation, updates via telephone and email regarding the PAQs prior to the WCCF review. They were also onsite with two (2) members of the ODOC PREA Team during the site review. They were available by telephone and email both before and after the review. They were exceptionally responsive and provided clarification to the auditor's questions. Per interview with the WCCF Superintendent and PCM, the PREA Coordinator was a useful resource and responded to any institutional PREA-related issues in a reliable manner.

Standard 115.11c: The Agency provided organizational charts for WCCF demonstrating an assigned PREA Compliance Manager (PCM) position, titled in WCCF's organizational chart as Correctional Rehabilitation Services Manager, and in the Facility's SART organizational chart as "PREA Compliance". The PCM reported directly to the Superintendent. The ODOC Memorandum stated, "Each facility has a PREA Compliance Manager that has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. In all institutions except CCCF this is a collateral duty; however, the leadership at each facility has made PREA a priority, allowing the PREA Compliance manager the time they need to perform this task. In addition to the PREA Compliance Manager, 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".

ODOC Policy 40.1.13 and Operational Procedure 63 defined the PREA Compliance Manager, as "A management staff person designated by the institution functional unit manager, with sufficient time and authority to coordinate the facility's efforts to comply with the federal PREA standards". Per ODOC PREA Policy, PCM responsibilities included: assessment and documentation of security staffing standards and deployment of electronic monitoring technology; review placement and programming assignments of each transgender and intersex AIC at least twice annually; monitoring all AICs and staff who report PREA allegations and/or cooperate with sexual abuse or sexual harassment investigations; communicate relevant sexual abuse investigation findings to the associated AICs (per associated PREA Standard requirements); receive information from Behavioral Health Services (BHS); receive

investigation findings information from the Sexual Assault Response Team; as well as provide and timely submit specific data, as required by the PREA Coordinator for the Agency's annual PREA report.

During interview with the PCM, they reported having sufficient time and authority to coordinate WCCF's efforts towards compliance with PREA standards. Based upon the PCM's interview responses and the auditor's observations during site review, the PCM demonstrated awareness of PREA standards and provisions. They were able to meaningfully describe their responsibilities as PCM and articulate how they made efforts towards fulfillment of assigned duties. They endorsed the appropriate use of the PREA Coordinator, as well as consultation with PCMs at like facilities when PREA-related concerns arose. Furthermore, facility staff were largely able to identify the designated PCM and expressed willingness to seek direction from this individual regarding PREA-related issues.

The WCCF PCM was present throughout the site review. They provided facility-related information during pre-audit contacts. During the site review, the PCM was receptive to feedback and worked with the audit team. However, responses to the auditor post-audit were less effective and often involved multiple messages for the request of particular items. It is unclear whether this was directly associated with the PCM, or secondary to delays caused by follow-up difficulties within WCCF's team. The PCM appeared to be engaged in resolution of deficiencies and recommendations, as offered to the facility during the site review; however, post-audit follow up activity at WCCF did not appear to be particularly proactive. Upon identification, the auditor judged WCCF slow to initiate remedies for deficient items and the facility made limited progress towards completion of readily resolvable items. Again, it is unclear to the auditor if this directly related to the PCM's work or instead a function of the larger WCCF team's reluctance to ensure identified items were resolved efficiently and effectively.

Through the course of the pre-audit, onsite review, and post-audit processes, via formal and informal observations, it was evident to the audit team and lead auditor that the PCM and PREA Coordinator continuously engaged in providing direction and appropriate guidance to WCCF, as related to ODOC's PREA policy. Specifically, each were readily able to articulate ODOC's Policy regarding zero tolerance, to include the prevention, detection, and responding to sexual abuse and sexual harassment through effective implementation of PREA standards towards compliance.

No corrective action was required for this standard.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement

of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC PREA Coordinator Memorandum (dated: 03/10/22; Subject: Compliance with PREA Standard 115.12) with relevant content for PREA standard provisions 115.12a & b. They also considered the ODOC contract 'boiler plate PREA language' and current contracts with Lane (#6244; expiration date: 06/30/2024) and Grant (#4712; expiration date: 02/06/2023) Counties, as provided, towards making compliance determinations with this standard.

Standard 115.12a: Since the prior WCCF PREA Audit (conducted in September of 2018; Audit Report dated: 01/03/19); at which time ODOC had four (4) associated contracts in full compliance). Per the PAQ, ODOC had entered into or renewed two (2) contracts for the confinement of inmates. The ODOC PREA Coordinator Memorandum (dated: 03/10/22) indicated that each of these contracts required contractors to adopt and comply with PREA standards in full. There were no (0) contracts permitting contractors to not adopt or comply with PREA standards. The ODOC 'boiler plate' contract language for independent contractors, as reviewed by the auditor, also included language conforming to requirements of this provision.

The Intergovernmental Agreement #6244 (dated: 06/02/2021) between ODOC and Lane County stated, County shall, "6.11 Adopt and comply with the Department of Justice Prison Rape Elimination Act (PREA) standards set forth in 28 CFR 115.5 et seq. COUNTY shall also provide information concerning compliance with PREA standards, upon request, to ODOC".

The second updated Intergovernmental Agreement #4712 (dated: 11/22/2017) between ODOC and Grant County included, "6.8 COMPLIANCE WITH PREA. 6.8.1 SHERIFF shall adopt and comply with the Department of Justice Prison Rape Elimination Act (PREA) standards set forth in 28 CFR 115.5 et seq. COUNTY shall also provide information concerning compliance with PREA standards, upon request, to ODOC. SHERIFF shall permit and cooperate with ongoing PREA monitoring by ODOC. SHERIFF shall provide ODOC with copies of all PREA audit reports including interim reports within 30 days after receipt of report from auditor. 6.8.2 SHERIFF shall notify the ODOC PREA Coordinator of any allegations of sexual abuse and sexual harassment (as those terms are defined In 28 CFR

115.5) when an ODOC Inmate is the alleged victim or alleged perpetrator. SHERIFF shall provide the ODOC PREA Coordinator with the written reports for all administrative or criminal investigations resulting from allegations of sexual abuse and sexual harassment when an ODOC Inmate is the alleged victim or alleged perpetrator as described in 28 CFR § 115.271 (f)(2) and (g) within 30 days after the conclusion of the investigation. 6.8.3 DOC shall monitor the Agreement to ensure that SHERIFF is complying with PREA standards described in this Section 6.8”.

Interviews with the Agency Contract Administrator and PREA Coordinator provided affirmation that upon initiation or renewal of any contract, standard provision language for 115.12a is included as a component of the ‘draft contract’. This template contains standardized PREA language, which delineated the contract entity’s obligation to comply with the PREA standards. The ODOC Contract Administrator confirmed all contracts were reconciled on a consistent basis, involving the PREA Coordinator. The PREA Coordinator affirmed their responsibility for and completion of this duty, during interview.

Standard 115.12b: Based upon the auditor’s review of contracts, as provided for Lane and Grant County, verbiage associated with on-going monitoring was included in each. The ODOC PREA Coordinator also provided affirmation of cycled monitoring for contracted facilities designed to ensure every site remained in full compliance with PREA standards.

Lane County Adult Corrections had a PREA Audit completed on 09/21/2019 (site visit: 07/24/19 – 07/26/19; available at: [LCACF PREA Audit INTERNET 2019.pdf \(civicleve.com\)](https://civicleve.com/LCACF-PREA-Audit-INTERNET-2019.pdf)). The audit demonstrated compliance met with 45 of 45 PREA Standards. Per the PREA Coordinator Memorandum, “A new contract (6244) has been established because the AIC’s are no longer being housed at the jail, but are being housed at a community confinement facility called ‘Sponsors’”. Upon further discussion, the PREA Coordinator and auditor established that, in fact, “Sponsors” is not a community confinement facility. As such, Lane County would no longer meet criterion for community confinement PREA Audits. The change was effective 6/7/2021, at which point, ODOC would no longer issue Lane County a contract as related to PREA audits.

The Grant County Jail had a PREA Audit Report completed 06/12/2020 (site visit: 05/15/20 – 05/16/20; available at: <https://grantcountyoregon.net/documentcenter/view/806>). The audit demonstrated compliance met with 45 of 45 PREA Standards. Grant County Jail has also kept monitoring practices up-to-date. The current monitoring form (dated: 08/21/21) was thorough and supported ongoing compliance with PREA Standards.

The Contract Administrator indicated the PREA Coordinator is responsible for oversight of each contracted entity regarding fulfillment of audit processes and on-going monitoring, if necessary. The PREA Coordinator confirmed their performance of this duty.

No corrective action was required for this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the 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 auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Revised 1/20/22); Policy 40.2.1 Staff Deployment System (Rev. 11/17/17); WCCF Operations Procedure 64 Isolated or Limited View Areas (Rev. 11/07/18); PREA Coordinator Memorandum (dated: 03/10/22; subject: Staffing Plan – 115.13); CD 1907 Annual PREA Staffing Plan Review Template (Revised 2/17/2022); as well as the Association of State Correctional Administrators PREA Security Staffing Analysis of the Oregon Department of Corrections Summary and Facility Reports (dated: 12/10/14); and WCCF Staffing Plan of 2020 - 2021 with CD 1907 Annual PREA Staffing Plan Review (2021 – 2022; dated: 6/9/2022) towards making compliance determinations with the provisions of this standard.

Standard 115.13a: Per Policy 40.1.13, Section A: Prevention Planning, “DOC staff must be able to recognize the signs of sexual abuse and sexual harassment and understand their responsibility in the detection, prevention, response, and reporting of an alleged sexual abuse or sexual harassment”. Policy further stated, “The department shall ensure that each facility it operates develops and documents a staffing plan that provides for adequate levels of staffing to protect AICs against sexual abuse”. In addition, the CD 1907 indicated, “Background: PREA standard 115.13 requires that each facility develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staff and, where applicable, video monitoring, to protect Adults in Custody (AIC) against sexual abuse. The following items shall be taken into consideration at least once annually, and the agency shall assess, determine, and document whether adjustments are needed to the staffing plan, the facility’s deployment of video monitoring systems, other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan”. The PREA Coordinator’s Memorandum detailed the process whereby CD 1907, as reviewed by the auditor, itemized standard provision, as follows:

1. Generally accepted detention and correctional practices (In 2014 ODOC contracted with the Association of State Correctional Administrators (ASCA) to review staffing at ODOC facilities with a specific emphasis on offender supervision and compliance with the PREA standards. The consultants completed site assessments and reviewed staffing along with camera placement. Recommendations for additional staffing were provided, and ODOC was able to obtain additional staffing through the legislative session);
2. Any judicial findings of inadequacy (ODOC does not have any such findings);
3. Any findings of inadequacy from federal investigative agencies, or from internal or external oversight bodies (ODOC does not have any such findings);
4. All components of the facility’s physical plant, including “blind-spots” or areas where staff or AICs may be isolated (This is completed internally by the PCM while the PREA Coordinator was onsite, and ASCA considered these areas in their 2014 report; WCCF Operations Procedure 64 addresses concerns related to areas with isolated or limited view and provides direction to help minimize risk for all relevant parties);
5. The composition of the AIC population (This evaluation has been completed internally and via the ASCA 2014 Report);
6. The number and placement of supervisory staff (This evaluation has been completed internally and via the ASCA 2014 Report);
7. Institution programs occurring on a particular shift;
8. Any applicable state or local laws, regulations, or standards (There are none that dictate ODOC staffing); and
9. The prevalence of substantiated and unsubstantiated incidents of sexual abuse (The PREA Compliance Manager and PREA Coordinator review each after action incident review on every allegation deemed to substantiated or unsubstantiated. The review considers all relevant factors, including staffing and camera placement. Recommendations are addressed quickly. There were no incident reviews in 2021 that recommended staffing changes).

The auditor reviewed the CD 1907 form, which further queried:

- a.) Is additional staffing needed? If so...list positions and explain if funding is needed;
- b.) Are additional cameras or other technology needed? If so, please explain if funding is needed; and
- c.) Are there any other resources that are needed to adhere to the staffing plan.

The CD 1907 required signature and date by the PCM, Superintendent, PREA Coordinator, and Chief of Security. The PREA Coordinator’s Memorandum (dated: 03/10/22; subject: Staffing Plan – 115.13) endorsed use of the CD 1907 – Annual PREA Staffing Plan Review Form, as initiated in 2022. The auditor received the WCCF – CD 1907 for 2021-2022 (which was originally dated: 6/9/2022, yet missing signatures. Upon request, the auditor received a secondary copy with signatures by email), and judged this to conform to the aforementioned parameters.

The PREA Coordinator's Memorandum (dated: 3/10/22) described how ODOC conducted staffing plan reviews in support of each facility's best efforts to develop, document, and comply with an adequate level of staffing to protect offenders against sexual abuse. Policy 40.2.1, Section G.4, cited, "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". The ODOC Annual Staffing Plan (i.e., updated for CD 1907), as completed by every facility, incorporated all components, as required for 115.13a. In addition, CD 1907 specifically included: assessment, determination, and documentation of whether adjustments were needed to the existing staffing plan, the facility's deployment of video surveillance systems and other monitoring technologies, as well as any additional resources the facility had available to commit to ensure adherence to the staffing plan, and overall offender sexual safety.

ODOC had a supplementary component to the Staffing Plan produced in 2014. Per the PREA Coordinator Memorandum, "ODOC contracted with the Association of State Correctional Administrators (ASCA) to review staffing in all ODOC facilities with a special emphasis on PREA. As a result of that staffing review, ODOC submitted a population package for additional staff. During the 2016 legislative session, ODOC was awarded 33 additional correctional officer positions, which were distributed as recommended by ASCA". WCCF received an additional position, based upon the ASCA report. Furthermore, upon allocation additional cameras were strategically located to provide coverage to areas as recommended by the ASCA.

WCCF provided the auditor with the documented 2020 to 2021 Staffing Plan. The Staffing Plan during that period did not include mention as related to video monitoring systems nor the explicit approval (by signature) of the WCCF PCM, Superintendent, PREA Coordinator, and/or Chief of Security. However, CD 1907 has been revised (2/17/2022) to ensure ODOC's Annual Staffing Plan included both of these components, with a specific query, "Are additional cameras or other technology needed?", and signature lines for the PCM, Superintendent, PREA Coordinator, and Chief of Security. The auditor reviewed the Security Staffing Standard Review and Exception Request (WCCF for 2019-2020), as well as the WCCF Staffing Plan of the 2020-2021 period. They then requested a copy of the 2021-2022 WCCF Staffing Plan, required in order to complete review for this standard provision. Upon auditor's review, they judged that these components had taken into consideration each of the standard provision criterion for 115.13a and provided adequate levels of staffing to protect inmates against sexual abuse. The WCCF Superintendent, PCM, and Agency PREA Coordinator each confirmed consideration of the eleven (11) criteria for 115.a during review of the Annual Staffing Plan to ensure for coverage of the needs associated with appropriately staffing the facility.

The WCCF Staffing Plan conformed to the criterion of this standard provision, per the auditor's assessment of the documentation provided, as well as input gathered during interviews with participants who contributed to the Staffing Plan review, including the WCCF PCM, Superintendent, and PREA Coordinator.

Standard 115.13b: Per the PREA Coordinator Memorandum (dated: 03/10/22), "ODOC ensures each facility it operates makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing...to protect adults in custody against sexual abuse. All deviations from the staffing plans are documented by an exception report and reviewed by the appropriate manager at each facility". Policy 40.2.1 Staff Deployment System delineated the process for recording and reporting exceptions, to include unplanned leave, emergency, inmate disturbances, etc. In section 4. Use of a Daily Roster, ODOC Policy stipulated, "4.b.(1)., "Making Adjustments to the Daily Roster: All adjustments to the daily assignment roster shall be recorded by the OIC [Officer-in-Charge] on the exception section of the roster or on the form provided by the institution staff deployment coordinator.

WCCF provided the auditor with examples of Daily Rosters, noting posts pulled secondary to fulfillment of the Staffing Plan. Each met the criteria for documentation of deviations to the Staffing Plan, as required per ODOC Policy.

Per the PREA Coordinator Memorandum, “All deviations from the staffing plans are documented by an exception report and reviewed by the appropriate manager at each facility”. Based upon the documentation provided with the PAQ and interview discussions with the PCM and Superintendent, periodically, overtime was required to cover program needs and in rare instances, program cancellation occurred secondary to determinations regarding shortages of program staff. However, no documented circumstances were indicative of staffing model deviations that would jeopardize offender safety, facility security, or cause inadequate staffing levels to protect offenders from sexual abuse within the facility.

During interview with the Superintendent, they discussed measures to ensure staffing model compliance to include continuously: assessing shifts to ensure adequate coverage, reviewing exception and overtime reports, spot-checking the staffing plan, tracking post/fill/shut-downs, and discussing staffing with the designated OICs. Per the Superintendent, WCCF utilized relief and non-mandatory post positions, as well as overtime to provide coverage. When necessary, the facility would shut down programs to ensure compliance. One specific difficulty the Superintendent noted was upon reception of a large number of AICs on a transport, and staffing adjustments required to meet intake requirements. However, they reported WCCF had not had any instances of non-compliance with the Staffing Plan, and any deviations/substitutions made would not have jeopardized offender safety, facility security, or caused inadequate staffing levels to protect offenders from sexual abuse within the facility. The Superintendent was aware of the need to both provide documentation and justification of any situations that involved deviation from the staffing plan.

Standard 115.13c: Per Policy 40.1.13, Section A: Prevention Planning, “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[d] to the Agency PREA Coordinator”. In addition, Policy 40.1.13 supplement, CD 1907 (Annual PREA Staffing Plan Review Template) mandated, “The following items shall be taken into consideration at least once annually, and the agency shall assess, determine, and document whether adjustments are needed to the staffing plan, the facility’s deployment of video monitoring systems, other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan”. The CD 1907 required the PREA Coordinator’s signature with date for completion.

Based upon documentation provided (i.e., PREA Coordinator Memorandum, Security Staffing Standard Review and Exception Request from WCCF for 2019-2020 and 2020-2021, and WCCF’s Staffing Plans of 2021-2022), the facility’s consultation with the PREA Coordinator has been utilized to assess, determine and document whether adjustments were required to WCCF’s:

- master staffing plan established pursuant to 115.13a,
- deployment of video monitoring or other monitoring/surveillance technologies, and
- resources available to commit to ensure adherence to the staffing plan.

The facility consulted with the PREA Coordinator, no less than once annually, while whenever appropriate, as related to the aforementioned items, required for 115.13c.

During interview, the PREA Coordinator understood their responsibility to provide consultation to WCCF and all other ODOC facilities, at least annually, for the purpose of Staffing Plans. Per discussion with the Superintendent and PCM, the PREA Coordinator (and their team) had an established role, providing continuous oversight for the annual staffing plan review, while serving as the Agency Designee for all high-level, PREA-related issues that may arise.

Standard 115.13d: ODOC Policy 40.1.13, Section A: Prevention Planning, stated “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 are prohibited from alerting other staff members that the supervisory rounds are occurring”.

In addition, WCCF had Operation Directive, Procedure 64 (Rev. 11/7/18): Isolated or Limited View Areas, which defined, the “Rule of Three: There will be at least three people in an area; either two staff and one inmate or one staff and two inmates”. Furthermore, the Procedure 64, stipulated that in an

“A. Isolated Area:

1. Entering isolated areas requires prior management approval for employee(s)/contractor(s)/volunteer(s) to enter with the inmate(s).
2. If approval is given, the employee/contractor/volunteer must notify Master Control via radio of the number of employee/contractor/volunteer and number of inmate(s) entering and exiting the isolated area.
3. The Rule of Three should be used at all times in isolated areas. Employee(s)/contractor(s)/volunteer(s) are not authorized to be in isolated view areas alone with inmate(s).
4. Isolated areas include but are not limited to:
 - a) Mechanical and Electrical Rooms
 - b) Plumbing/Mechanical Chases
 - c) Roof
 - d) Some Janitor Closets (those inside other rooms or behind another door)
 - e) Some Storage Rooms (those inside other rooms or behind another door)

B. Limited View Area

- Employees, contractors, or volunteers entering limited view areas should comply with the Rule of Three.
- Entering limited view areas does not require prior management approval or announcement to Master Control but at no time should an employee, contractor, or volunteer be alone with an inmate.
- Limited view areas include but are not limited to:
 - Food Services Areas
 - Cryovac closet
 - Janitor Closets
 - H building – OCE back computer room
 - J Building
 - Connex Storage Units
 - Greenhouse
 - Trailer
 - Nametag Shop

C. Supervision checks

1. Management staff shall be cognizant to radio notifications or individuals entering isolated areas.
2. Random checks of these areas should occur whenever they are identified as being occupied or entered.
3. All staff have the responsibility to report any person violating this directive to the Officer-in-Charge (OIC).
4. When reported, the OIC will conduct an immediate review of the area to ensure appropriate compliance. In addition, notification will be made to the section supervisor, or Officer-of-the-Day (OD) if after hours, and/or Superintendent followed by appropriate documentation.

During the review, three (3) interviews with WCCF Intermediate or Higher-Level Facility Staff were completed. Each indicated they had conducted and documented unannounced rounds. All were able to

describe the ODOC Policy, which prohibited staff from alerting other staff in the facility about the occurrence of unannounced rounds. In addition, these supervisors endorsed conducting rounds at randomized times and utilizing strategies to avoid detection of their tour cycles, such as entering the units through different doors, rounding during each shift (including 1st watch), and coming in on weekends. Staff interviews on the units confirmed the occurrence of unannounced rounds at WCCF. Staff were also aware of the prohibition regarding alerting peers at the facility that unannounced rounds being conducted.

Based upon information gathered during the physical site inspection, intermediate and higher-level staff documentation of unannounced rounds was visible in the logs of the housing units. The audit team reviewed available logs by spot-checking the current log, and historical logs across the past months. Compliance regarding documentation for this standard provision demonstrated institutionalization of this process. The auditor judged the supervisors to have conducted unannounced rounds on a randomized basis across all three (3) shifts. The supervisors' had included date, time, and their signature in a legible fashion. Samples of logs from housing units, as reviewed during the site inspection, were also included with the PAQ and conformed to having been conducted by intermediate and higher level supervisors, consistently across all shifts, and documented legibly. The auditor had no difficulty locating supervisory tours as they were annotated with in the upper right corner of each log in the 'Visitors' section.

Rounding within each of housing units was also occurring at staggered intervals, as 'unit checks'. Upon review of the logs, the audit team noted randomization of time intervals. All housing unit logs submitted with PAQ upload also demonstrated randomization for rounding times. Informal discussion with officers in the units indicated their awareness to monitor the incarcerated individual population on regular basis with efforts towards ensuring rounding was occurring on a continuous basis, yet not predicated upon predictable increments of time.

The facility had fully implemented video camera surveillance as a tool to protect against sexual abuse. At the time of the site inspection, WCCF had strategically located cameras throughout buildings, laneways, outdoor areas, and within buildings in order to provide the best coverage over blind spots. Some cameras had pan-zoom capabilities. As such, the facility had mounted cameras strategically considering their unique capabilities (i.e., pan-zoom) throughout the facility. The audit team inspected all areas of inmate access during the site review and viewed camera placement to be apparent in blind spots, as well as isolated and high traffic areas. In addition, the audit team viewed cameras with consideration for areas in which offenders would be in any manner of undress, and noted there were cameras in each of the housing units. The auditor ensured that none displayed the possibility of viewing offenders while toileting, showering, or changing clothes by viewing video from the central output hub. Concerning access to viewing the camera output, the primary camera hub was in the Main Administration – Entrance Control Station. The central camera output area had a designated position, while post responsibilities did not include constant video stream observation. No gender restrictions for the purpose of viewing cameras were in place. However, as noted, no cameras were located where offenders would be in any manner of undress; thereby, eliminating the potential for cross-gender viewing.

During the physical plant inspection, it was clear that WCCF had placed a great deal of effort behind identifying blind spots and providing either camera monitoring, mirror coverage or entirely blocking off areas where AIC access was unnecessary. There were limited issues identified to address potential areas of isolation (besides those covered by the "Rule of Three", detailed above within WCCF Procedure 64) and blind spots. The identified issues were, as follows:

- Several office windows had paper and blind coverings on all windows; thereby, completing obstructing the ability to see into the offices. While the auditor was onsite, paper coverings were removed in the auditor's presence.

- Several office windows had blinds on all windows; thereby, completing obstructing the ability to see into the offices. The facility remedied this by ensuring at least one (1) set of blinds in each identified office was raised to at least three (3) inches. The facility permanently affixed zip-ties to the bottom portion of these blinds, while raised to this height, which eliminated the ability to fully close these blinds. Proof of practice was provided to the auditor by photographic evidence of a sample of the zip-tied blinds on 06/03/2022.
- In the employee gymnasium all window had either blinds or magnetically-affixed cloth coverings over the windows. The facility removed the cloth coverings, which allowed the ability to see into the gym from the outside hallway doors. Proof of practice was provided to the auditor by photographic evidence of the removed cloth coverings inside of the gym door on 06/03/2022.
- The back chase area behind the washing machines in the AIC laundry facility had no camera or mirror coverage. A mirror was installed to provide visual coverage of this area. Proof of practice was provided to the auditor by photographic evidence of the installed mirror on 05/24/2022.
- The Call Center bathroom door (Room H04) had a knob with locking mechanism that did not latch and hold closed providing the ability to create an area of offender isolation. Proof of practice was provided to the auditor by video evidence of the door lock being implemented and latching appropriately to ensure it was secured on 06/09/2022.
- The doors of staff bathroom doors throughout the facility were propped open, had the bolt lock in 'locked' position while were not closed or were closed and not locked throughout several locations in the facility. Proof of practice was provided to the auditor by way of institutional all-staff email, alerting facility staff to ensure all staff bathrooms were closed, locked, and secured on 05/17/2022.
- Note: There was an area upon entry and to the right into a Storage Room (Room B46) with obstructed view. This area did have sufficient camera coverage. However, as facility staff did not monitor cameras on a continuous basis, the auditor provided a *recommendation only* for installation of a mirror. Since there was camera coverage, this area did not qualify as a "blind-spot" or area of potential isolation. However, the Storage Room's area to the right upon entry was not visually accessible in-person, had no windows, and staff would only view any individuals inside if a staff was immediately looking at the camera.

The facility remedied all noted issues by June 9th, 2022, providing proof of practice to the auditor while onsite and by forwarding emails which demonstrated remedial email messages from the facility to relevant parties, as well as photographic/video evidence, as appropriate. Through remedial action, the facility appropriately resolved all areas noted during the site inspection to have potential for offender isolation and/or blind spots. There were no additional areas viewed during the physical site review believed to have potential as blind spots and/or for offender isolation.

No additional corrective action was required for this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Oregon House Bill 2251 (Passed 04/17/2017) towards compliance determinations with the provisions of this standard.

Standard 115.14 a-c: Per Oregon House Bill 2251, Section 1. ORS 137.124 (9) reads, "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". House Bill 2251 also states, all youthful offenders under ODOC's jurisdiction will be housed within the Oregon Youth Authority.

Per the PAQ, WCCF facility rosters across the reporting period showed no occurrence of youthful offenders received and/or housed at the facility. Furthermore, in agreement with stipulation of House Bill 2251, there were no youthful offenders observed by the audit team throughout the site review and interviews (informal and formal of both AICs and staff). This finding was consistent with the previous WCCF PREA Audit of September 2017. Based upon all information gathered, it appeared WCCF had not housed any youthful offenders throughout the current audit reporting period.

The auditor judged the facility materially to meet the standard provisions as WCCF does not does not house, provide work opportunities, and/or programming placements to youthful inmates (i.e., inmates under the age of 18 years old).

No corrective action was required for this standard.

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 auditor reviewed Oregon Secretary of State Administrative Rules (OAR); Department of Corrections, Chapter 291: Division 41 – Searches (Institutions); ODOC Policy 40.1.13 – PREA; and CD

1623 (Rev. 01/21) PREA Acknowledgement statement (English & Spanish) towards making compliance determinations with the provisions of this standard.

Standard 115.15a: According to OAR 291-041-0020 – Adults in Custody:

“(7) Unclothed Searches: Unclothed searches conducted by DOC staff will be of the same gender as the adult in custody, unless there is an emergency, or the adult in custody has been approved for unclothed searches to be conducted in accordance with OAR 291-210-0050(3). Except in emergencies, adults in custody undergoing unclothed searches will be removed to a private area for the search.

(a) The facility shall document all cross-gender unclothed searches, all cross-gender visual body cavity searches, and all cross-gender pat-down searches of adults in custody”.

(8) Visual inspections for security reasons may be conducted by authorized personnel. All internal examinations must be conducted by medical personnel only upon authorization of the functional unit manager or the officer-of-the-day and only when there is reasonable suspicion as defined in OAR 291-041-0010(16) to justify the search. The adult in custody's written consent will not be required; however, an internal search will not be conducted if it could result in injury to the adult in custody or the personnel conducting the search”.

ODOC Administrative Rules stipulated the facility would always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners.

The PAQ indicated there were no (0) cross-gender visual body cavity searches conducted at WCCF secondary to exigent circumstances during the reporting period. Interviews with the Superintendent, Facility Investigators, PCM, and staff indicated the WCCF team was aware of ODOC cross-gender strip and visual body cavity search restrictions. The auditor reviewed the Agency supported cross-gender strip search log template, as provided with the PAQ. Upon site inspection, all relevant parties expressed that a female would not perform the role of Searching Officer, for which a log entry would be required. The PCM and PREA Coordinator denied having received cross-gender strip search log entries for review. Furthermore, all random offender interviewees (27/27; 100%) denied having been fully unclothed in front of a female officer.

Standard 115.15b: According to OAR 291-041-0020 – Adults in Custody:

“(6) Clothed Searches: Adults in custody may be searched only by authorized Department of Corrections personnel or a sworn police officer in the performance of their official duty. Cross-gender clothed searches of female adults in custody will not occur unless there is an emergency and shall be documented”.

Per Policy, the Agency would always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances.

Per PAQ and information gathered during the pre-site audit, WCCF has not housed female and/or transgender offenders during the reporting period. In addition, there was no evidence that female or transgender offenders were at WCCF, based upon observation and interviews (with AICs and staff; informal and formal) during the facility site review. Therefore, the auditor judged 115.15b to be met materially as not applicable.

Standard 115.15c: According to the OAR 291-041-0020 – Adults in Custody:

“(7) (a) The facility shall document all cross-gender unclothed searches, all cross-gender visual body cavity searches, and all cross-gender pat-down searches of adults in custody”.

Per the Superintendent, PCM, and as reflected on the PAQ, if a cross-gender body cavity search was to occur it would be documented on the Agency, ‘Cross-Gender Strip Search Log’. The PAQ reported

that no (0) cross-gender body cavity searches had occurred during the reporting period. During the site review, the facility identified the areas where strip searches were performed and each demonstrated appropriate privacy from cross-gender viewing. There was no information discovered during site review, including interviews and documentation review, contrary to that reported per PAQ. As indicated, at WCCF cross-gender strip (outside of the capacity of the female being in the Observer position) and visual body cavity searches do not occur. Portion 2 of standard provision 115.15c was judged to be materially met as WCCF does not house female offenders, and per report had no trans-male offenders at the facility during the reporting period and/or during site review.

Standard 115.15d: According to ODOC Policy 40.1.13, Section A: Prevention Planning,

“(4) Each institution shall implement policies and procedures that enable AICs 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.

(5) Opposite gender staff shall announce themselves prior to entering an AIC housing unit by the method approved by the agency”.

In addition, the PREA Acknowledgement Statement – CD 1623, signed by all employees, stated, “AICs have the right to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to a routine cell check. You must be aware of the facilities’ processes for this, including the requirement for opposite gender staff announcing their presence when entering a housing unit”. For AICs on suicide watch, the Agency supported SW/SCO (Suicide Watch/Suicide Close Observation) Log (Form CD 1706; Re. 04/2020) was provided, which stated, “Note: If opposite gender staff is assigned to supervise, the AIC has been advised that the same gender staff supervision can be requested if AIC needs to use toilet facilities”. An Agency-Wide email (date: 06/11/14) providing direction to staff and an ‘AIC Newsletter’ publication (last published February 2022) providing direction to AICs, regarding the purpose and intention of the Housing Unit doorbells was included with the PAQ.

During on site review, the audit team observed that female staff announced their presence prior to entry via pressing a doorbell mounted directly outside of each housing unit. Informal interviews with both offenders and staff conducting during the physical site inspection confirmed these announcements occurred even when the auditor was not present.

In addition, at WCCF, offenders reported they were largely able perform bodily/hygiene functions without being viewed by staff of the opposite gender (with the exception of incidental viewing; and potentially in shower areas, as described below with proposed remedy); a practice confirmed through formal staff and offender interviews.

- **Corrective Action:** The showers in the four Unit Housing areas had lowered partitions and swing-doors, which from across the room at the Officer’s Podium did not create cross-gender viewing. However, the swing-doors partitions were such that should an officer be on the floor in the shower area or immediately outside the showering section (i.e., near the bunks) it would be possible to see over the doors. The facility agreed to have an attachment installed on all shower doors to provide sufficient coverage against cross-gender viewing. Upon issuance of the Interim Report, the facility had not yet implemented the corrective action.

On 8/1/2022 and 8/11/2022, the auditor received proof of practice by email with attached photographic evidence from the facility demonstrating implementation of appropriate shower modifications in all four housing units. Specifically, the facility implemented the use of canvas curtains with the provision of hooks on either side of the shower entrance by which the offender may affix the curtain. A staff member at 6’2” stood inside a stall for photographic evidence to demonstrate coverage of the chest area. Furthermore, the tension on the curtain could be

increased by utilizing hooks from adjoining shower stalls, thereby, decreasing 'sag' of the curtain and providing maximum coverage for taller individuals. The auditor accepted these emails and photographs to close this corrective action.

The toilets in each housing area were located in a row along the back wall and had individual stalls with swing doors that could not be seen over when the offender was seated or had their back to the door (if using the toilet as a urinal). The latrines throughout other areas of WCCF were in a single room enclosed by a solid door (with no locking mechanism or under staff-controlled lock) and in corners of work areas with privacy barriers around the stall. These measures had permitted inmate privacy from staff in all toileting areas. The work change area in K-Building had appropriate partitions with modesty barriers available for strip-search processes of male offenders. However, there was no noted process and/or identified privacy barriers by which a transgender female AIC would be searched.

- **Corrective Action:** The auditor requested the facility to implement a process with appropriate physical privacy barriers that would be utilized for any transgender female offenders. Upon issuance of the Interim Report, the facility had not yet implemented the corrective action. On 7/25/2022, the auditor was provided proof of practice by email with photographic documentation of the implemented corrective action. The facility ensured the modesty barriers in the strip search area were erected to a height appropriate to provide coverage for any transgender offender. In addition, fabric curtains with netting on the lower portion were installed on each of the three individual stalls. A photograph of a staff member who was 5'6" was provided standing next to the modesty barriers to demonstrate appropriate coverage to the chest area and mid-section of any transgender offender. This negated the requirement for documentation of associated process, as the curtains provided appropriate coverage for all related transgender AICs. The auditor accepted this email with photographs to close this corrective action.

In the Housing Areas, to include the Secured Housing, there are surveillance cameras. In the Secured Housing, the camera recorded the hallway with no potential for cross-gender viewing of offenders in an unclothed state or while using the toilet or shower. If an offender required a one-to one watch for suicidality, opposite gender staff may be utilized, while exception is provided for toileting upon request for staff of the same gender (Per Form 1706, above). Only in exigent circumstances would an opposite gender officer be assigned to suicide watch/suicide close observation, per interview with the Superintendent. In the Housing Units, the offenders and auditor noted that camera coverage possibly caused the potential for direct viewing into the latrines and shower stalls. However, the auditor checked the view on these cameras while onsite and established that the cameras did not, in fact, provide a view of the toilet or shower areas beyond visualization of the front swing doors and stall privacy barriers. The positioning of these cameras provided no manner of ability to see into the stall itself.

Standard 115.15e: According to the applicable section of the OAR 291-041-0020 – Adults in Custody:
(7b) The facility shall not search or physically examine a transgender or intersex adult in custody for the sole purpose of determining the adult in custody's genital status.
(c) If the adult in custody's genital status is unknown, it may be determined during conversations with the adult in custody, 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.

In addition, the WCCF provided a copy of Agency Trainings for 'Unclothed Searches for Transgender AIC's [sic]' and 'Cross-Gender, Transgender and Intersex Inmates (dated: 06/23/2015)' to the auditor, which conformed to the requirements for this standard provision.

Per the PAQ, no (0) such searches, as prohibited by description in 115.15e, had occurred at WCCF in the audit report period. Furthermore, conversation with the Superintendent, PCM, and PREA

Coordinator indicated that during the reporting period WCCF had not housed a known transgender or intersex offender.

All Random staff interviews (14/14; 100%) acknowledged their awareness of the practices related to this Policy, supporting the staff's understanding of the prohibition from conducting searches or physical examinations for the sole purpose of determining an inmate's genital status. In addition, all Random staff denied having performed such a search or being asked to do so. There were no (0) identified transgender or intersex individuals onsite during the review to query regarding this standard.

Based upon Agency Policy and interviews with WCCF staff, it appeared that the facility, at all levels of staffing, understood the prohibition against searching and/or physically examining a transgender and/or intersex offender for the sole purpose of determining their genital status, as applied to 115.15e.

Standard 115.15f: OAR 291-041-0018 – Training states, “The department shall train staff assigned to supervise adults in custody in how to conduct cross-gender searches, and searches of transgender and intersex adults in custody, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs”.

Per the PREA Coordinator's Memorandum (dated: 03/16/22), “This training is provided during new employee orientation and all staff were trained in 2015 & 2019. A copy of the training is included as supporting documentation”. The auditor reviewed ODOC supported Staff Training Lesson Plans, 'Unclothed Searches for Transgender AIC's [sic]' and 'Cross-Gender, Transgender and Intersex Inmates (dated: 06/23/2015)' as utilized for ODOC staff. The curriculums, as applied, contained sections with training exercises on conducting both cross-gender pat downs, as well as transgender and intersex offender searches, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The PAQ included confirmation that all security, as well as appropriate non-custody staff (100%) had been trained with the appropriate Lesson Plans. In Random staff interviews (14/14; 100%), each were able to note receipt of this training and knowledge of how to perform the same. As noted, there were no relevant logs associated with such searches having been conducted during the reporting period or site review, as no female, transgender and/or intersex offenders were identified to have been housed at the facility across the relevant period.

Corrective action was issued and completed for this standard.

115.15d:

- Corrective Action: The showers in the four Unit Housing areas had lowered partitions and swing-doors, which from across the room at the Officer's Podium did not create cross-gender viewing. However, the swing-doors partitions were such that should an officer be on the floor in the shower area or immediately outside the showering section (i.e., near the bunks) it would be possible to see over the doors. The facility agreed to have an attachment installed on all shower doors to provide sufficient coverage against cross-gender viewing. Upon issuance of the Interim Report, the facility had not yet implemented the corrective action.

On 8/1/2022 and 8/11/2022, the auditor received proof of practice by email with attached photographic evidence from the facility demonstrating implementation of appropriate shower modifications in all four housing units. Specifically, the facility implemented the use of canvas curtains with the provision of hooks on either side of the shower entrance by which the offender may affix the curtain. A staff member at 6'2" stood inside a stall for photographic evidence to demonstrate coverage of the chest area. Furthermore, the tension on the curtain could be increased by utilizing hooks from adjoining shower stalls, thereby, decreasing 'sag' of the

curtain and providing maximum coverage for taller individuals. The auditor accepted these emails and photographs to close this corrective action.

- Corrective Action: The auditor requested the facility to implement a process with appropriate physical privacy barriers that would be utilized for any transgender female offenders. Upon issuance of the Interim Report, the facility had not yet implemented the corrective action. On 7/25/2022, the auditor was provided proof of practice by email with photographic documentation of the implemented corrective action. The facility ensured the modesty barriers in the strip search area were erected to a height appropriate to provide coverage for any transgender offender. In addition, fabric curtains with netting on the lower portion were installed on each of the three individual stalls. A photograph of a staff member who was 5'6" was provided standing next to the modesty barriers to demonstrate appropriate coverage to the chest area and mid-section of any transgender offender. This negated the requirement for documentation of associated process, as the curtains provided appropriate coverage for all related transgender AICs. The auditor accepted this email with photographs to close this corrective action.

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 auditor reviewed ODOC Policy 40.1.13: PREA (Rev. 1/20/22), ODOC Policy 40.2.11: Deaf/Hearing Impaired Inmates (Rev. 5/15/12); ODOC supported translation services (i.e., American Sign Language Contract; Telephonic Interpretation Vendor Information; WCCF Bi-Lingual List; and Linguistica International Instructions); ODOC PREA video; as well as ODOC PREA Posters, brochures (available in English & Spanish) and handbooks (available in English, Spanish, Russian, & Braille) towards making compliance determinations with provisions of this standard.

Standard 115.16a: ODOC Policy 40.1.13, Section B2: Training and Education, AIC Education, stated, "The agency shall provide AIC education in formats accessible to all AICs, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to AICs who have limited reading skills". In addition, ODOC Policy 40.2.11 stated, in Section I: Purpose, "The purpose of this policy is to establish 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". Per ODOC Policy 40.2.11, interpretation services must be provided by a "Qualified Interpreter", defined as, "An interpreter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary. Inmates will not be used as qualified interpreters". Furthermore, ODOC Policy 40.2.11 delineated in Section C. Access to Auxiliary Aids and Services When Required for Effective Communication:

1. "The services coordinator, in conjunction with institution ADA coordinators, will ensure that deaf and hearing-impaired inmates are provided access to auxiliary aids and services when required for effective communication in accessing and participating in department programs, services and activities, in a manner that is consistent with state and federal nondiscrimination laws. Affected programs, services and activities include, but are not limited to the following [partial list]:
 - Intake assessments and classification
 - Institution admission and orientation presentations
 - Medical and mental health services"

In addition, per PREA Memorandum (dated 03/16/22), ODOC PREA information had been translated into Braille formats and provided to institutions. WCCF also provided a copy of the staff training, delivered annually, entitled, "Accessibility for Adults in Custody with Disabilities".

Based upon review, the auditor determined the Agency and facility have provided appropriate Policy and Training steps to ensure that offenders with disabilities have an equal opportunity to participate in and benefit from ODOC's PREA-related efforts, to include prevention, detection and response to sexual abuse and sexual harassment. This included steps to ensure the provision of written materials in formats or through methods that ensure effective communication with each categorical group, as listed in 115.16a. ODOC Policy and the PREA Coordinator Memorandum (dated: 03/16/2022) ensured development of service provisions for identified individuals to include:

- deaf or hearing impairment (supportive intervention: PREA orientation video is closed captioned, written materials and Qualified Sign Language Interpretation (SLI) service);
- blind or low vision (supportive intervention: video in which PREA information is read aloud; braille format of PREA information; PREA material provided in one-to-one discussion with the inmate's counselor);

- intellectual disabilities (supportive intervention: one-to-one counselor meeting to discuss content of PREA brochure and standards);
- psychiatric disabilities (supportive intervention: Mental Health and Medical staff provide telehealth individualized treatment services);
- speech disabilities (supportive intervention: one-to-one counselor discussion of PREA-specific questions); and/or
- any impairments not identified or covered effectively, as above list (i.e., any exceptional situation involving difficulty in establishing effective communication. In such instances, a referral would be made for consult with the PCM to ensure appropriate interventions are developed and implemented).

Per PREA Coordinator's Memorandum (dated: 03/16/2022), "DOC primarily uses interpreters through the Department of Human Services <http://www.oregon.gov/DHS/BUSINESS-SERVICES/ODHHS/Pages/ECS.aspx> and utilizes purple communications for deaf AICs and the educational video is close captioned". The auditor received a copy of ODOC supported agreements for interpretation services (i.e., American Sign Language Contract). The auditor's review also included interviews with the Agency Head Designee, PREA Coordinator, Superintendent, and PCM, as well as incarcerated individual identified with cognitive disabilities (2/2; 100%), who were each aware of the relevant steps associated with this standard provision.

Of note, there was concern associated with the provision of Spanish brochures to an individual identified as LEP and given ODOC PREA materials in Spanish. However, the auditor will address this concern in provision 115.16b; this individual did not receive translation services, and as a result, it was unlikely his reading difficulties were communicated to the intake staff.

Taken together, documents as cited above and information gathered during site review, it was clear the Agency had made identifiable steps in Policy to ensure that inmates with disabilities have an equal opportunity to engage in and benefit from all elements of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This included assurance of effective communication by format and method.

Standard 115.16b: As cited above, ODOC Policy 14.1.13 stated, "The agency shall provide AIC education in formats accessible to all AICs, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to AICs who have limited reading skills". Per PREA Coordinator Memorandum (dated 03/16/2022), ODOC PREA information had been translated into Russian and Spanish formats in 2021 and provided to institutions. The auditor received a copy of these translated versions. In addition, the auditor reviewed ODOC supported translation services (i.e., Telephonic Interpretation Vendor Information; Linguistica International Instructions; and WCCF Bi-Lingual List).

During site inspection, ODOC PREA materials were visible throughout the institution in poster and brochure formats. Posters and brochures were available in both English and Spanish accessible format. As stated, ODOC had translated the PREA handbook into Spanish and Russian formats, while per report there were no Russian-identified LEP AICs onsite during the review. Individuals incarcerated at WCCF received PREA brochures and an AIC handbook in English in their Orientation Packet upon intake. If the offender needed materials in Spanish, staff were to provide them the Spanish PREA pamphlet and show the orientation video in Spanish within orientation timelines. Per Policy, any LEP-identified offender with a primary language other than Spanish or Russian, the Agency would translate the PREA brochure into the offender's primary language, as necessary to accommodate the offender's language needs.

Per the PREA Coordinator's Memorandum (dated: 03/16/2022), ODOC had identified translation services. As stated, "Staff interpreters and Language Line services are utilized for limited English proficient AICs. Staff who do the interpretation receive a differential and must test to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. Most PREA materials, including the PREA posters are also provided in Spanish, which is the most common second language in Oregon". During randomized interviews with staff (13/14; 92%), they were able to identify the facility's translation services and knew how to access interpreters.

There were four (4) LEP-identified AICs interviewed as related to this provision. In two cases, the individual spoke primary Spanish with secondary English, while were able to communicate effectively in English. However, in two (2) of the LEP-identified cases, the offenders' skills in English were judged extremely limited. The audit team utilized ODOC telephonic translation service during these interviews. Both required provision of a Spanish interpreter to understand information related to ODOC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Per their report neither AIC was provided translation services nor had been offered the opportunity to view the ODOC PREA video in Spanish. Both indicated receipt of ODOC PREA related information in Spanish, yet one (1) of these individuals had limited reading capacity in Spanish. Therefore, they were unable to understand the provided literature. Up until the interview, the individual who was both LEP-identified and reported reading difficulties indicated not having effectively received PREA-related information.

- Proof of practice: The audit team member asked permission to forward the AIC's name to the facility for follow-up to which the individual agreed. The auditor provided the name and ODOC identifier to the PREA Coordinator and requested follow-up. The facility provided confirmation on 06/23/2022 of this follow-up having occurred with the AIC and an identified, proficient translator, as well as the AIC being provided the opportunity to view the ODOC Spanish PREA video.

Taken together, documents as cited above and information gathered during site review, it was clear the Agency had available, identifiable steps in Policy to ensure that inmates with limited English proficiency had an equal opportunity to engage in and benefit from all elements of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This included assurance of effective communication by format and method. However, there was concern that despite available ODOC translation services and provisions, staff had not utilized these in applicable cases.

- Proof of Practice: A copy of a WCCF all-staff email regarding the necessity of utilizing translation services, as appropriate for LEP-identified AICs was provided to the auditor on 05/24/2022.
- Corrective Action: Post-audit, WCCF provided the auditor with monthly intake lists identifying any individuals with limited English proficiency. The auditor selected a sampling of these individuals, and provided this list to the ODOC PREA Unit for secondary interviews. The auditor had agreed to have confidential, telephonic interviews conducted by the ODOC PREA Unit with any AICs with identified LEP needs during which confirmation would be made of the AICs receipt of appropriate translation services for intake (to include education and screening processes). On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of three (3) individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022 with 100% (3/3) of the LEP AICs reporting having received translation services both for education and screening processes. Corrective Action: Post-audit, WCCF provided the auditor with monthly intake lists identifying any individuals with limited English proficiency. The auditor selected a sampling of these individuals, and provided this list to the ODOC PREA Unit for secondary interviews. The auditor had agreed to have confidential, telephonic interviews

conducted by the ODOC PREA Unit with any AICs with identified LEP needs during which confirmation would be made of the AICs receipt of appropriate translation services for intake (to include education and screening processes). On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of three (3) individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022 with 100% (3/3) of the LEP AICs reporting having received translation services both for education and screening processes. This ensured all LEP AICs had an equal opportunity to engage in and benefit from all elements of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Standard 115.16c: ODOC Policy 40.1.13 prohibited the use of inmate interpreters, except in limited circumstances. ODOC 40.1.13, Section D1: Inmate Reporting, stated, "(g) 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".

Per the PAQ, there were no (0) instances of the use of offender interpreters in the performance of First Responder's duties during the reporting period at the facility. During Random Staff Interviews, all (14/14; 100%) were aware that offender translators were not permitted to assist with PREA-related reporting or assistance, stating clearly an inmate interpreter should only be utilized in an emergency to assist with as related to PREA allegations. They were able to express that offender peers may be utilized to assist in exigent and/or emergency circumstances until an appropriate mode of translation was secured. None of the four (4) LEP-identified offenders, who were interviewed, indicated they had faced and/or reported PREA-related situations. Therefore, none had experience with assisting and or receipt of inmate-peer interpretation as related this provision. ODOC Policy and staff training support that the Agency has met this standard provision.

Corrective action was issued and completed for this standard.

115.16b:

There was concern that despite available ODOC translation services and provisions, staff had not utilized these in applicable cases.

- Corrective Action: Post-audit, WCCF provided the auditor with monthly intake lists identifying any individuals with limited English proficiency. The auditor selected a sampling of these individuals, and provided this list to the ODOC PREA Unit for secondary interviews. The auditor had agreed to have confidential, telephonic interviews conducted by the ODOC PREA Unit with any AICs with identified LEP needs during which confirmation would be made of the AICs receipt of appropriate translation services for intake (to include education and screening processes). On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of three (3) individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022 with 100% (3/3) of the LEP AICs reporting having received translation services both for education and screening processes. This suggested all LEP AICs had an equal opportunity to engage in and benefit from all elements of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, as required for 115.16b.

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 ☒ N/A (per FAQ of 09/25/15 - *If the agency does not use written applications, written self-evaluations, or conduct interviews under the circumstances indicated in standard 115.17(f), it has no obligation under this standard to begin these practices. However, the agency does have the obligation to establish a continual affirmative duty to disclose misconduct. The agency must impose on employees the affirmative duty to report any misconduct described in standard 115.17(a) [i.e., paragraph (a) of the standard] at any time that it occurs.*)
- 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 auditor reviewed ODOC Policy 20.4.2: Applicants for DOC Positions with Prior Criminal Convictions (Rev. 7/8/14); CD 1623 PREA Acknowledgement Statement; ODOC Policy 20.4.5 Recruitment and Selection Process (Rev. 7/8/14); and ODOC Policy 100.1.1 Non-Employee Service Provider (Carded and Noncarded; Effective Date: 1/1/15); as well as Division 16 – Facility Access #291-016-0010 towards making compliance determinations with the provisions of this standard.

Standard 115.17a: Per PREA Coordinator Memorandum (dated: 03/17/22), "All ODOC recruitments state, 'Oregon Department of Corrections (ODOC) complies with the Federal Prison Rape Elimination Act (PREA). PREA prohibits ODOC from hiring, or promoting anyone who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in Institution settings. These include a jail, prison, or other correctional facility (including juvenile corrections) AND any institution or facility where people are residing for receiving care or treatment (e.g., adjudicated delinquent, neglected, placed in State custody, mentally ill or disabled, chronically ill, or physically disabled, etc.). These include skilled nursing care, intermediate or long-term care, or custodial or residential care (e.g., group home, rehabilitation, assisted living/nursing home, hospice, etc.).'." ODOC Policy 20.4.2: Applicants for DOC Positions with Prior Criminal Convictions, Section III: Policy, Part B, stated, "As required by the PREA, an [sic] 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:

1. Any conviction for sexual abuse in a prison, jail, secure community placement, or juvenile facility;
2. 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
3. In the absence of a conviction, any civil or administrative finding that the applicant attempted to engaged [sic] in any activity described in sub-paragraphs (1) and (2), above".

ODOC Policy explicitly indicated disqualification from employment (to include employee, volunteer and internship) of any individual who has been engaged in the conduct outlined in 115.17a. Per the PREA Coordinator Memorandum, this ODOC Policy was also applicable to contractors.

The WCCF Human Resources Administrator affirmed the process, as indicated above, was in place. Evidence contained with personnel packets (hiring packets of employees and contractor), staff (Specialized and Random) interviews, and documents reviewed were judged to demonstrate that WCCF complied with this provision.

Standard 115.17b: ODOC Policy 20.4.2, Section III: Policy, Part C, stated, "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". Per PREA Coordinator Memorandum (dated: 03/17/2022), this process is followed and applicable to contractors.

Interviews with the WCCF Human Resources Administrator, and PREA Coordinator's Memorandum support that consideration was given to any prior incidents of sexual harassment when determining whether to hire, promote, or enlist the services of staff or contractors who may have contact with inmates. Evidence contained with personnel packets, staff (Specialized and Random) and contractor

interviews, and documents reviewed indicated that WCCF complied with this provision. There were no (0) substantiated incidents of Staff-on-Inmate sexual harassment during the reporting period.

Standard 115.17c: Per PREA Coordinator's Memorandum, "The Recruitment and Selection policy attached as documentation states that hiring managers will complete a thorough reference and background check". According to ODOC Policy 20.4.5, "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". ODOC Policy cited Hiring Managers' completion of a criminal background check prior to appointment on all final applicants for department applicants (i.e., employees) and new applicants. Policy also indicated Hiring Managers would conduct employment reference checks, related to queries of substantiated allegations of sexual abuse (and harassment), as well as support the PREA zero tolerance enforcement, for department applicants (i.e., employees) and new applicants. This process was completed for new hires by way of asking each about their institutional employment/service disclosure history on the PREA Acknowledgement and Verification sections. The reference check was completed on an electronic form, entitled, "Employer Questionnaire", and explicitly asked questions associated with sexual abuse, harassment, or misconduct and requested applicable details related to the investigation.

Documentation provided with the PAQ supported the facility's assurance regarding contacts with prior institutional employers for information regarding applicants' potential history as related to 115.17a. Based upon interviewed parties, the auditor requested a sampling of individuals who were both long-term employees and New Hires at WCCF. The hiring department is not on-site at WCCF, and as a result the PREA Coordinator requested the applicable information to provide by mailed, printed copy to the auditor. Per documentation, those sampled all received a background criminal record (called LEDS; Law Enforcement Data System) prior to initial offer of appointment or rehire. All applicable employees were queried regarding Institutional Employment/Service Disclosure History with PREA Acknowledgement and Question Verification. Documentation review of personnel files confirmed that the appropriate initial LEDS criminal record checks and background institutional review process was in place. Of the twelve staff files reviewed, five (5) were not applicable for the initial hire background check, as these staff had been hired prior to implementation of this process. Of the seven (7) new staff hired, one (1) file was not received. The auditor received this file only immediately prior to issuance of the Interim Report. In all seven cases, the initial background check was appropriately on file (7/7; 100%). Six (6) had not endorsed a prior institutional employment history and did not require a confirmatory check. One (1) had endorsed a prior institutional employment history and the required confirmatory check was completed.

Upon interview with the Human Resources Administrator, they assured facility procedures included consideration of prior incidents of sexual abuse and/or sexual harassment when hiring or promoting anyone or enlisting the services of a contractor. The Human Resources Administrator also acknowledged that part of hiring requirements included a background record check for both employees and contractors prior to any staff initial appointment or rehire. As well, they recognized the responsibility to make best efforts to contact all prior institutional employers regarding information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse prior to any staff initial appointment or rehire. Specifically, prior to hire each hiring manager across ODOC was responsible for contacting any previous employers for potential employee who had inpatient and/or corrections backgrounds.

Standard 115.17d: According to Division 16 – Facility Access #291-016-0010 Procedure, “(9) 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”. In addition, ODOC Policy 100.1.1 Section III: Policy, stated, “E. Background checks will be completed on contractors and volunteers to ensure compliance with requirements of the DOC policy on Prison Rape Elimination Act (40.1.13)”.

The PREA Coordinator indicated their awareness of this process. All contractors (one; 1) and volunteers (two; 2) personnel documentation reviews (Total: 3/3; 100%) contained the appropriate criminal record check.

Standard 115.17e: Per ODOC 40.1.13, Section: K. Policy Clarification, “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”. Therefore, the Agency has Policy in place to ensure ODOC conducted criminal background record checks at least every five (5) years for current employees and contractors who may have contact with inmates.

Upon site review, of the twelve randomly selected employees, all met criteria for this standard provision (12/12; 100%) and were entirely compliant. One of one contractors (1/1; 100%) personnel files had an up-to-date criminal record checks, current within the five (5) year record review period.

Standard 115.17f: Per Policy 40.1.13, Section K. Policy Clarification, “All employees, contractors and volunteers of the Department of Corrections shall sign the PREA Acknowledgement Statement”. CD 1623 PREA Acknowledgement Statement, endorsed by signature, “By signing this form, you acknowledge that you have read PREA Policy 40.1.13, that you understand ODOC’s zero-tolerance policy for sexual abuse, sexual harassment and retaliation, and that you will report any relevant information immediately”. In addition, ODOC Policy 20.1.3, established a code of conduct for ODOC employees and non-employee service providers. ODOC 20.1.3, Section III. Policy stated, “Every employee of DOC shall constantly strive to attain the highest standards of conduct and professional public service. This requires employees be faithful to the principles of providing professional services, adhering to the code of ethics and meeting the vision, values, rules, policies, and procedures of the department. Employee’s conduct must be above reproach and must not impugn the credibility and honesty of the department, its employees, or the corrections profession”. Per PREA Coordinator Memorandum (dated: 03/17/2022), “ODOC does ask applicants about previous misconduct, as described in the disclosure form attached [indicated on PREA Disclosure Form]. ODOC does not have interviews or written self-evaluations conducted as part of reviews of current employees. ODOC imposes upon employees a continuing affirmative duty to disclose misconduct through the code of conduct and code of ethics that is signed annually. Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination”. Note: Per FAQ of 09/29/15, “*If the agency does not use written applications, written self-evaluations, or conduct interviews under the circumstances indicated in standard 115.17(f), it has no obligation under this standard to begin these practices. However, the agency does have the obligation to establish a continual affirmative duty to disclose misconduct. The agency must impose on employees the affirmative duty to report any misconduct described in standard 115.17(a) [i.e., paragraph (a) of the standard] at any time that it occurs.*”.

The Agency has a hiring process in place to address the components of 115.17f. Per Policy, ODOC asks all applicants who may have direct contact with inmates about previous misconduct described in provision 115.17a in applications for hiring or promotions, via the PREA Disclosure Form. ODOC incorporated the following yes/no statements into its PREA Disclosure Form, which was administered to all employees upon hire or promotion:

1. Have you ever been accused or investigated for sexual harassment or sexual involvement of any type in any place you have worked or volunteered?
2. Have you 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?
3. Have you been convicted of engaging or attempting to engage in sexual activity the community facilitated by force, overt, or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse?
4. Have you been civilly or administratively adjudicated to have engaged in the activity described above?

While ODOC does not conduct interviews or written self-evaluation, as part of current employees, the Agency has imposed upon employees a continuing affirmative duty, both upon hire and reiterated in the Code of Conduct form (CD 1382), that, "I will be honest and truthful. I will be exemplary in obeying the law, following the regulations of the department, and reporting dishonest or unethical conduct". Per Agency Policy and PREA Memorandum, the provision of materially false information or the omission of details related to sexual misconduct shall be the grounds for termination.

The Human Resources Administrator confirmed that all applicants must respond to all questions pertaining to 115.17a, as supplied to them upon initial hire through the PREA Disclosure Form. The Human Resources Administrator and PREA Coordinator Memorandum also confirmed employees' responsibilities to both respond truthfully and maintain a continuing affirmative duty to disclose any misconduct. All Random staff interviews (14/14; 100%) confirmed their understanding of these responsibilities.

Through auditor's review of staff documents, they found the applicable questions consistently documented for relevant staff files (i.e., those hired or promoted following implementation of the PREA Standards. Seven (7) employee of the twelve (12) randomly sampled met this criteria. All relevant files had responses for the PREA Questions contained on the PREA Disclosure section (7/7; 100%). As noted above, the auditor did not originally receive one (1) of the requested files with the initial set of mailed documents, yet was able to obtain the requisite information immediately prior to the issuance of the Interim Audit Report.

- Of note, the auditor recommended inclusion of the following questions, in conjunction with the Policies Code of Conduct and Code of Ethics, for acknowledgement purposes in the 115.31 ODOC Employee PREA Training, iLearn course:
 1. Have you ever been accused or investigated for sexual harassment or sexual involvement of any type in any place you have worked or volunteered?
 2. Have you 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?
 3. Have you been convicted of engaging or attempting to engage in sexual activity the community facilitated by force, overt, or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse?
 4. Have you been civilly or administratively adjudicated to have engaged in the activity described above?

In addition, the course material should provide a statement regarding continuing affirmative duty to disclose any such misconduct. This would ensure the employee's acknowledgement of the PREA Questions, and provide documentation of the employee's assertion of their understanding upon closure of the iLearn course. The auditor forwarded this recommendation to the PREA Headquarters Unit, and received affirmation (email: 6/23/2022) that the above statements would be incorporated into the 2022/2023 revision of the ODOC Employee PREA Training.

Standard 115.17g: Per ODOC Policy 40.1.13, Section K. Policy Clarification, “All employees, contractors and volunteers of the Department of Corrections shall sign the PREA Acknowledgement Statement”. CD 1623 PREA Acknowledgement Statement, endorsed by signature, “You have an obligation to maintain clear boundaries and an ethical, objective, and professional relationship with adults in custody (AIC). You must not allow the development of personal, overly familiar, emotional, or a sexual relationship to occur with AICs. Any sexual contact between a staff member, contractor, or volunteer and an AIC is sexual abuse. All forms of sexual contact are considered sexual abuse and all sexual abuse is prohibited by ODOC policy, federal PREA standards, and may be against Oregon law in some cases. Custodial sexual misconduct may result in criminal prosecution. You must report all allegations, suspicion, or information regarding sexual abuse and sexual harassment either to your supervisor or the Officer in Charge at your facility, or the Inspector General’s Office as soon as you are aware of the issue. Failure to report may lead to discipline, up to and including termination from your employment, and/or criminal negligent charges...By signing this form, you acknowledge that you have read PREA Policy 40.1.13, that you understand ODOC’s zero-tolerance policy for sexual abuse, sexual harassment and retaliation, and that you will report any relevant information immediately”. ODOC Policy 40.3.1, Section I. Disciplinary Actions for Staff, Contractors and Volunteers, stated:

1. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse...
4. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with AICs and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
5. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with AICs, in the case of any other violation of agency sexual abuse or sexual harassment policies by contractor or volunteer.

ODOC Policy 20.1.3, Section III Policy established a code of conduct for all ODOC employees and non-employee service providers, stating, “Every employee of DOC shall constantly strive to attain the highest standards of conduct and professional public service. This requires employees be faithful to the principles of providing professional services, adhering to the code of ethics and meeting the vision, values, rules, policies, and procedures of the department. Employee’s conduct must be above reproach and must not impugn the credibility and honesty of the department, its employees, or the corrections profession”.

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

An interview with the Human Resources Administrator confirmed all employees receive training on these ODOC Policies and are required to comply with it, mandating report of any applicable incident to

their supervisor or Superintendent. The Human Resources Administrator confirmed awareness that failure to divulge criminal and material omissions regarding misconduct (as cited in 115.17a) or the provision of false information shall be grounds for termination. All Random staff interviewed understood that providing false information, failing to divulge criminal acts, and/or materially omitting elements on the PREA Disclosure Form and failing to abide by Code of Conduct affirmative duty to report would be grounds for termination.

Standard 115.17h: Per Policy 20.4.5, Section III. Policy, Part H, "Recruitment analysts and hiring managers have authority to verify a statement(s) contained in an application or a statement(s) made in an interview and secure further information concerning the applicant's qualifications. An adjustment may be made to the applicant's score if information obtained materially affects the applicant's rating of experience, education, training, or suitability". In addition, ODOC Policy 20.5.13, section II.B.6 (page 1) requires that supervisors "provide all factual information, whether positive or negative" regarding employment references for former and current employees. Per Policy, ODOC supervisors are required to provide applicable PREA-related information, including substantiated allegations of sexual abuse and/or harassment when requested by a potential employer of a current or former agency employee.

The Human Resources Administrator expressed that upon request ODOC shall 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. Per discussion, the requesting Agency, if within ODOC, would document on the Employer Questionnaire form, while neither ODOC Policy nor practice required the maintenance of logs documenting the provision of responses upon query. Therefore, no documentation was available for this standard. Of note, the responding facility was not required to maintain documentation for providing a response to a facility-to-facility inquiry, per 115.17h provision.

There was no additional corrective action required for this standard.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC Policy 40.1.13 – Prison Rape Elimination Act (Rev. 1/20/22) towards making compliance determinations with the provisions of this standard.

Standard 115.18a: ODOC Policy 40.1.13, Section III. Policy, Part A. Prevention Planning, stated:

2. "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 the Agency PREA Coordinator..."
7. 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 AICs from sexual abuse.
8. 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 AICs from sexual abuse".

Modifications were proposed to the Facility 'F' Building in relation to provision of Transitional Community Unit, while during the auditor's onsite visit this Housing Unit remained a 'quarantine area' secondary to COVID-19. For the proposed modification, per PCM Memorandum (dated: 1/11/2022), "SUBJECT: Facility building modification in "F" Building and related modifications for the Transitional Community Unit (TCU)... Implementing PREA considerations and Policy 40.1.13 in conjunction with our designs and building modifications to Housing Unit four (4) for the Transitional Community Unit requires us to purposefully consider impacts resulting from these changes.

- Facility camera configuration and coverage of the Housing Unit area(s).
 - Changes to existing camera/video surveillance coverage will be minimal as changes do not alter camera placement or coverage.
 - Staff/AIC movement will be within areas currently accessed and supervised.
- Operational changes
 - Changes will include new activities within the existing areas. This will be offset with the reduction in bunks and AIC living in the dormitory. The Unit will house 52 AIC instead of 100 as built, and 129 at previous emergency capacity".

There were no identified concerns listed.

Per PCM Memorandum (dated: 12/2/2021), "SUBJECT: Facility building modification in "F" Building and related modifications for the WCCF Dog Program regarding PREA, PREA Audit §115.18, DOC Policy

40.1.13... Implementing PREA considerations and Policy 40.1.13 in conjunction with our designs and building modifications for the WCCF Dog Program requires us to purposefully consider impacts resulting from these changes.

- Facility camera configuration and coverage of the Dog Program area(s).
 - No changes to existing configuration
 - Staff/Volunteer/AIC movement will be within areas currently accessed and supervised.
- Operational changes
 - Dog Program will introduce additional activity within the Facility perimeter and areas currently supervised by staff and video surveillance system.
 - Classroom(s) in “C” Building
 - “F” Building Corridor, Hall F17, Room F16, Room F18, Room F20”.

Concerns listed and addressed, included:

“Food Services: As this area was identified in the past as a semi isolated area in our last PREA audit and designated a “rule of 3” area, greater care should be exercised in the mitigation of any possible security threats. The “Kennel Room” F16 can be fully observed with a security camera and should have an elevated awareness by security and all staff to monitor this area.

Correctional Rehabilitation Services: “F” Building areas will be utilized with new activity requiring staff to familiarize to operational changes and related supervision”.

Standard 115.18b: ODOC Policy 40.1.13, Section III. Policy, Part A. Prevention Planning, stated:

2. “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 the Agency PREA Coordinator...
7. 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 AICs from sexual abuse.
8. 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 AICs from sexual abuse”.

Since the prior Department of Justice (DOJ) PREA Audit, there had been no substantive additions to the video monitoring system, electronic surveillance system, and/or other monitoring technology (Note: PAQ misidentified this item as ‘yes’). As noted, related to the modifications above, for the Transitional Community Unit facility camera configuration, “...changes to existing camera/video surveillance coverage will be minimal as changes do not alter camera placement or coverage. For the Dog Program, “No changes to existing configuration” were noted”.

During interview with the Superintendent, PCM, and PREA Coordinator, each made clear that ODOC and WCCF consider how such technology may enhance their ability to protect inmates from sexual abuse. During the site review, conversation with the Superintendent and PCM indicated that the facility continuously and thoughtfully evaluated the use of video surveillance.

At the time of the current site review, WCCF had cameras strategically located throughout outdoor areas, laneways, and within buildings in order to provide the best coverage over blind spots. The audit team was able to see the cameras during the site inspection and the auditor received a schematic of camera placement throughout the facility. Cameras were located in all housing units, as well as inmate programming and service areas, to include, external perimeter, medical, receiving & discharge, education, kitchen/dining room, work training areas, greenhouse, call center, recreation/gymnasium, and visiting room. Administrative areas also had cameras, to include the Sally-port, Some cameras had pan-zoom capabilities. While there was video monitoring equipment located in housing units, none bore the potential for cross gender viewing based upon placement. The auditor was able to ascertain that no

video surveillance was directed into areas where offenders may be visible in any manner of undress to perform bodily functions and/or for hygiene purposes (e.g., showering, toileting) based upon viewing the camera location and associated video footage.

The audit team inspected all of the aforementioned areas during the site review and camera placement was apparent in blind spots or isolated areas. Concerning who had access to viewing the camera output, there were camera stations located throughout the facility in designated security offices. None of the camera output areas had staff assigned for constant video stream observation purposes. The facility had no imposed gender restrictions of staff assigned to posts for the purpose of viewing cameras. However, as noted, no cameras were located positions where offenders would be in any manner of undress; thereby, creating no potential for cross-gender viewing. Designated staff could access archived footage captured from the cameras with video footage, which was retained for thirty (30) days on each camera.

The Agency Head Designee, PREA Coordinator, Superintendent and PCM all indicated that the Agency and facility looked at areas with increased PREA allegations to determine the best places to deploy resources should access to additional cameras become available. The Agency Head Designee and Superintendent indicated awareness of PREA requirements for video monitoring, and expressed application of knowledge gained through PREA reviews when designing, and implementing projects. The Superintendent iterated the importance of electronic surveillance, while emphasized maximizing the use of facility staffing, particularly in the realm of supervision levels. They indicated specifically that video monitoring complemented, while did not replace adequate staffing in the prevention of PREA incidents.

Based upon ODOC Policy, site inspection, interviews, and documentation provided, it was apparent that ODOC and WCCF had considered video surveillance technology to enhance the Agency and facility's ability to protect inmates from sexual abuse incidents.

No corrective action was required for this standard.

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 auditor reviewed ODOC Policy 70.1.13 – Criminal & Administrative Evidence Handling (Rev. 5/1/14) with Officer-in-Charge (OIC) PREA Allegation Checklist; ODOC Policy 40.1.13 – Prison Rape Elimination Act (Rev. 1/20/22); and ODOC – Correctional Services Division: Health Services Section Policy and Procedure #P-F-06.1, as well as the Oregon Department of Corrections Investigatory Interview (State Police and ODOC) Advocacy Notification; and ODOC Inmate Sexual Abuse Advocacy tri-fold brochure towards compliance determinations with the provisions of this standard.

Standard 115.21a: Per ODOC Policy 70.1.13, the Agency follows a uniform evidence protocol aimed to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Officer-in-Charge (OIC) PREA Allegation Checklist and ODOC Policy 70.1.13, explain the agencies uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Per Policy 70.1.13, Section I: Purpose, "To establish a uniform method of handling and maintaining the integrity of criminal evidence seized in Department of Corrections (DOC) facilities". Policy 70.1.13 further details in Section III: Policy, Part A. General, "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 Officer-in-Charge (OIC) PREA Allegation Checklist (CD 1621 02/18) included directions for uniform evidence collection, to include gathering, preservation, and retention processes with applicable Policy and Section references for reference. The Checklist delineated staff's responsibilities to include notification requirements of Oregon State Police and Office of Inspector General's Special Investigations Unit, as well as processes for victim/alleged abuser separation and isolation, collection of usable physical evidence, and medical triage considerations including forensic examinations.

ODOC Policy dictated that local law enforcement officials and the Office of Inspector General's Special Investigations Unit would conduct criminal investigations related to PREA allegations, whereas institutional staff will investigate administrative PREA allegations. Per Policy 70.1.13, Section III: Policy, Part B. Notification, "The Oregon State Police and the Office of Inspector General's Special Investigations Unit (SIU) are the authorized investigators of alleged crimes occurring in or on DOC facilities and/or property. Notification will **immediately** be made to the Oregon State Police **and** SIU by the OIC or designee". Policy 70.1.13 further details, in Section III. Part C. Crime Scene Preservation, Security and Process, "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. Prior to collecting any evidence it is imperative that the crime scene, and any potential crime scenes, be secured and photographed and/or videotaped. Removal of evidence will be in a manner consistent with preservation of evidence, ensuring not to destroy fingerprints, blood and other fragment evidence that might be affixed to the item, documenting who seized the item, who maintained custody of the item and in what manner the item was secured".

The designated local law enforcement agency contact for Oregon State Police is via the Oregon State Police Lakeview Office (address: 616 N 4th St, Lakeview, OR 97630; telephone: (541) 947-2267). WCCF retained responsibility to conduct administrative investigations. The Superintendent/Hiring Authority was responsible for appropriate assignment of administration PREA investigations to trained ODOC SART staff.

There were no (0) criminal sexual abuse investigations and one (1) administrative staff sexual misconduct investigation initiated during the review period (per the PAQ). WCCF assigned SART staff conducted the administrative investigation. The facility opened a second administrative staff sexual misconduct investigation immediately prior to the site review, which WCCF-SART staff also conducted. Therefore, WCCF had two (2) administrative sexual abuse investigations conducted and closed upon the auditor's site review. This information was consistent with the auditor's review of investigatory documentation reports. Neither of the cases appeared to be criminal in nature, and did not involve secondary consultation with local law enforcement.

Throughout the course of interviews, all Random (14/14; 100%), First Responders (7/7; 100%), and Medical staff interviewed (2/2; 100%) were able to accurately describe ODOC's uniform evidence protocol, aimed to maximize the potential to obtain useable physical evidence towards administrative and criminal prosecution of alleged sexual abuse cases. Staff articulated their first and primary duty would be to ensure the safety of the alleged victim, by establishing separation (in all forms; physical, visual, auditory) of the alleged victim from the alleged abuser. Staff indicated they would then immediately notify a higher-level supervisor (qualified upon query to mean as soon as establishing the alleged victim's security) and seal-off the location of the incident as a crime scene. All staff expressed their awareness that investigation of PREA allegations required specialized training and indicated they would not proceed in the investigation of the PREA-related crime scene. None of the staff, as described above (23/23; 100%), indicated they would independently proceed in initiating a PREA investigation.

Instead, they were able to appropriately identify WCCF SART staff as the onsite contact for sexual abuse investigations.

Standard 115.21b: WCCF does not house youthful offenders, as indicated in evidence provided for 115.14 – Youthful Inmates. Thereby, the auditor judged this portion of the provision met materially, as ‘not applicable’.

Per PREA Coordinator Memorandum (dated: 03/17/2022), ODOC’s uniform evidence protocol (i.e., The Officer-in-Charge (OIC) PREA Allegation Checklist and ODOC Policy 70.1.13, which formed the basis for sexual abuse investigations) was based on, ‘A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents’.

Standard 115.21c: Per Policy, ODOC offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate. ODOC Policy 40.1.13, Section III. Policy; Part H. Medical and Mental Care, stated: “Medical: Medical access to services for victims of sexual abuse will be handled in accordance with Health Services policy on procedure #P-F-06.1 (Procedure in the Event of Sexual Abuse) that includes:

- a. Timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners’ professional judgment
- b. Necessary post event treatment including coordination with community hospitals...”

ODOC – Correctional Services Division Policy identified that Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) shall perform such examinations of sexual abuse victims. Furthermore, ODOC Policy delineated that if a SAFE or SANE was unavailable, other qualified medical practitioners shall perform the examination. ODOC Health Services Section Policy and Procedure #P-F-06.1, Procedure, stated, “If the occurrence of the abuse is reported as being less than 120 hours, an evidentiary examination at a local facility (the local hospital or other crisis center) may yield information depending on the circumstances, including force, site, and cleansing, therefore, arrange transport and notify the treating facility of the need for an evidentiary examination and treatment. Upon return from the treating facility, health services personnel are to review the results of the evaluation by the treating facility and continue medical treatment as recommended.

- a. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners...”

WCCF indicated a partnership with Lake District Hospital (address: 700 S J St, Lakeview, OR 97630; telephone: (541) 947-2114), which identified the hospital as the primary community health care facility to provide forensic medical examinations to any WCCF alleged victims of sexual abuse.

Per the PAQ and auditor’s review of the sexual abuse investigations conducted during the review period, none (0) met requirements for provision of a SAFE/SANE forensic exam. The auditor confirmed this information upon interview with the Lake District Hospital SANE representative. This individual confirmed that to the best of their knowledge no (0) SANE/SAFE forensic examinations had occurred or referrals placed by WCCF during the reporting period. Therefore, there were no documented instances of WCCF’s efforts to provide SAFE/SANE contacts; while a section of the OIC PREA Allegation Checklist included, “...arrange for transport to a designated medical facility for treatment, examination, documentation, collection of forensic evidence”.

The SANE interviewee acknowledged agreement with the facility’s disclosures, including twenty-four (24) hour, seven (7) days per week on-call SAFE/SANE service provision, and delivery of forensic examination related services free of cost to the offender. They indicated there was a current trained forensic nurse (SANE) at Lake District Hospital. Per the SANE, emergency treatment for the alleged

victim would be triaged with forensic medical examination made available as quickly as possible by a trained SANE provider. Per Health Services Section Policy and Procedure #P-F-06.1, Section B, the facility was to, "...notify the treating facility of the need for an evidentiary examination and treatment" prior to patient transport to ensure availability of the SANE or qualified medical practitioner.

Standard 115.21d: ODOC Policy 40.1.13, Section III. Policy; Part F. AIC Access to Outside Confidential Services, stated, "1. The department shall make available to AICs 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 AICs and these organizations and agencies, in as confidential a manner as possible".

ODOC has made attempts to consistently make available to the victim a victim advocate from a rape crisis center, whether by phone or in-person. As the Agency *always* makes a victim advocate from a rape crisis center available to victims, the provision query regarding the Agency making available qualified staff members from the community or Agency is judged to be met materially as "not applicable". ODOC has a current offender advocacy support agreement with the Oregon - Sexual Assault Task Force (Oregon – SATF). Through this agreement, every ODOC facility has been partnered with a Community Sexual Assault Program. ODOC provided a Memorandum of Understanding (dated: 7/23/21) regarding the partnership between WCCF and Lake County Crisis Center (LCCC; mailing address: P.O. Box 774, Lakeview, Oregon 97630; tel: 800-338-7590) to provide services to victims.

Information contained within the ODOC Inmate Sexual Abuse Advocacy tri-fold described how to reach the advocacy center. Instructions stated, "Simply dial 711 or the telephone number listed 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 numbers listed. You may also write to an advocate at the address listed inside this pamphlet". The tri-fold described the *PREA Sexual Abuse Advocacy (Support) – Role of Advocate* to include:

- Provide over-the-phone confidential support and crisis intervention related to sexual abuse
- Talk with a survivor about their current and ongoing safety
- Explain reporting options available through PREA
- Support survivor at a sexual assault forensic medical examination
- Support survivor at an investigatory interview related to sexual abuse, as requested
- Educate/teach survivor coping skills for healing from sexual abuse
- Provide resources and referrals
- Provide follow-up support

ODOC was judged to have made every effort to *always* make a victim advocate from a rape crisis center available to victims, and was judged to materially meet the sub-portion of this standard provision to provide a qualified staff member as 'not applicable'.

Per PAQ, no (0) forensic examinations had been performed during the reporting period; and therefore, no need for presence of a victim advocate for SAFE/SANE purposes. The auditor's contact with the LCCC Advocate supported that there were no specific requests or referrals from WCCF for victim advocacy service provision during the reporting period.

Standard 115.21e: Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.21; dated: 03/17/2022) stated, "...advocates will be available to accompany and support the incarcerated survivor through the forensic medical examination process and investigatory interview". The LCCC has trained and specially designated advocates who are able to respond to the community

health care facility upon transfer of an incarcerated survivor for a forensic medical examination and to respond to the facility, as needed, for investigatory interview processes.

Per MOU, LCCC has agreed to:

“Provide in-person or telephonic advocacy when a request for an advocate is received from WCCF because an incarcerated victim/survivor will receive a forensic medical evaluation resulting from a sexual assault/abuse. The LCCC advocate, if one is available, will arrive at WCCF or to the local hospital within an hour of the request. Please note that only one advocate will respond in-person regardless of the number of calls received”.

In addition, per stated MOU, LCCC will:

“Provide WCCF victims/survivors with access to crisis intervention, emotional support, safety planning, information about resources available appropriate for incarcerated victims/survivors, and accompaniment during investigatory interviews. The victim advocate will respond via telephone, in-person, by mail, or any combination, thereof”.

Per the Oregon Department of Corrections Forensic Medical Exam Advocacy Notification Procedure (dated: 04/05/16), “After an inmate discloses an incident of sexual abuse, **within 96 hours** of occurrence, arrangements for a sexual assault forensic exam will be made to include advocacy:

1. A. The Officer-in-Charge (OIC), while making notifications, will contact the local advocacy center and request an advocate respond to the hospital. The OIC/PREA Allegation Checklist will reflect the need to contact an advocate. The OIC will need to provide the name of the hospital and estimated time of arrival of the inmate. OIC will obtain the responding advocate’s name. *See attached list of numbers for your institution’s local advocacy center.*

a. The advocacy center will send an advocate to the appropriate hospital within an hour of the estimated arrival time of the inmate at the hospital...

3. The nurse will explain about the forensic exam and the role of an advocate to the inmate. When the advocate arrives, they will explain to the inmate what services they can provide. *(It is important to note the incarcerated survivor has the right to refuse any portion of or the entire forensic exam).*

A. If the inmate declines advocacy services, the advocate may leave pamphlets with the inmate and leave the room.

B. If the inmate wishes, the advocate may be present during the forensic exam.

a. An advocate may arrange for a confidential telephone call through the PREA Compliance Manager or Sexual Abuse Liaison after the inmate returns to the institution”.

The Oregon Department of Corrections Investigatory Interview (State Police and ODOC) Advocacy Notification provided instructions for provision of a victim advocate both during: 1.) a required forensic exam (i.e., follow the procedure for Forensic Medical Exam Advocacy Notification process; *see above*), and 2.) when no forensic examination is required (or it has already been completed). When no forensic examination is required, the PCM/SAL shall:

“i. Review sexual abuse advocacy pamphlet with inmate victim.

ii. Determine if inmate victim wishes to have an advocate available during the investigatory interview.

iii. If inmate victim wishes to have an advocate available, arrange with local advocacy center (see attached contact information) for either a telephone or in-person advocate during the investigatory process...”

Per interview with the Lake County Crisis Program representative (date: 3/25/22), they agreed to understanding of victim service provision for WCCF AICs in associated locations, both relevant community hospitals and onsite at the institution. Furthermore, per PAQ, ODOC had provided the PREA Advocacy Center (i.e., LCCC) with a copy of the ODOC - PREA Sexual Assault Forensic Exam Advocacy instructional (dated: 04/26/16), which explained advocacy notification, procedures, responsibilities, and roles.

During interview with LCCC Advocate, they expressed that rape victim advocates are able to both respond to the hospital and engage in follow-up care with offenders at the facility, as needed. They also expressed understanding and agreement with responsibilities of a rape crisis advocate as stated in the MOU, to include, as requested by the victim and as applicable, provision of emotional support, crisis intervention, related-information, and appropriate referrals. The SANE representative was also aware of the alleged victim's right to have a rape crisis advocate present. Confirming content of Oregon Department of Corrections Forensic Medical Exam Advocacy Notification Procedure, they expressed that prior to service initiation the SANE would ensure the alleged victim was aware of the availability of a rape crisis advocate to accompany the victim during the forensic medical examination process.

Per MOU Agreement, ODOC was to, "...establish and maintain a process that is confidential, and available by facility design, for victims/survivors in custody to call the LCCC crisis line by dialing 711 regardless of when or where any abuse occurred or whether or not it was reported". The call-line for rape crisis advocacy was active and available at the facility upon site visit. These calls were not be monitored or recorded and no identifying personal information was required to access this line. In addition, in-person consultations would be available to supplement phone-based support for incarcerated survivors, as appropriate. Communication between the offender and the LCCC was confidential and not disclosed to the facility. The auditor reviewed ODOC brochures, entitled, "Sexual Abuse Advocacy", which were available in English and Spanish and provided to offenders in WCCF orientation packets. In addition, the AIC Newsletter of February 2022 profiled, "Community-Based PREA Advocacy (Support) Program". The newsletter is available to all WCCF AICs.

During Random and Specialized interviews, offenders believed they could reach out and receive victim advocacy support whenever needed. Specifically, some indicated they could request counseling through mental health, if desired. While the individuals interviewed clearly expressed their knowledge that they could receive services, few were able to identify that phone numbers with addresses were available to them. Most indicated they could request this information from their counselor, if required. However, few offender were readily able to proffer the terminology, "victim advocate", and only one (1) AIC appeared familiar with the LCCC acronym. While this information is available in the offender orientation brochure and described in the AIC Newsletter, it may be beneficial to provide posters about rape crisis advocacy and a more in-depth discussion of its purpose during future inmate orientations.

Standard 115.21f: Per Policy 70.1.13, ODOC was not responsible for investigating criminal allegations of sexual abuse. Through agreement with local law enforcement, Oregon State Police – Lakeview was WCCF's responding investigating agency. ODOC Policy supported that ODOC maintained supportive requirements regarding criminal investigation. Per PREA Coordinator Memorandum, "The Oregon State Police is the outside investigative agencies that conduct criminal investigations. The advocacy procedure included in the folder [i.e., 115.21 PAQ documentation] has been agreed upon by the state police". Oregon State Police point of contact information was provided for verification purposes. Furthermore, the ODOC Investigatory Interview (State Police and ODOC) Advocacy Notification (10/6/16) expressly stated that part of the investigative process included, "Confirm with State Police/ODOC Investigator date, time, and advocate participation".

Standard 115.21h: ODOC has a current advocacy support agreement with the Oregon - Sexual Assault Task Force (Oregon – SATF). Through this agreement, every ODOC facility has been partnered with a Community Sexual Assault Program. The PAQ included the MOU between WCCF LCCC for the provision of victim advocates. Per the Service Provision MOU between WCCF and LCCC, "The LCCC is a qualified victim's services program and advocates are certified as required by ORS147.600 and ORS 40.264 in compliance with Confidentiality and Privacy". Per MOU and communication with the PREA Coordinator and LCCC representative, the rape crisis center advocates must be certified and approved. As WCCF has been partnered with LCCC to *always* make a victim

advocate from a rape crisis center available to victims, the auditor judged this standard provision to be met materially as 'not applicable'.

No corrective action was required for this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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.

ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) and Policy 70.1.4 Investigations (Rev. 10/14/2020); as well as the ODOC public website with PREA information were reviewed by the auditor towards compliance determinations with the provisions of this standard.

Standard 115.22a: ODOC Policy 40.1.13, III, G. Investigations, stated:

"1. Allegations of sexual abuse or sexual harassment of an AIC by a staff member as defined in this policy will be reviewed and referred to the appropriate investigator as specified in the DOC policy on Investigations 70.1.4.

2. Allegations of sexual abuse or sexual harassment of an AIC by an AIC will be referred to the appropriate investigator as specified in the DOC policy on Investigations 70.1.4".

ODOC Policy 70.1.14, Investigations, I. Purpose, stated, "PRINCIPLES: The basic principles which underlie this policy are that an investigation must be assigned in such a way that an objective, neutral, and thorough investigation will be conducted in a timely manner".

The aforementioned ODOC Policies ensured completion of administrative or criminal investigation for all allegations of sexual misconduct, to include both sexual abuse and sexual harassment. The auditor reviewed the PREA Reporting: Inmate-to-Inmate; Staff-to-Inmate Flowchart, which demonstrated how each respective case, whether criminal or administrative, was to be followed through to completion (or 'outcome'.

Policy 70.1.4, Section D. Investigation Responsibility delineated that every allegations shall be investigated to completion, as, "It is the expectation that all entities will work together and coordinate to complete the investigation in an efficient manner". In addition, 70.1.4, Section F. General Provisions Part 7. Investigations regarding PREA allegations, stated, "i. 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".

Per interview with the PREA Coordinator, ODOC tracked all PREA-related cases. Policy 70.1.4, Section 7. Investigations regarding PREA allegations, stated, "Every PREA allegation will be assessed and reported to the state PREA coordinator for recording processes". Per the WCCF PCM, the facility documented all sexual abuse and sexual harassment referrals at the local-level through a detailed ODOC PREA allegation log. The facility PCM was responsible to upload all PREA allegations to the ODOC Special Investigations Unit (SIU; under the Office of the Inspector General) system by which the Agency could track and review all allegations, including closures and outcomes. The PREA Coordinator was a member of the ODOC SIU. The PREA Coordinator made Agency-wide aggregated results available through the PREA Annual Reports based upon the tracked allegation information. The auditor

reviewed WCCF facility PREA log reports and ODOC website PREA report publications of associated Agency documents towards making compliance determinations with this standard provision.

The Superintendent responsible for oversight of the investigation of PREA allegations at WCCF and ODOC PREA Coordinator responsible for oversight of investigatory information at the Agency-level were both aware that investigatory completion must occur in all cases of sexual abuse and sexual harassment. They were also able to describe processes for referral to local law enforcement when the PREA allegation was appropriate for criminal investigation and/or prosecution. Furthermore, all WCCF staff interviewed, during Specialized and Randomized Interviews, knew their responsibility to report all allegations of sexual abuse and/or sexual harassment.

During the review period, WCCF received four (4) allegations that met definitions for sexual abuse and/or harassment. WCCF initiated investigation in all cases with each closed prior to site review. Of the four (4) cases at WCCF, findings of all four (4) were unsubstantiated. In addition, WCCF had opened two (2) cases with initial consideration as a PREA allegation but found each not to have met criteria associated with sexual abuse and/or sexual harassment. Based upon site and documentation review there was no evidence to indicate that an investigation, either administrative or criminal, had failed to be opened when a PREA allegation was received at WCCF during the reporting period.

Standard 115.22b & c: The Agency had both Policy and practice in place to ensure that allegations of sexual abuse or sexual harassment were referred for investigation to local law enforcement to conduct criminal investigations, should the allegation be judged to involve potentially criminal behavior. Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.22; dated: 3/17/2022), "The attached flow charts and Investigations policy outlines that potentially criminal allegations are referred to the Oregon State Police, who has the legal authority to conduct those investigations. ODOC documents referrals as shown on the attached OIC checklist".

ODOC Policy dictated that local law enforcement officials and the Office of Inspector General's Special Investigations Unit would conduct criminal investigations related to PREA allegations, whereas institutional staff will investigate administrative PREA allegations. Per Policy 70.1.13, Section III: Policy, Part B. Notification, "The Oregon State Police and the Office of Inspector General's Special Investigations Unit (SIU) are the authorized investigators of alleged crimes occurring in or on DOC facilities and/or property. Notification will **immediately** be made to the Oregon State Police **and** SIU by the OIC or designee". Therefore, per Policy, local law enforcement and/or SIU shall investigate all sexual abuse allegations. Policy 70.1.13 further details, in Section III. Part C. Crime Scene Preservation, Security and Process, "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. Prior to collecting any evidence it is imperative that the crime scene, and any potential crime scenes, be secured and photographed and/or videotaped. Removal of evidence will be in a manner consistent with preservation of evidence, ensuring not to destroy fingerprints, blood and other fragment evidence that might be affixed to the item, documenting who seized the item, who maintained custody of the item and in what manner the item was secured". ODOC Policy delineated that ODOC facilities maintained co-operative obligations regarding investigation of criminal sexual abuse cases.

The MOU between ODOC and the Oregon State Police (dated: 10/28/2020), stated, "OSP is vested with the authority and responsibility of pursuing and investigating criminal offenses, as described, to an end of criminal prosecution. [ODOC] is charged with providing for the security of correctional facilities, the safety of its employees and the adult in custody (AIC) populations. These responsibilities are intricately related when considering the commission, or reported commission, of crimes effecting correctional facilities and that common concern requires a coordinated and cooperative response". Per the MOU, ODOC's agreement with designated local law enforcement, the Oregon State Police,

delineated investigatory requirements, adherence to PREA standards, and expectations of contact. ODOC and OSP mutually agreed, “b. To cooperate in carrying out the functions specified above, and shall meet as necessary to discuss any areas where their responsibilities may overlap; c. That [ODOC] may contact OSP for assistance when needed; and d. 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”.

The designated local law enforcement agency contact for Oregon State Police is via the Oregon State Police Lakeview Office (address: 616 N 4th St, Lakeview, OR 97630; telephone: (541) 947-2267) and/or SIU (Office of Internal Affairs). WCCF retained responsibility to conduct administrative investigations with the Superintendent/Hiring Authority responsible for appropriate assignment to trained ODOC SART staff.

During interviews with two (2) facility investigators, they both acknowledged solely being responsible for conducting administrative investigations. They endorsed that should any PREA allegation involve potential criminal conduct local law enforcement would be contacted prior to proceeding further on investigation. In such criminal cases, the facility Investigators would assist local law enforcement only as directed, providing information and access as requested by local law enforcement, in addition to tracking the case for completion. The facility Investigators each understood their obligation to thoroughly document any PREA allegations during the investigative process and ensure to follow each investigation through to conclusion. Furthermore, they articulated the facility’s process to refer any substantiated, administrative PREA allegation to the OSP and SIU if judged to have risen to a criminal level following investigation. The SIU investigator interviewed also endorsed understanding of the aforementioned process, with their obligation to respond to, investigate, and bring to closure any investigation of a criminal nature assigned to them.

There were no (0) criminal sexual abuse investigations; with two (2) inmate-to-inmate sexual harassment, and one (1) administrative staff sexual misconduct investigation initiated during the review period (per the PAQ). WCCF assigned SART staff conducted all three (3) administrative investigations. The facility opened a second administrative staff sexual misconduct investigation immediately prior to the site review, which WCCF assigned SART staff also conducted. Therefore, WCCF had four (4) administrative sexual abuse and sexual harassment investigations conducted and closed upon the auditor’s site review. This information was consistent with the auditor’s review of investigatory documentation reports. None of the cases appeared to be criminal in nature and did not involve secondary consultation with local law enforcement.

As WCCF had not referred any PREA allegations during the reporting period for consideration of criminal prosecution, WCCF had no (0) formal referrals to local law enforcement. Should these have occurred, per facility and SIU investigators, documentation would be maintained in the Investigative File with details indicating the date and time of referral, name of agency, assigned case number, contact person, and follow-up contacts. Thereby, the Investigative File would provide documentation of the law enforcement referral.

ODOC had published the Agency’s Policy and supporting documentation regarding the referral of sexual abuse and sexual harassment allegations for investigation (both criminal and administrative) on the ODOC website. The auditor reviewed the ODOC website, which included information about processing of administrative and criminal PREA allegations. Specifically, ODOC’s Policy 40.1.13 Prison Rape Elimination Act; OIC PREA Checklist (CD 1621); Staff Reporting Responsibilities (CD 1620); PREA Acknowledgement Statement (CD 1623); and PREA Reporting Flowchart were available for review on the Agency website. The ODOC website was a publicly available platform. The auditor visited the website in June of 2022 and confirmed the Agency Policy was public and available.

No corrective action was required for this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

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

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022), as well as ODOC Agency New Employee PREA – Basic Corrections Course (Facilitator Guide), PREA Training from 2021 (PREA – 2021 Annual Requirement) and 2022 (PREA) towards making compliance determinations with the provisions of this standard.

Standard 115.31a: Agency Policy 40.1.13 Prison Rape Elimination Act, Section B. Training and Education, Part 1. Staff Training, stated, "1. DOC employees will receive PREA training every two years. The agency shall provide refresher information on current sexual abuse and sexual harassment policies on years when trainings are not conducted.
2. The department shall train staff responsible for the supervision of AICs in how to conduct cross-gender pat-down searches, and searches of transgender and intersex AICs, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs". Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.31; dated: 3/18/2022),

“(a) All employees are trained on sub-standards 1-10. The training consists of a one-hour classroom training and a two-hour online training. 2020 began as a classroom training plus electronic verification of understanding. During Covid-19, [ODOC] converted the in-person training to online. The 2021 and 2022 trainings are both online”.

The ODOC PREA (New Employee, 2021, & 2022) Trainings included, but was not limited to, the following:

- a.) The Agency’s zero-tolerance policy for sexual abuse and sexual harassment;
- b.) How staff fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- c.) Offenders’ right to be free from sexual abuse and sexual harassment;
- d.) The right of offenders’ and employees’ to be free from retaliation for reporting sexual abuse and sexual harassment;
- e.) The dynamics of sexual abuse and sexual harassment in confinement;
- f.) The common reactions of sexual abuse and sexual harassment victims;
- g.) How to detect and respond to signs of threatened and actual sexual abuse;
- h.) How to avoid inappropriate relationships with offenders;
- i.) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and
- j.) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The auditor reviewed facilitator guide and lesson plan curriculums for the ODOC supported PREA trainings, which they found to contain all items, as above indicated. Through responses during Randomized employee interviews (14/14; 100%) and training record review, the auditor confirmed that WCCF had appropriately implemented the training components as defined in 115.31a.

Standard 115.31b: The auditor reviewed PREA – Basic Corrections Course – Facilitator Guide training provided to all new employees addresses, which addressed, “gender-specific issues”. The 2021 ODOC supported PREA lesson plans, as assessed by the auditor, was largely gender specific (for male facilities), while made reference to a supplemental training about gender-specific content. PREA - 2021 Annual Requirements, stated, “Consider what we know about gender responsiveness provided in AT2019; males and females respond completely differently about their victimization” and spoke to complications related to the rate of female incarceration. The PREA training of 2022, increased discussion of gender-specific issues associated, including gender differences of victim responses and needs, and provided a .pdf entitled, “Women Pathways to Jail, Childhood Trauma”.

The ODOC new employee PREA training provided appropriate, gender-related content for employees to be able to work at either a male or a female facility. For example, a staff reassigned to WCCF from a female facility had received the identical Agency-wide supported training with gender related issues for male and females upon ODOC hire. As a result, following transfer, an employee would not require a Modified Orientation specifically to learn PREA objectives upon transfer into WCCF, and vice versa for an employee transferring out of WCCF to work at a female facility. The newest iteration of the PREA Training (2022) also provided appropriate gender-related content for both males and females.

As noted, the auditor reviewed proof of practice through reading the ODOC Agency New Employee PREA – Basic Corrections Course (Facilitator Guide; with three (3) supplemental Reality Based Scenarios), PREA Training from 2021 (PREA – 2021 Annual Requirement) and 2022 (PREA) to ensure content was provided related to the both genders. Random staff interviews (14/14; 100%) also substantiated receipt of PREA gender-specific training, as related to both males and females upon initial employment and on an annualized basis.

Standard 115.31c: Following initial hire and participation in the PREA – Basic Corrections Course, all employees would receive annual PREA Training with refresher information provided, as necessary. Per PREA Coordinator’s Memorandum, “(b) All employees were trained within a year of implementation of the new standards. Every year since we have provided PREA training during annual in-service training to staff. Since we provide annual training, we exceed the requirements that the agency provide training every two years, with refresher information on the off years”. The facility performs above this standard provision by providing PREA Refresher training every year, instead of every two. WCCF provided the ODOC PREA 2021 & 2022 lesson plans (2 hours content), as delivered annually via on-line. The PREA Coordinator, PCM and Superintendent reported that any additional PREA updated throughout the year were available through the provision of the WCCF SART Newsletter (released monthly), on-the-job training, and all-staff communications.

Randomized staff (14/14; 100%) interviews indicated receipt of PREA training on an annualized basis. A random sample of twelve employee training transcripts were provided to the auditor, all of which demonstrated full compliance with required PREA training (12/12; 100%). Of note, all staff are provided initial PREA education through the application process to give them very basic levels of education, they were then expected to complete the ODOC PREA iLearn lesson plan within their first months of hire. At the time of the Interim Report, all new hires had completed the ODOC PREA Employee iLearn course.

However, per documentation the auditor received regarding training it was unclear that new hire WCCF employees had participated in the PREA – Basic Corrections Course. The initial education provided upon hire is insufficient to cover all components of 115.31a. Therefore, corrective action was issued for this deficiency.

- Corrective Action: WCCF provided a process which ensured completion of ODOC PREA – Basics Corrections Course Training prior to initiation of services for all newly hired employees. The auditor received notation of this process by way of emails from the PCM (dated: 11/3/2022), and PREA Coordinator (dated: 11/7/2022), which ensured that all ODOC facilities followed an Agency-wide uniform protocol for on-boarding, which included participation in a PREA course to cover all components of 115.31a. The PREA Coordinator email stated, “PREA Training Requirement v2022 is the annual training that is required for this year. BCC – Prison Rape Elimination Act (PREA) is the initial PREA training new employees take. If staff haven’t been able to go to BCC in a timely manner, taking the 2022 training is fine, since it is comprehensive and not a refresher. We have been putting out comprehensive training several years now instead of doing refresher information. The last refresher was in 2019. All training since has been comprehensive”. The WCCF Superintendent, and PCM were included on this email.
- Documentation of any new hires during the Corrective Action Period (to include Hire Date, Date of PREA –Corrections Course Training to include components of 115.31a, and Start Date) were provided to the auditor on a monthly basis. The final summary was provided to the auditor by the PCM by email on 12/14/2022 with all newly hired staff conforming to the appropriate requirements.

Standard 115.31d: Upon hire, all new employees sign the PREA Acknowledgement form (CD 16230; 01/21) with required attendance at the PREA – Basic Corrections Course prior to having contact with the AICs population. At WCCF, staff signature was provided on the PREA Training Acknowledgement form for Initial PREA training. In following trainings, completion of the 2021 and 2022 ODOC PREA Trainings, staff are acknowledge their understanding of the PREA training and related content by way of e-signature required upon completion in electronic course documents. Per PREA Coordinator Memorandum, “The agency documents by a signature or an electronic verification that employees understand the training they receive. If the training rosters show the employees have completed the training, they have electronically signed within the training. We have no way of printing this electronic signature but a screen print of it has been provided as documentation”.

Randomized (14/14; 100%) and Specialized staff interviews indicated each had received annual, and timely electronic training. The PREA Coordinator, PCM and Superintendent indicated ODOC maintained completion documentation of all Employee Training. Documentation review included a set of randomly sampled employees (twelve; 12), all relevant files (12/12; 100%) had completion of current PREA training, as appropriate, on file.

Corrective action was issued and completed for this standard.

115.31c:

However, per documentation the auditor received regarding training it was unclear that new hire WCCF employees had participated in the PREA – Basic Corrections Course. The initial education provided upon hire is insufficient to cover all components of 115.31a. Therefore, corrective action was issued for this deficiency.

- Corrective Action: WCCF provided a process which ensured completion of ODOC PREA – Basics Corrections Course Training prior to initiation of services for all newly hired employees. The auditor received notation of this process by way of emails from the PCM (dated: 11/3/2022), and PREA Coordinator (dated: 11/7/2022), which ensured that all ODOC facilities followed an Agency-wide uniform protocol for on-boarding, which included participation in a PREA course to cover all components of 115.31a. The PREA Coordinator email stated, “PREA Training Requirement v2022 is the annual training that is required for this year. BCC – Prison Rape Elimination Act (PREA) is the initial PREA training new employees take. If staff haven’t been able to go to BCC in a timely manner, taking the 2022 training is fine, since it is comprehensive and not a refresher. We have been putting out comprehensive training several years now instead of doing refresher information. The last refresher was in 2019. All training since has been comprehensive”. The WCCF Superintendent, and PCM were included on this email.
- Documentation of any new hires during the Corrective Action Period (to include Hire Date, Date of PREA –Corrections Course Training to include components of 115.31a, and Start Date) were provided to the auditor on a monthly basis. The final summary was provided to the auditor by the PCM by email on 12/14/2022 with all newly hired staff conforming to the appropriate requirements.

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 auditor reviewed ODOC Policy 40.1.13 PREA Elimination Act (Rev. 1/20/2022); as well as ODOC PREA For Non-Employee Service Providers (NSP); NSP Training Requirements Flowchart (Policy 100.1.2); and NSP Facility Orientation Checklist (Policy 100.1.1; CD 1688, 10/14) towards making compliance determinations with the provisions of this standard.

Standard 115.32a: Per ODOC Policy 40.1.13, contract and volunteer staff are obligated to participate in PREA Training. Per Policy 40.1.13; Section B. Part 1. Staff Training, Item "4. The department shall ensure that all volunteers and contractors who have contact with AICs have been trained on their responsibilities based on the services they provide and level of contact they have with AICs, but all volunteers and contractors who have contact with AICs shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents".

Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.32),
"Volunteer and contractors who have contact with AICs have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Initially, all volunteers were required to read over the PREA policy and sign the PREA Acknowledgment statement. All volunteers and contractors take PREA for Non-Employee Service Providers. Full time contractors may take the same PREA training as staff.

Escorted contractors/vendors are read a PREA acknowledgment statement upon entry to the facility, and that is considered the "training" since the contact they have with inmates unsupervised in very minimal.

A poster is also provided throughout the facilities in staff/contractor and volunteer only areas. This poster reviews the expectations around detection, prevention, their duty to respond and reporting an incident of sexual abuse and sexual harassment".

As noted by the PREA Coordinator's Memorandum, full-time contractual staff were provided with the same training as staff regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures (as described in 115.31). However, volunteers and identified contractors are required to read over the ODOC PREA Policy 40.1.13 and sign the PREA Acknowledgement statement, as well as complete the online version of ODOC PREA for Non-Employee Service Providers (NSP). This PREA training was specified for Block 4 of the NSP Training Requirements Flowchart (CD 1688, 10/14), and specified in the NSP Facility Orientation Checklist (CD 1688, 10/14). ODOC allowed vendors and contractors who have escorted contact with offenders to sign the PREA Acknowledgement Statement. In addition, all authorized visitors the facility will be read the following upon entry, "Visitors are told that the Oregon Department of Corrections has a zero-tolerance policy regarding sexual abuse and sexual harassment, and they must immediately report sexual abuse or sexual harassment by notifying their escort or the Officer-in-Charge on shift".

The auditor reviewed the relevant ODOC PREA Training for Non-Employee Service Providers lesson plan curriculum, as well as ODOC PREA Poster (entitled: PREA: Zero Tolerance for Sexual Abuse and Sexual Harassment; for staff, contractors and volunteers). The material was judged to provide each group noted with their required responsibilities towards ODOC's sexual abuse and sexual harassment prevention, to include prevention, detection, and response policies and procedures

Standard 115.32b: Per Policy 40.1.13, coupled with relevant ODOC NSP lesson plan and NSP poster, as reviewed by the auditor, provided contractors and volunteers with an understanding of ODOC's zero-tolerance of sexual abuse and sexual harassment policy. As well, NSP training and the PREA poster described prevention, detection, responding and reporting of such incidents.

Interviews with on-site contractors (3/3; 100%) and volunteers (4/4; 100%) confirmed they had received PREA trainings through ODOC. Each were able to articulate the ODOC's zero-tolerance policy towards sexual abuse and sexual harassment, as well as how to report any PREA-related incidents. As described in 115.32a, the Agency has considered the level and type of training provided to volunteers and contractors based upon the services they provide and level of contact they have with inmates.

Standard 115.32c: ODOC maintained documentation to confirm that volunteers and contractors understand the ODOC PREA Policy and PREA-related training they received. Policy 40.1.13, Section K. Policy Clarification, dictated, "All employees, contractors and volunteers of the Department of Corrections shall sign the PREA Acknowledgement Statement". The ODOC Volunteer Application CD 1363 (7/2020), a section is included with signature required for the Prison Rape Elimination Act (PREA) PREA Acknowledgment Statement (CD 1623; 01/21). The PREA Acknowledgement Statement, included verbiage, "By signing this form, you acknowledge that you have read PREA Policy 40.1.13 , that you understand ODOC's zero-tolerance policy for sexual abuse, sexual harassment and retaliation, and that you will report any relevant information immediately". In addition, the iLearn course, ODOC PREA for Non-Employee Service Providers auto-generated a course entry into each participant's ODOC iLearn file upon closure of the course.

- Of note, the auditor recommended inclusion of the statement provided at the end of the iLearn ODOC PREA Employee Training (Standard 115.31) at the conclusion of the iLearn for Non-Employees (NSP) 115.32. The statement is, as follows, "In order to receive credit for this course you must confirm the following statement: I have completed and understand the training provided to me through this course [Type 'Yes' below to confirm your acknowledgement]". This would ensure contractor and volunteer acknowledgement of the course content, and provide documentation of assertion of their understanding upon closure of the iLearn course. The auditor forwarded this recommendation to the PREA Headquarters Unit, and received affirmation (email:

6/22/2022) that the above statements would be incorporated into the 2022/2023 revision of the ODOC Non-Employee (NSP; i.e., Contractor and Volunteer) PREA iLearn Training.

The PCM and Superintendent, as well as facility contractors and volunteers confirmed the practice of maintaining documentation, as applicable to ODOC supported PREA training for all contractors and volunteers. Of note, the volunteer program was not functioning at WCCF during the reporting period, secondary to COVID-19 restrictions.

Per PAQ, all facility contractors (4/4; 100%) and volunteers (10/10; 100%) had received the appropriate PREA training. The auditor received a comprehensive list of all ten (10/10) approved volunteers with the PAQ, which demonstrated full compliance with receipt of ODOC PREA training and documentation in iLearn. While on-site sampling of one (1/1; 100%) contractor and two (2/2; 100%) volunteer PREA Training transcripts were requested, which showed full compliance. Of note, the auditor received no documentation for the contract Medical practitioner, per Standard 115.35. When queried, records demonstrated that they had not completed required ODOC PREA-related training (115.32). The auditor will address this deficiency again in 115.35. It was determined that this provider had not taken the ODOC Non-Personnel (NPS; i.e., Contractor) PREA Training on the iLearn system.

- Corrective Action: The auditor received and accepted an email from the ODOC PREA Unit on 7/19/2022 demonstrating completion of the identified contractor's ODOC NPS PREA Training (on 7/18/2022) with transcript proof of practice. All additional hired medical practitioners retained compliance, as demonstrated by hire, start, and NPS PREA Training information provided by the PCM in summary form by email (dated: 12/12/2014).
- Corrective Action: The facility provided assurance that all contracted Health Care providers would be appropriately trained prior to initiation of services. Such as, per email (dated: 11/3/2022) from the PCM, "All hiring of new employees or contractors requires WORKDAY training assigned by our Professional Development Unit in coordination with Human Resources and the Hiring Manager. Each section manager/hiring manager is responsible to ensure the appropriate PREA training has been completed prior to the supervision of adults in custody. The WORKDAY onboarding process assigns a New Employee Orientation program that takes place for all employees immediately upon Hire. The first session includes the PREA course". In addition, an email had been disseminated to all WCCF managers with related content and the PCM spoke specifically to managers and ensure their understanding of the importance of the above information.

Corrective action was issued and completed for this standard.

115.32c:

Of note, the auditor received no documentation for the contract Medical practitioner, per Standard 115.35. When queried, records demonstrated that they had not completed required ODOC PREA-related training (115.32). The auditor will address this deficiency again in 115.35. It was determined that this provider had not taken the ODOC Non-Personnel (NPS; i.e., Contractor) PREA Training on the iLearn system.

- Corrective Action: The auditor received and accepted an email from the ODOC PREA Unit on 7/19/2022 demonstrating completion of the identified contractor's ODOC NPS PREA Training (on 7/18/2022) with transcript proof of practice. All additional hired medical practitioners retained compliance, as demonstrated by hire, start, and NPS PREA Training information provided by the PCM in summary form by email (dated: 12/12/2014).
- Corrective Action: The facility provided assurance that all contracted Health Care providers would be appropriately trained prior to initiation of services. Such as, per email (dated: 11/3/2022) from the PCM, "All hiring of new employees or contractors requires WORKDAY

training assigned by our Professional Development Unit in coordination with Human Resources and the Hiring Manager. Each section manager/hiring manager is responsible to ensure the appropriate PREA training has been completed prior to the supervision of adults in custody. The WORKDAY onboarding process assigns a New Employee Orientation program that takes place for all employees immediately upon Hire. The first session includes the PREA course". In addition, an email had been disseminated to all WCCF managers with related content and the PCM spoke specifically to managers and ensure their understanding of the importance of the above information.

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 auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev.1/20/2022), as well as ODOC Inmate Handbook (July 2019 version; English, Russian, Spanish versions), ODOC PREA Posters (English and Spanish), and ODOC PREA video script towards making compliance determinations with the provisions of this standard.

Standard 115.33a: Per Policy 40.1.13, Section B. Training and Education, Part 2. AIC Education:

“a. Upon admission to DOC custody AICs will receive information about:

- (1) The agency's zero-tolerance policy regarding sexual abuse and sexual harassment;
- (2) How to avoid risk situations related to sexual abuse and harassment;

- (3) How to safely report allegations or suspicion of sexual abuse or sexual harassment, sexual coercion, and sexual solicitation;
 - (4) How to obtain mental health services and/or medical services if victimized;
 - (5) What the risks and potential consequences are for engaging in any type of sexual activity while incarcerated;
 - (6) An AIC's right to be free from sexual abuse and harassment;
 - (7) An AIC's right to be free from retaliation from reporting such incidents; and
 - (8) The agencies policies and procedures for responding to such incidents.
- b. The department shall ensure that key information is continuously and readily available or visible to AICs through posters, AIC handbooks, or other written formats.”.

Per PREA Coordinator's Memorandum (subject: Compliance with PREA Standard 115.33; dated: 3/18/2022), “During intake there are posters readily available, which explain the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassments. AICs are also provided a handbook that explains the process”. The Poster, as provided to the auditor, stated, “Sexual Abuse & Harassment is Never Okay. Tell someone. Get help”, and provided relevant reporting mechanisms, including: Staff report, ODOC PREA hotline, and Governor's Office of Constituent Services address (anonymous correspondence, if requested).

Offenders arriving at WCCF initially receive PREA information in ODOC poster format, available throughout the intake area at WCCF, explaining the Agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, as well as contact victim advocacy support. During site review, the auditor confirmed evidence of these posters in the intake area.

In addition, immediately upon arrival, WCCF provided inmates the WCCF Handbook in their intake packet. The Handbook, as reviewed by the auditor, clearly contained information detailing ODOC's zero-tolerance policy. The Handbook also included multiple resources (internal and external to the facility) to report sexual abuse and sexual harassment. All of the offenders who participated in interview (Random and Specialized) confirmed their receipt of a Handbook upon arrival to OCC.

Per PREA Coordinator Memorandum “In April 2020, all facilities were provided with decks of PREA playing cards to augment AIC education. A document has been included, labeled “PREA Playing Cards”, that reflects the number of decks distributed to each facility, a copy of the deck box and the phrases captured on the cards”. The provision of the PREA Playing Cards decks provided an innovative learning opportunity for the AIC population. Some AICs referenced the Playing Cards during their interviews with regards to receipt to offender education.

Standard 115.33b: Per PREA Coordinator's Memorandum, “Within 30 days at the DOC Intake Center the AIC watches a PREA video that is comprehensive...All institutions ensure each intake has at least seen the video and many institutions chose to show it to them again, even if they have already seen it”. The auditor reviewed the ODOC video script, which provided required comprehensive PREA education information. WCCF is not a designated ‘ODOC Intake Center’, and as such, AICs would have seen the PREA video prior to their arrival at the Intake Center. Offenders transferred to WCCF would generally have an opportunity to view the ODOC PREA video and participate in an intake orientation within three days of their arrival (NOTE: historically, this intake has occurred immediately upon arrival. While secondary to COVID-19 quarantine protocol, since 2020, the video viewing and intake orientation has most often taken place after the AIC released from ‘quarantine-status’).

During the site review there were no scheduled offender intakes at the facility; therefore, the auditor was unable to observe an intake process. Instead, an audit team member discussed the intake process with the Intake Specialist. They affirmed that, upon arrival offenders were provided with the WCCF

Handbook, which contained relevant PREA information, per this Standard. The Handbook, as noted, stated ODOC's zero tolerance policy towards sexual abuse and sexual harassment. According to the Intake Specialist, during Orientation, which occurred after the group of offenders had been stripped out, as well as cleared by Custody and Medical, they would start Orientation (including PREA zero-tolerance policy and reporting mechanisms). They would then show the ODOC-supported PREA video, which offenders would have seen at least once by entry at an ODOC Intake Center. The verbal and video portions of this Orientation Session stipulated ODOC's zero-tolerance policy; the offenders' rights to be free from sexual abuse and sexual harassment; rights to be free from retaliation for reporting such incidents; as well as ODOC policies and procedures for responding to such incidents. The PREA information session also provided opportunities for offenders with information regarding victim advocacy, and participate in a question and answer session.

All offenders interviewed, including both categories of Random and Specialized, endorsed having received an Orientation Session regarding PREA, immediately upon their arrival to WCCF or upon release from 'quarantine-status'. They each agreed that discussion during this session included ODOC's zero tolerance policy, their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, and ODOC policies and procedures for responding to such incidents.

Per PREA Coordinator Memorandum, "Also, to note is that we currently have a PREA grant in which we are working with a local university to completely re-do the PREA video for AICs. The video we've been using is old now, and we are excited for a new video to be released. Filming has been delayed due to COVID-19; however, it has begun and is anticipated to be completed by summer 2022..." Proof of practice was provided to the auditor that ODOC completed this video and distributed Agency-wide direction to PREA Compliance Managers for immediate implementation (email: 9/6/2022). Furthermore, all old copies of the video were to be pulled. The new videos had been produced in English and Spanish both with closed-captioning versions. The email provided instructions regarding roll-out of the video, to include ensuring all new arrivals at intake facilities would view these versions of the PREA educational video, as well as incorporating opportunities for AICs currently housed at facilities to see it (to include showings on the AIC television channel; providing video in the housing units and other areas of visibility). Appropriate direction for documentation of the PREA video being shown as an "Institutional Program – PREA Video" was also given.

Standard 115.33c: Per Policy 40.1.13, as explained in the PREA Coordinator's Memorandum, all ODOC offenders were to receive comprehensive PREA Offender Education, as referenced in 115.33a & b, "...Upon admission to DOC custody". Thereafter, facilities were to continue to ensure AICs had received Comprehensive Agency PREA Education, by way of the ODOC supported PREA video, upon transfer to and intake at a different facility. ODOC Policies were statewide, thereby standardizing policy implementation. While this PREA standard provision specifies that offenders transferred within the Agency were required to receive additional information only to the extent that PREA policies and procedures differ from those at the offender's originating facility; in practice, WCCF provided arriving offenders with the same PREA information they received upon entry into the ODOC system. Upon WCCF arrival, offenders received PREA information in the ODOC Inmate Orientation Handbook immediately upon intake. Following, they completed orientation (i.e., intake) to the new prison and received the opportunity to view the ODOC PREA video during formal orientation.

Moreover, per PREA Coordinator's Memorandum, "All AICs were educated within a year of the PREA standards [i.e., ODOC's adoption of]". WCCF is a Minimum (classification 1 & 2) Custody level facility. Incarcerated individuals assigned to the facility typically have three years or less of their sentence remaining. WCCF does not have any incarcerated individuals, who ODOC received prior to August 2012 and held continuously at WCCF. Therefore, all AICs at WCCF would have received a PREA Orientation elsewhere, prior to arrival at WCCF.

During random interviews, the majority of inmates recalled having received an ODOC Inmate Orientation Handbook, which included information regarding the Agency's zero tolerance policy and associated reporting processes within their WCCF intake period. All AICs interviewed expressed they had participated in a timely intake process, during which they had viewed the ODOC PREA video and been provided with information regarding the Agency's zero tolerance policy, as well as reporting mechanisms for sexual abuse or sexual harassment. Randomized (thirteen; 13/13; 100%) and Specialized (fifteen; 15/15; 100%) interviewees were largely able to articulate the Agency's zero tolerance policy, describe a variety of reporting mechanisms, and reported that Comprehensive PREA Offender Education was received well within a week, generally within hours to a few days, of their arrival to WCCF. During interview with the Intake Specialist, they explained that confirming the offenders' understanding of Comprehensive PREA education (i.e., ODOC video) was part of the Orientation session.

Through interviews with offenders and the Intake Specialist, as well as supporting PAQ materials, the auditor judged that PREA Offender Education with the necessary components had occurred timely upon offender arrival at WCCF.

Standard 115.33d: Per Policy 41.1.13, Section B. Training and Education; Part 2.d AIC Education, "The agency shall provide AIC education in formats accessible to all AICs, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to AICs who have limited reading skills". Per PREA Coordinator's Memorandum, "The PREA video and posters are available in Spanish and English and the video is closed captioned. Disabled AICs are on a case by case basis, and depending on the disability, the institution would work with the AIC to ensure they understood". PREA material was to be made available to the incarcerated offender population both orally and in writing in a manner that would be clearly understood by the individual receiving the information, regardless of any identified disability. Specifically, accessibility provisions noted, at WCCF were:

- ODOC materials, including video, Inmate Handbook, AIC Newsletters, and posters available in Spanish, with the Handbook also available in Russian;
- For those inmates who did not speak English, including those who spoke Spanish, translation services contract were available. The Agency offered certified bilingual staff, and telephonic translation services. These services included multi-lingual interpretation twenty-four (24) hours per day, seven (7) days per week;
- ODOC video was closed captioning for anyone who was deaf or had hearing-impairment;
- PREA material was available in written format for those with hearing impairments or who were deaf;
- Sign Language Interpreters (SLI) were to be used for individuals with hearing impairments;
- PREA material was read aloud to anyone who had visual limitations;
- The Inmate Handbook was available in braille format for individuals who had visual impairment;
- One-to-one housing consultation to further discuss content of PREA information for those with intellectual and/or speech disabilities, limited reading skills; as well as otherwise disabled individuals; and
- For individual offenders with whom format accessibility was unable to achieve effective communication, PCM consultation would occur to ensure AICs understood PREA information.

The auditor received copies of and reviewed related documentation associated with the accommodations as listed above.

Over the reporting period, per facility report, WCCF had not required any Specialized Orientations for offenders. However, during the site review, the audit team identified two (2) offenders to have met criterion for a Specialized Orientation related to LEP needs. Based upon interviews, neither of these individuals had been provided with translation services (as described in 115.16b). While both had

received the ODOC Handbook in Spanish, one (1) of the individual's had reading difficulties and was unable to read the material provided.

- The audit team member asked the AIC if they could forward the AIC's name to the facility for follow-up to which the individual agreed. The auditor provided the name and ODOC identifier to the PREA Coordinator and requested follow-up. The facility provided confirmation of this follow-up occurring on 06/23/2022.

Taken together, documents as cited above and information gathered during site review, it was clear ODOC had available, identifiable steps in Policy to ensure that inmates with limited English proficiency, visual, hearing, speech and/or reading impairments, as well as otherwise disabled individuals had an equal opportunity to receive PREA-related information in accessible formats. This included assurance of effective communication by format and method. However, with the LEP-identified cases, there was concern that despite available ODOC translation services and support provisions, staff had not utilized these in applicable cases.

- **Proof of Practice:** A copy of a WCCF staff email regarding the necessity of utilizing translation services, as appropriate for LEP-identified AICs was provided to the auditor on 05/24/2022. Post-audit, WCCF provided the auditor with monthly intake lists identifying any individuals with limited English proficiency. The auditor selected a sampling of these individuals, and provided this list to the ODOC PREA Unit for secondary interviews. The auditor had agreed to have confidential, telephonic interviews conducted by the ODOC PREA Unit with any AICs with identified LEP needs during which confirmation would be made of the AICs receipt of appropriate translation services for education intake processes. On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of three (3) individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022 with 100% (3/3) of the LEP AICs reporting receipt of translation services for education processes in an effective manner (e.g., use of in-person translator, telephonic interpretation). This suggested all LEP AICs had an equal opportunity to engage in and benefit from all elements of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment via an accessible format, as required for 115.33d.

Standard 115.33e: Per PREA Coordinator Memorandum, "ODOC documents on our DOC400 system that the inmate has received PREA education. Reports are sent weekly (every Monday) to PCMs letting them know if their institution needs to show any AIC the video". The PCM and Intake Specialist were both aware of this report. The auditor reviewed a sample of the auto-generated emailing, as provided with the PAQ, to confirm this practice.

Per PAQ and PREA Coordinator Memorandum, all offenders who received at the facility during the reporting period received PREA information at Intake (180/180; 100%), and those who remained at the facility for 30 days had their PREA Orientation completed within timeframes (142/142; 100%). Based upon the auditor's documentation review of ten (10) randomly selected inmate files (eight, 8/10; 80% had PREA Orientation completed at WCCF within timeframes. The other two (2) had not received Comprehensive PREA Intake education at WCCF; however, documentation indicated their receipt of Comprehensive PREA Intake from other facilities, prior to arrival at WCCF. Therefore, all (10/10; 100%) had completed Comprehensive PREA Intake within timeframes. From the offenders interviewed, the majority reported their Orientation with Comprehensive PREA Inmate Education had occurred within their 'first hours' to 'first days' of their arrival.

Standard 115.33f: Policy 40.1.13, Section B. Training and Education, Part 2. AIC Education, indicated: "(b) The department shall ensure that key information is continuously and readily available or visible to AICs through posters, AIC handbooks, or other written formats.

(c) Each institution will display posters or other materials, in appropriate locations to include housing units and common areas where AICs gather, which are designed to inform all AICs:

- (1) That DOC has a zero-tolerance toward sexual abuse and sexual harassment;
- (2) That all AICs are encouraged to report any and all instances of sexual abuse or sexual harassment; and
- (3) The current methods available for reporting. PREA information, such as posters (in English and Spanish) was to be continuously available throughout the prison.

Per PREA Coordinator Memorandum, "Educational information is continuously and readily available and visible to AICs through posters, handbooks, ongoing newsletter articles and a variety of other ways [to include PREA Playing Cards, described above]". The auditor reviewed each of these components, which demonstrated provision of PREA information on a continuous basis.

Per communication with the PCM, the facility routinely checked availability of PREA posters throughout the site. Based on site review, PREA materials were continuously visible throughout the facility. The posters were visible in areas available to offenders, in both English and Spanish (and periodically Russian), throughout housing units, facility buildings, Health Services, as well as areas accessible to the public, including the Main Entry area and visiting room. Inmates and staff noted during interview that posters and PREA resources (including brochures) were readily viewable throughout the facility.

During the site review, the audit team discovered the facility had prior versions of the ODOC-supported PREA posters. This meant incarcerated individuals would not receive information appropriately updated, as that provided in the most recent version. The facility had the newest version of the PREA Posters (in English and Spanish) onsite. In order to remedy, WCCF emailed the auditor a random sampling of the new posters affixed in appropriate areas (photographic evidence random sampling of two institutional locations email received on 6/23/2022, and in all housing units email received on 7/01/2022).

Corrective action was issued and completed for this standard.

115.33d:

With the LEP-identified cases, there was concern that despite available ODOC translation services and support provisions, staff had not utilized these in applicable cases.

- Corrective Action: Post-audit, WCCF provided the auditor with monthly intake lists identifying any individuals with limited English proficiency. The auditor selected a sampling of these individuals, and provided this list to the ODOC PREA Unit for secondary interviews. The auditor had agreed to have confidential, telephonic interviews conducted by the ODOC PREA Unit with any AICs with identified LEP needs during which confirmation would be made of the AICs receipt of appropriate translation services for education intake processes. On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of three (3) individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022 with 100% (3/3) of the LEP AICs reporting receipt of translation services for education processes in an effective manner (e.g., use of in-person translator, telephonic interpretation). This suggested all LEP AICs had an equal opportunity to engage in and benefit from all elements of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment via an accessible format, as required for 115.33d.

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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); and ODOC SART Training (with 5 Modules) towards making compliance determination with the provisions of this standard.

Standard 115.34a & b: Policy 40.1.13, Section: B. Training and Education; Part 1.5 Staff Training delineated, "5. In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services practitioners, SART members, DOC investigators, and other staff identified by the department". Per PREA Coordinator's Memorandum (subject: Compliance with PREA Standard 115.34; dated: 03/18/2022), "All staff who conduct sexual abuse investigations have received investigator training in conducting such investigations in a confinement setting through NIC [National Institute of Corrections]. Sexual Abuse Response Team [SART] members receive additional training (two days, with an opportunity for mock interviews)...The Oregon State Police has trained their staff, and a roster is attached as documentation. Joint trainings on investigating sexual abuse in confinement settings [PREA: Investigating Sexual Abuse in a Confinement Setting; NIC] were facilitated with SIU staff and OSP detectives in 2017 and again in 2020. We will be scheduling another training with them soon". Per Policy, the Oregon State Police (OSP) and Special Investigations Unit (SIU; Office of the Inspector General) were the primary investigative contacts for any sexual conduct deemed to meet criteria for criminal referral committed within the facility.

The SART Training with five (5) modules was provided to the auditor for review, which included amongst other elements, 1. Agency Policy Overview; 2. Setting the Context; 3. Impact of Facility Culture on Sexual Safety; 4. Trauma; and 5. Interviewing. Per PREA Coordinator's Memorandum, "The training is attached and includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria of evidence required to substantiate a case for administrative action or prosecution referral".

The auditor's review of the ODOC SART training (references as, Specialized Training) provided information regarding how to conduct all PREA-related investigations, and incorporated all necessary components of provision 115.34a & 115.34b. The training elements, were not limited to, but included:

- 1.) How to conduct an investigation in confined settings; NOTE: included in investigator training through NIC [National Institute of Corrections];
- 2.) Techniques for interviewing sexual abuse victims;
- 3.) The proper use of Miranda and Garrity Warnings;
- 4.) Sexual abuse evidence collection in confinement settings; and
- 5.) Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

WCCF Investigator Transcripts described the ODOC – PREA for Sexual Abuse Response Team (SART) training, as, "Training focused on Sexual Abuse Response Team responsibilities under PREA standards with a trauma informed approach. This course will prepare the staff to: 1. Function in a Sexual Assault Response Team (SART) within the context of the PREA standards and the national perspective. 2. Apply the SART model to strengthen investigations, hold perpetrators accountable, and reduce the impact of trauma on victims following an incident of sexual abuse in the ODOC. 3. Apply

knowledge of the nature and scope of sexual abuse in prisons to identify and respond to incidents of sexual abuse. 4. Describe the impact of sexual trauma in confinement, and the benefits of a coordinated, trauma-informed response to sexual abuse. 5. Apply Oregon DOC policies involving PREA to roles within the SART. 6. Determine the specific role of the PREA Compliance Manager, SART Liaison, Officer in Charge (OIC) and other SART members in responding to reports of sexual abuse and sexual harassment. 7. Assist in the collectio...[sic; document cut-off]". ODOC – PREA for Sexual Abuse Response Team (SART) Instructor Development Training, included: "Training trainers on instructing SART training in a teach-back method. Provide input to other instructors and gain understanding of the process. Participants will learn to teach others to function in a SART within the context of the PREA standards and the national perspective; teach others to apply the SART model to strengthen investigations, hold perpetrators accountable, and reduce the impact of trauma on victims following an incident of sexual abuse in the Oregon Department of Corrections; teach others to apply knowledge of the nature and scope of sexual abuse in prisons to identify and respond to incidents of sexual abuse; and to describe the impact of sexual trauma in confinement, and the benefits of a coordinated, trauma-informed response to sexual abuse".

During interview with two (2) WCCF and one (1) SIU Investigators, they were each able identify the specific components related to PREA-specialized training, and how to utilize these appropriately in the course of an administrative investigation. Furthermore, the Facility Investigators clearly articulated the need, as well as process by which, to refer any cases to local law enforcement should the case be judged criminal, or potentially so, in nature. Of note, one of three investigators (1/3; 34%) were able to appropriately state that a 'preponderance of evidence' was required to substantiate a PREA case for administrative action or prosecution referral. The auditor will address this issue in Standards 115.71 and 115.72, as it was clear the NIC and ODOC SART Specialized Trainings both included description of criteria and evidence for this purpose in the elements of training.

The process by which ODOC assigned administrative investigations was explained in the ODOC PREA Reporting (Inmate-to-Inmate; Staff-to-Inmate) Flowchart. On the Flowchart, the Superintendent or designee was the first individual at WCCF responsible for direction of the investigation. In coordination, the SIU and Sexual Abuse Liaison (SAL) would identify an appropriate WCCF SART investigator from the list of qualified investigators. In order to qualify for this list, the individual must have completed both NIC Investigator Training and formal ODOC Specialized SART Training. The SIU and SAL may secure a qualified investigator from within the facility or the SIU. Factors taken into consideration when selecting an Investigator, included:

- The alleged abuser; depending on the nature of allegations against staff, SIU would generally conduct the investigation;
- Complexity and sensitivity of the investigation; and
- Impartiality of the Investigator in light of the allegation itself (e.g. outside of the Investigator's chain of command, any indications of potential conflicts of interest, etc.).

Standard 115.34c: The Agency maintained documentation of investigators who have completed the required specialized training in conducting sexual abuse investigations. Per the PAQ, the Agency had five (5) SIU qualified PREA investigators, while the roster provided for 115.34 showed six (6) SIU qualified PREA investigators. PAQ and 115.34 documentation showed six (6) WCCF SART qualified PREA investigators.

The auditor reviewed the Training Rosters provided for the 2017 (entitled: PREA Investigations Training for Investigators) and 2020 (entitled: Oregon Department of Correction: Prison Rape Elimination Training) joint OSP and SIU training for completion of ODOC's PREA Specialized Investigator Training. The auditor also reviewed the aforementioned six (6) SIU and six (6) WCCF PREA qualified investigators and was able to access the specialized PREA training certification for each (12/12; 100%). Courses were entitled, 'Investigating Sexual Abuse in a Confinement Setting; NIC', 'Investigating

Sexual Abuse in a Confinement Setting: Advanced Training; NIC', and 'ODOC - PREA for Sexual Abuse Response Team (SART)' to include the Instructor's Training.

No corrective action was required for this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev 1/20/2022); Health Services Policy #P-F-06.1: Procedure in the Event of Sexual Abuse; as well as PREA Training Health Services Staff (Version 2014; ODOC); DOC – HS (ODOC – Health Services) – PREA Reporting & Aftercare (Version 2020) towards making compliance determinations with the provisions of this standard.

Standard 115.35a: Agency Policy 40.1.13, Section B. Part 1.5 Staff Training, stated, “In addition to general training [i.e., 115.31] provided to all employees, contractors and volunteers the agency shall ensure that specialized training [i.e., 115.35] is required of Health Services practitioners, SART members, DOC investigators, and other staff identified by the department”. ODOC Policy ensured that all full- and part-time Medical and Mental Health Care practitioners, to include employees and contract staff who work regularly in its facilities, have been trained in additional position-related responsibilities.

Per PREA Coordinator Memorandum (Subject: Compliance with PREA Standard 115.35; dated: 08/17/2021), “All medical and mental health care practitioners who work regularly in its facilities have received specialized training as required by this standard. A copy of the training is attached as supporting documentation. Additionally, the PREA and Medical policy support this requirement. You will see two trainings. One was provided prior to 2021 and was called: PREA Training for Health Services Staff. This training will show on training rosters as DOC-HS-Prison Rape Elimination Act (PREA) for HS [Health Services] staff v2014. Another training was developed and required for 2021 annual in-service, then used for incoming new health services employees. It is called: DOC-HS-PREA Reporting and Aftercare v2020. Each medical and mental health practitioner should have one of these trainings in their record”.

The auditor received copies of the lesson curriculums for PREA Training Health Services Staff (Version 2014; ODOC) and DOC – HS (ODOC – Health Services) – PREA Reporting & Aftercare (Version 2020). The Health Care Specialized Trainings of 2014 and 2020, as reviewed by the auditor, included all components required of 115.35a:

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 and suspicions of sexual abuse.

Furthermore, based upon interview with Specialized Health Services staff (2/2; 100%), both were able to provide evidence of training to support their knowledge. Specifically, they appropriately cited their defined roles: to detect signs of sexual abuse, professionally interact with victims, preserve physical evidence, as well as perform mandatory reporting of allegations and any suspicions of sexual abuse and sexual harassment, as well as document and provide services within the scope of their practice. However, there was one (1) contract Medical provider, who upon record review was discovered not to have taken the ODOC Specialized Health Services Training.

- Corrective Action: The auditor received and accepted an email from the ODOC PREA Unit on 7/27/2022 demonstrating completion of the identified contractor's ODOC Specialized Health Services PREA Training (completed 7/27/2022) with transcript proof of practice. All additional hired medical practitioners retained compliance, as demonstrated by hire, start, and ODOC Specialized Health Services Training information provided by the PCM in summary form by email (dated: 12/12/2014).
- Corrective Action: The facility provided assurances that all contracted Health Care providers would be appropriately trained, per 115.35a with Healthcare Specialized PREA Training, prior to initiation of services. Such as, per email (dated: 11/3/2022) from the PCM, "All hiring of new employees or contractors requires WORKDAY training assigned by our Professional Development Unit in coordination with Human Resources and the Hiring Manager. Each section manager/hiring manager is responsible to ensure the appropriate PREA training has been completed prior to the supervision of adults in custody. The WORKDAY onboarding process assigns a New Employee Orientation program that takes place for all employees immediately upon Hire". In addition, an email had been disseminated to all WCCF managers, to include the WCCF-assigned Healthcare Manager, with related content and the PCM spoke specifically to managers and ensure their understanding of the importance of the above information.

Standard 115.35b: Per Policy 40.1.13, ODOC offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate. ODOC Policy 40.1.13, Section III. Policy; Part H. Medical and Mental Care, stated: "Medical: Medical access to services for victims of sexual abuse will be handled in accordance with Health Services policy on procedure #P-F-06.1 (Procedure in the Event of Sexual Abuse) that includes:

- a. Timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment
- b. Necessary post event treatment including coordination with community hospitals..."

ODOC – Correctional Services Division Policy identified that Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) shall perform such examinations of sexual abuse victims. Furthermore, ODOC Policy delineated that if a SAFE or SANE was unavailable, other qualified medical practitioners shall perform the examination. ODOC Health Services Section Policy and Procedure #P-F-06.1, Procedure, stated, "If the occurrence of the abuse is reported as being less than 120 hours, an evidentiary examination at a local facility (the local hospital or other crisis center) may yield information depending on the circumstances, including force, site, and cleansing, therefore,

arrange transport and notify the treating facility of the need for an evidentiary examination and treatment. Upon return from the treating facility, health services personnel are to review the results of the evaluation by the treating facility and continue medical treatment as recommended.

- a. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners..."

Per PREA Coordinator's Memorandum, WCCF does not conduct forensic medical examinations, which was confirmed in interviews with facility Health Services staff. Forensic medical examinations have been identified for provision by SAFE/SANE or otherwise qualified staff at Lake District Hospital. Thus, the facility staff had not received training in conducting forensic examinations. The auditor judged this standard met materially, as not applicable.

Standard 115.35c & d: ODOC Policy 40.1.13 required all training requirements for ODOC PREA Specialized for Health Services Training (115.35; for Medical and Mental Health staff) to be up-to-date. The Policy statement of 'staff' included new and transferred employees, as well as contractors. Policy 40.1.13 also stated every ODOC employee (including Medical and Mental Health care practitioners), to include state employees and contractors, must complete the ODOC PREA training requirements, as related to Standard 115.31 and 115.32. Per PREA Coordinator Memorandum, Health Services staff comply with 115.31 and/or 115.32 training requirements. As reviewed by the auditor, the ODOC curriculums for new employee and in-service, iLearn PREA trainings included all components, as required for 115.31 and 115.32.

The auditor was provided with transcripts for WCCF Health Care practitioners with detailed completion dates of both ODOC PREA (115.31 and 115.32) and ODOC PREA for Health Services Specialized (115.35) Trainings. The ODOC PREA (115.31 and 115.32) training transcript description was, "This course will further develop understanding of the Prison Rape Elimination Act standards" and "This training will enable all DOC staff to fulfill their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures, in accordance with the Prison Rape Elimination Act (PREA) standards. The goal of this training is to help all [AGENCY] staff to fulfill their responsibilities under the agency's sexual abuse prevention, detection, and response policies and procedures, in accordance with the Prison Rape Elimination Act (PREA) standards".

The ODOC – Health Services – PREA Reporting and Aftercare (115.35) training transcript version 2020 description was, "This course is specifically for Health Services staff who work in ODOC. The trainings focus is on medical and mental health staffs detection and prevention of PREA incidences, effective responses to victims of PREA incidences, reporting of PREA incidences and general aftercare offered by health service staff to victims". The ODOC – Health Services – PREA for HS Staff training transcript version 2014 description was, "This course will familiarize Health Services Staff on how to detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and whom to report allegations or suspicions of sexual abuse and harassment".

The Health Services staff (2/2; 100%) interviewed endorsed participation in both ODOC PREA (115.31) and ODOC PREA Specialized for Health Services (115.35) trainings. Per the associated documentation, WCCF has seven (7) onsite state employed Medical providers and one (1) contractor. All state employed Medical Providers (7/7; 100%) had documented training, which at the time of reporting demonstrated full compliance with both required ODOC PREA (115.31) and ODOC Health Services Specialized trainings (115.35). However, there was no documentation provided for the contract Medical practitioner (115.32 & 115.35). Upon request, it was determined that this provider had not taken the ODOC Non-Personnel (NPS; i.e., Contractor) PREA Training on the iLearn system.

- Corrective Action: The auditor received and accepted emails from the ODOC PREA Unit on 7/19/2022 and 7/27/2022 demonstrating completion of the identified contractor's ODOC NPS PREA Training (on 7/18/2022) and Specialized Health Services PREA Training (on 7/27/2022) with transcript proof of practice. All additional hired medical practitioners retained compliance, as demonstrated by hire, start, with NPS PREA and Healthcare Specialized PREA Trainings as provided by the PCM in summary form by email (dated: 12/12/2014).
- Corrective Action: The facility provided assurance that all contracted Health Care providers would be appropriately trained, per 115.35d (to include relevant sections of 115.31, 115.32 and 115.35 for state and/or contract Healthcare providers), prior to initiation of services. Such as, per email (dated: 11/3/2022) from the PCM, "All hiring of new employees or contractors requires WORKDAY training assigned by our Professional Development Unit in coordination with Human Resources and the Hiring Manager. Each section manager/hiring manager is responsible to ensure the appropriate PREA training has been completed prior to the supervision of adults in custody. The WORKDAY onboarding process assigns a New Employee Orientation program that takes place for all employees immediately upon Hire. The first session includes the PREA course". In addition, an email had been disseminated to all WCCF managers, to include the WCCF-assigned Healthcare Manager, with related content and the PCM spoke specifically to managers and ensure their understanding of the importance of the above information.

Corrective action was issued and completed for this standard.

115.35a:

However, there was one (1) contract Medical provider, who upon record review was discovered not to have taken the ODOC Specialized Health Services Training.

- Corrective Action: The auditor received and accepted an email from the ODOC PREA Unit on 7/27/2022 demonstrating completion of the identified contractor's ODOC Specialized Health Services PREA Training (completed 7/27/2022) with transcript proof of practice. All additional hired medical practitioners retained compliance, as demonstrated by hire, start, and ODOC Specialized Health Services Training information provided by the PCM in summary form by email (dated: 12/12/2014).
- Corrective Action: The facility provided assurances that all contracted Health Care providers would be appropriately trained, per 115.35a with ODOC Specialized Health Services PREA Training, prior to initiation of services. Such as, per email (dated: 11/3/2022) from the PCM, "All hiring of new employees or contractors requires WORKDAY training assigned by our Professional Development Unit in coordination with Human Resources and the Hiring Manager. Each section manager/hiring manager is responsible to ensure the appropriate PREA training has been completed prior to the supervision of adults in custody. The WORKDAY onboarding process assigns a New Employee Orientation program that takes place for all employees immediately upon Hire". In addition, an email had been disseminated to all WCCF managers, to include the WCCF-assigned Healthcare Manager, with related content and the PCM spoke specifically to managers and ensure their understanding of the importance of the above information.

115.35d:

There was no documentation provided for the contract Medical practitioner (115.32 & 115.35). Upon request, it was determined that this provider had not taken the ODOC Non-Personnel (NPS; i.e., Contractor) PREA Training on the iLearn system.

- Corrective Action: The auditor received and accepted emails from the ODOC PREA Unit on 7/19/2022 and 7/27/2022 demonstrating completion of the identified contractor's ODOC NPS PREA Training (on 7/18/2022) and Healthcare Specialized PREA Training (on

7/27/2022) with transcript proof of practice. All additional hired medical practitioners retained compliance, as demonstrated by hire, start, with NPS PREA and Healthcare Specialized PREA Trainings as provided by the PCM in summary form by email (dated: 12/12/2014).

- Corrective Action: The facility provided assurance that all contracted Health Care providers would be appropriately trained, per 115.35d (to include relevant training sections of 115.31, 115.32 and 115.35 for state and/or contract healthcare providers), prior to initiation of services. Such as, per email (dated: 11/3/2022) from the PCM, "All hiring of new employees or contractors requires WORKDAY training assigned by our Professional Development Unit in coordination with Human Resources and the Hiring Manager. Each section manager/hiring manager is responsible to ensure the appropriate PREA training has been completed prior to the supervision of adults in custody. The WORKDAY onboarding process assigns a New Employee Orientation program that takes place for all employees immediately upon Hire. The first session includes the PREA course". In addition, an email had been disseminated to all WCCF managers, to include the WCCF-assigned Healthcare Manager, with related content and the PCM spoke specifically to managers and ensure their understanding of the importance of the above information.

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 ☒ Not applicable

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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); as well as ODOC Screening Tool: Blank Assessment, and PREA Risk Assessment Screening Tool (Update: June 2016) towards making compliance determinations with the provisions of this standard.

Standard 115.41a: ODOC Policy 40.1.13, Section C., Screening for Risk of Sexual Victimization and Abusiveness, stated, “The department shall provide housing assignments that reduce the likelihood of sexual abuse and sexual harassment while an AIC is in DOC custody. 1. AICs will be assessed within 72 hours of arrival at all DOC facilities...to determine whether they meet specific criteria indicating either vulnerability or likelihood of perpetrating sexual abuse”. Policy was in place to ensure screening for risk of sexual abuse victimization by and/or sexual abusiveness of AIC upon Initial Intake to ODOC and continued throughout the process of inter-facility transfers. Per Policy, upon intake to ODOC (generally an Intake Center), all offenders are to be screened within 72 hours with the PREA Risk Assessment Screening Tool. This is a screening tool for determination of an individual’s risk status as, “No Risk”, “Potential Vulnerable”, or “Potential Aggressive” with a possibility of meeting criteria for both PREA designations, “Potential Vulnerable & Potential Aggressive”.

Upon transfer to a new facility, the PREA Risk Assessment Screening from the prior facility will be valid for the first 72-hours to affect appropriate housing. Within 72-hours, the new facility is required, per Policy, to conduct a new PREA Risk Assessment Screening. This will then become the current risk determination for the offender, by which the facility will make all housing, programming, and placement determinations. Per Policy 40.1.13, Section C., Screening for Risk of Sexual Victimization and Abusiveness, Part 4, stated, “The department shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those AICs at high risk of being sexually victimized from those at high risk of being sexually abusive”. Per the facility, any offender who, for whatever reason, arrives at WCCF and has not had a previously completed PREA Risk Assessment Screening to determine risk level will have a screening completed before assignment of housing.

Per discussion while onsite, WCCF would typically receive PREA Risk Screening Assessment information prior to the offender’s arrival, based upon transportation lists with incoming AICs. Currently, all ODOC institutions receive a “PREA Transfer Alert” email daily indicating how many AICs scheduled for intake have PREA designators. Staff will then prescreen each offender for PREA-related risk issues. Per interviews with the Superintendent, PCM, and SART Intake Screening Personnel, all offenders transferring to WCCF received a PREA Risk Screening Assessment within 72-hours of arrival, while generally immediately upon intake. The WCCF team considered the screening results for housing and programming placements. For example, “Potential Vulnerable” and “Potential Aggressive” AICs were separated by dorm bed location assignments (NOTE: dually identified individuals would be individually evaluated for placements needs). Randomized offender interviews and informal conversations established that AICs believed WCCF considered their welfare in making placement decisions with all reporting they felt safe at the facility.

Based upon onsite review, SART and designated staff knew how to utilize the transfer list to make initial housing decisions by reviewing offenders PREA Risk Assessment Screening prior to placing offenders in assigned dorm beds. They reported risk information received upon transfer intake at WCCF was generally from the screening conducted at the originating facility, and used to inform housing placement (until the Intake PREA Risk Screening Re-Assessment at WCCF occurred). Furthermore, WCCF staff designated to make bed and placement decisions utilized the WCCF Intake PREA Risk Screening Reassessment information, once conducted (within the offender’s first 72-hours at the facility), to make subsequent placement decisions (e.g., housing, jobs, programming, etc.).

Per interview with LEP individuals, it was identified that those requiring translation services had not received services with bilingual supports during the PREA Screening process. The facility sent an email

(dated: 5/24/2022) to all relevant staff, entitled: PREA Risk Screening Audit Follow-up, to ensure that all future Screenings of LEP-identified individuals would incorporate translation service in the Screening process (i.e., upon intake, 30-day re-assessment, and as warranted).

- Corrective Action: Post-audit, WCCF provided the auditor with monthly intake lists identifying any individuals with limited English proficiency. The auditor selected a sampling of these individuals and provided this list to the ODOC PREA Unit for secondary interviews. The auditor had agreed to have confidential, telephonic interviews conducted by the ODOC PREA Unit with any AICs with identified LEP needs during which confirmation would be made with the AICs of their receipt of appropriate translation services in the Screening process (i.e., upon intake, 30-day re-assessment, and as warranted). On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of three (3) individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022. 100% (3/3) of the LEP AICs reported receipt of translation services for PREA Screening processes in an effective manner (e.g., use of in-person translator, telephonic interpretation). This suggested all LEP AICs had an appropriate opportunity to engage in and benefit from all elements of the Agency's PREA Screening processes (upon both intake and transfer) in an accessible format, as required for 115.41a.

Standard 115.41b: As stated in 115.41a, ODOC Policy 40.1.13, Section C., Screening for Risk of Sexual Victimization and Abusiveness, stated, "The department shall provide housing assignments that reduce the likelihood of sexual abuse and sexual harassment while an AIC is in DOC custody. 1. AICs will be assessed within 72 hours of arrival at all DOC facilities...to determine whether they meet specific criteria indicating either vulnerability or likelihood of perpetrating sexual abuse". Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.41; dated: 03/18/2022), "(b) Intake screenings take place within 72-hours of arrival at the facility. Most institutions complete the intake screening the same day the AIC arrives".

The PAQ submission of a Screening Audit Summary (pull date: 03/30/2022) reported 91.8% (202/220; discrepancy of 177 identified in PAQ report, believed to be secondary to run-date of audit and inmate arrival post-PAQ development) of transferred offenders had their Screening completed within mandated timeframes. Notably, a post-audit report, pulled for 5/12/2022 through 7/1/2022 demonstrated markedly decreased performance (pull date: 7/5/22), reported 76.9% (50/65 timely).

- Corrective Action: WCCF provided a monthly pull of the Screening Audit Summary for Intake Screening completed within 72 hours. A benchmark of above 90% was achieved and this CAP closed within two (2) months of issuance, while the facility continued to follow-up throughout the corrective action period. The PCM submitted data on a consistent basis with results received, as follows:
 - Email dated: 8/11/2022; Pull Date: 7/12 – 8/12/2022; Timely Screened Cases within 72-Hours: 27/27; 100%
 - Email dated: 9/9/2022; Pull Date: 8/5 – 9/5/2022; Timely Screened Cases within 72-Hours: 21/21; 100%
 - Email dated: 10/12/2022; Pull Date: 9/1 – 10/7/2022; Timely Screened Cases within 72-Hours: 28/28; 100%
 - Email dated: 11/14/2022; Pull Date: 10/1 – 11/10/2022; Timely Screened Cases within 72-Hours: 50/50; 100%
 - Email dated: 12/12/2022; Pull Date: 11/1 – 12/8/2022; Timely Screened Cases within 72-Hours: 39/39; 100%

The audit team interviewed two (2) Intake Counsellors, who performed PREA Risk Assessment Screenings, and they understood their responsibility to meet with arriving AICs at WCCF within seventy-two (72)-hours to ensure the administration of Assessment Screening. The auditor was able to corroborate Screening PAQ information and PREA Memorandum information with onsite evidence, in that ten (10/10; 100%) randomly selected PREA Risk Assessment Screenings demonstrated

completion within 72-hours of the offender's arrival. Randomized offender interviews further confirmed timely Screening completion, as inmates recalled having participated in the Screening processes while being processed for intake, if not, "...within the first few days here".

Standard 115.41c: Per Policy 40.1.13, Section C., Screening for Risk of Sexual Victimization and Abusiveness, Part 1.c, "An AIC should be identified for potential vulnerability or potential aggressiveness by utilizing an objective risk screening tool unless there is sufficient documentation by the reviewer to warrant concern". The ODOC PREA Risk Assessment Screening, a sample of which the auditor reviewed and judged an objective screening tool. The screening tool was comprised of questions designed to elicit responses aimed to best determine an offender's risk level while incarcerated, based upon established risk factors of being "No Risk", having risk of sexual abuse as "Potential Vulnerable", and/or having risk of sexual-offending behavior as "Potential Aggressive". The Screening Tool is not to be given to the offender to self-administer, but instead used as an interview tool to inform the assessor. The items are in a 'yes/no' format with a "Computed Results" score, and a section for "Override Reason Comments" beneath. The assessor later corroborated the Screening Assessment with inmate chart information and prior Screenings to make determinations as to whether an override was necessary, regarding individualized offender risk. The PREA Risk Assessment Screening is input into the OMS (Offender Management System) and system-scored.

Based upon interview with the Intake Counsellors, each was aware of the responsibility to utilize the PREA Risk Assessment Screening in a uniform, standardized manner in order to make consistent determinations regarding risk levels. After finalization of the Screening with the inmate, the Intake staff reported they corroborated information provided by the offender during interview with that contained in the individual's chart and previously completed Screenings, when relevant. The auditor randomly selected a sample of completed PREA Risk Assessment Screenings while onsite, and judged determination of risk reflected by Screening Computed Results to have been determined in an objective manner.

Standard 115.41d: Per Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 1.a, "Vulnerable AICs: AICs will be evaluated at Intake to specifically determine their vulnerability to sexual abuse as indicated by the following risk factors: (1.) Age; (2.) Physical stature; (3.) Mental, physical, or developmental disability; (4.) Sex offense convictions; (5.) First time offender status (first time in DOC custody); (6.) Past history of sexual victimization; (7.) AIC's own perception of vulnerability; (8.) Whether the AIC is or is not perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; and (9.) Whether the AIC's criminal history is exclusively nonviolent. The ODOC PREA Risk Assessment Screening, as reviewed by the auditor, has two separate protocols (one of males, the other for females). The auditor judged both protocols to incorporate all 115.42d criteria indicated for fulfillment of assessing inmates for risk of sexual victimization, including:

- (1.) whether the inmate has a mental, physical or developmental disability;
- (2.) the age of the inmate;
- (3.) the physical build of the inmate;
- (4.) whether the inmate has previously been incarcerated;
- (5.) whether the inmate's criminal history is exclusively nonviolent;
- (6.) whether the inmate has prior convictions for sex offenses against an adult or child;
- (7.) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8.) whether the inmate has previously experienced sexual victimization;
- (9.) the inmate's own perception of vulnerability; and
- (10.) whether the inmate is detained solely for civil immigration purposes (as there were no offenders at WCCF held solely for civil immigration purposes, item 10 was judged met materially as not applicable).

These items, based upon the auditor's review of the PREA Risk Screening Assessment form provided weighted scoring, as related to risk computation.

Through interview with two (2) of the WCCF Intake Staff responsible for offender intake and follow-up PREA Risk Screening Assessment, they described during interview the AIC was queried regarding each of the aforementioned risk factors. Subsequently, the assessor combined the interview information with that discovered through chart review. The Intake Staff described that risk scoring factored consideration of the offender's self-report, interviewer's perception (on relevant items), chart history, and responses from previous Screenings, as well as relative salience of particular item(s) (i.e., weighted). They described the automated scoring process more heavily weighted specific indicators in consideration of risk determination. The auditor reviewed sample Screenings (as provided with the PAQ) and gathered onsite through Random inmate file review, which demonstrated consistency with this described manner of interview and scoring process.

Per Random offender interview, regarding item number seven (7), there was concern that Intake staff were not consistently explicitly asking the AIC about LGBTI status; as nearly a third of the interviewed offenders did not recall having been asked a question of this nature during intake. The Agency sent an email (original dated: 5/19/2022; received by auditor via email dated: 5/24/2022) to all Intake qualified staff, entitled: PREA Risk Screening Audit Follow-up, which established the responsibility to query affirmatively for Screening question #7 responses associated with the inmates' sexual orientation and gender identity.

- Corrective Action: Post-audit, WCCF provided the auditor with the monthly intake lists. The auditor selected a sampling of these individuals and provided this list to the ODOC PREA Unit for secondary interviews related to affirmatively screening for question #7. The auditor had agreed to have confidential, telephonic interviews conducted by the ODOC PREA Unit during which determination would be gathered from the AICs of their receipt of appropriate Screening process (re: Affirmative response requirements for question #7 content). On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of seven (7) randomly selected new arrival individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022. 100% (seven; 7/7) of the AICs reported receipt of affirmative responses required for question #7 during screening. This suggested WCCF's PREA Screening processes (upon both intake and transfer) had conformed to the requirements related to this portion of 115.41d.

Standard 115.41e: In assessing inmates for risk of being sexually abusive, the ODOC PREA Risk Screening specifically considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence and/or sexual abuse, as known to ODOC. Per Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 1.b, "Aggressive AICs: AICs will be evaluated to specifically determine if there are indications that they may be a sexually abusive AIC, or are prone to victimize other AICs, especially in regard to sexual behavior. 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 AICs for risk of being sexually abusive". Per PREA Coordinator Memorandum, "The screening considers 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. This system does not rely solely off an AIC's self-report but automatically is fed into the assessment through other parts tracked in our systems. Each AIC is met with privately to conduct their screening". The auditor reviewed the PREA Risk Screening Assessment protocols (1. Males; 2. Females) to assure each of these items was included, and upon evaluation observed the Screening to meet these objectives.

During interview with the Intake Staff, they reported that the PREA Risk Assessment Screening included consideration of all risk factors indicated in 115.41e, with emphasis that inmate report was not the sole manner for inclusion of this information in screening. Instead the Assessment, involved an integration of the intake interview with the inmate, the Intake Staff's perceptions of the offender's veracity, along with a comprehensive review of the offender's case factors and details found

documented within the offender's chart, combined with prior PREA Risk Assessment Screenings. Risk Assessment Screens, as provided by WCCF in the PAQ and reviewed by the auditor onsite, conformed to this description and included the aforementioned factors in the assessment.

Standard 115.41f: Per ODOC Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 1, "AICs 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". Per PREA Coordinator's Memorandum, "AICs are re-screened within 30 days from the AIC's arrival at the facility... The staff who complete the re-screening varies from each facility... It is all on an automated system that came online in October 2016, and a compliance report will be provided to the auditor".

Based upon interviews while onsite, at WCCF, the identified SART Intake Staff meet with the offender on a second occasion, within 30 days, to discuss the follow-up PREA Risk Assessment Screening. This Screening is completed to address any concerns associated with the AIC's adjustment to their assigned dorm and programming, regarding sexual safety, potential victimization, concerns regarding predatory behavior or abusiveness, and coupled with any reports received from collateral sources (e.g., housing officers, inmates, programming assignments) regarding the offender's conduct that would merit readjustment of their risk score.

Per the auditor's onsite randomized inmate file review (ten files; 6/6; 100% met criteria for re-screening within 30 days. Four (4) offenders had not yet been at WCCF for 30 days and therefore did not be re-screening requirements), the Screening follow-up was consistently recorded in offenders' files, in a timely fashion. During Random inmate interviews, the relevant offenders were largely able to recall having participated in a follow-up Screening within an approximated timeline of three weeks to a month after their original arrival at WCCF, and continued to support that the facility appropriately addressed their sexual safety needs.

The PAQ of Screening Audit Summary: Within 30 days after intake/transfer, reported 99% (206/208; discrepancy of 140 identified in PAQ report, believed to be secondary to run-date of audit and inmate arrival post-PAQ development) of offenders had the follow-up PREA Risk Screening Assessment completed within mandated timeframes. Notably, a pre-audit secondary report pulled for 1/1/2022 through 6/4/2022 demonstrated markedly decreased performance (pull date: 7/5/22), reported 79.2% (145/183 timely). In addition, a post-audit report pulled for 4/12/2022 through 6/4/2022 demonstrated further decline (pull date: 7/5/2022), with 73.1% compliance (79/108 timely).

- Corrective Action: WCCF provided a monthly pull of the Screening Audit Summary for Intake Screening completed within 72 hours. A benchmark of above 90% was achieved and this CAP closed, while the facility continued to follow-up throughout the corrective action period. The PCM submitted data on a consistent basis with results received, as follows:
 - Email dated: 8/11/2022; Pull Date: 6/12 – 7/12/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 11/28; 39.9%
 - Email dated: 9/9/2022; Pull Date: 7/12 – 8/9/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 14/29; 48.3%
 - Email dated: 10/12/2022; Pull Date: 8/1 – 9/10/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 24/25; 96%
 - Email dated: 11/14/2022; Pull Date: 9/1 – 10/14/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 57/57; 100%
 - Email dated: 12/12/2022; Pull Date: 10/1 – 11/1/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 46/47; 97.9%

Standard 115.41g: Per Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 1.d, "An AIC'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 AIC's risk of sexual victimization or abusiveness". Per the PREA Coordinator's Memorandum, "([The AIC]...is reassessed any time there is additional, relevant information. Recently our automated system started completing auto-generated screenings when a case is closed out as substantiated so the victim and perpetrator can be reassessed...It is all on an automated system that came online in October 2016, and a compliance report will be provided to the auditor".

Based upon PCM and Intake Staff interview, WCCF conducted re-assessment Risk Screens, while there had been no required examples of such during the reporting period. While onsite, the audit team discussed with SART Intake Staff regarding when to conduct Risk Re-Assessments associated with substantiated PREA investigations and receipt of additional information; their responses conformed to appropriate completion of Screening follow-ups. The audit team also spoke with the Intake Staff, Superintendent, and PCM, who each indicated once Screening re-assessments were completed (when warranted), the offender's housing, placement and programming determinations would be re-evaluated to ensure consistency with their current risk rating.

Standard 115.41h: Per the PREA Coordinator's Memorandum, interview with the Intake Staff responsible for intake and follow-up PREA Risk Screenings, as well as Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 1. "...AICs may not be disciplined for refusing to answer, or for failing to disclose information regarding the assessment questions". This Policy and practice encompasses offender refusal to answer or non-disclosure of questions pursuant to 115.41d1, d7, d8, &/or d9. During Random interview, no (0/28; 0%) offenders reported having been disciplined associated with their responding patterns and/or refusal to provide answers to the PREA Screening during interview. Intake staff reported they had not imposed sanctions associated with the inmate's decision not to respond during the PREA Risk Screening. The auditor did not discover any disciplinary incidents associated with failure and/or refusal to respond to PREA Risk Screening Assessment questions, as based upon documentation and site review.

Standard 115.41i: ODOC has implemented processes that demonstrate implementation of appropriate controls regarding dissemination within the facility of responses to questions asked pursuant to 115.41, in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Per PREA Coordinator's Memorandum, "The agency has implemented appropriate controls. The agency PREA Coordinator and other central office PREA staff are the only people who can assign staff access to the assessments. These are done on a case by case basis; ensuring information is not exploited to the AIC's detriment by staff or other AICs. Additionally, all staff can view whether an AIC is potentially vulnerable or aggressive but does not have access to why they have scored that way".

Interview with the PREA Coordinator, Superintendent, PCM, and Intake Staff confirmed that WCCF had implemented appropriate controls for the dissemination within the facility of responses to questions asked pursuant to the PREA Risk Assessment Screening. Such controls were designed to ensure sensitive information could not be exploited to the offender's detriment by staff and/or other offenders. Results that determined PREA "Potential Vulnerable" and/or "Potential Aggressive" were located into the Offender Management System (OMS) database. The results of the Screening were accessible in the general status portion of OMS to ensure accessibility to staff members who make determinations regarding housing, bed placements, education, work positions, and program assignments, while these staff members would not have full access to detailed PREA Risk Assessment Screening information unless required by position designation. While onsite, the Housing Officers confirmed to the auditor that their access to OMS solely displayed general Risk Screening information, not the comprehensive information as input into the PREA Screening tool.

The OMS access for full Screening view has been granted to the PREA Coordinator and central office PREA Unit staff. The PREA Coordinator and central office PREA Unit staff, who establish system

access and approval, are the designated position controls. These identified individuals are the only ODOC staff who can grant additional staff access, based upon individual review and as related to job duty requirements. For access, the WCCF PCM must submit control requests to the PREA Coordinator, providing detailed reasons to support the request. In the OMS, assigned roles received different levels of access. For example, SART members and classification staff receive different access permissions. SART members, who typically complete administrative investigations, were able to access OMS screens to view the findings of historical PREA investigations of those inmates involved; whereas counselors would have access limited to that required for program, work, and education placements, as well as housing/bed decisions. Training on the OMS PREA Risk Assessment Screening use was also required, upon approval.

Corrective action was issued and completed for this standard.

Per interview with LEP individuals, it was identified that those requiring translation services had not received services with bilingual supports during the PREA Screening process. The facility sent an email (dated: 5/24/2022) to all relevant staff, entitled: PREA Risk Screening Audit Follow-up, to ensure that all future Screenings of LEP-identified individuals would incorporate translation service in the Screening process (i.e., upon intake, 30-day re-assessment, and as warranted).

- Corrective Action: Post-audit, WCCF provided the auditor with monthly intake lists identifying any individuals with limited English proficiency. The auditor selected a sampling of these individuals and provided this list to the ODOC PREA Unit for secondary interviews. The auditor had agreed to have confidential, telephonic interviews conducted by the ODOC PREA Unit with any AICs with identified LEP needs during which confirmation would be made with the AICs of their receipt of appropriate translation services in the Screening process (i.e., upon intake, 30-day re-assessment, and as warranted). On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of three (3) individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022. 100% (3/3) of the LEP AICs reported receipt of translation services for PREA Screening processes in an effective manner (e.g., use of in-person translator, telephonic interpretation). This suggested all LEP AICs had an appropriate opportunity to engage in and benefit from all elements of the Agency's PREA Screening processes (upon both intake and transfer) in an accessible format, as required for 115.41a.

115.41b

The PAQ submission of a Screening Audit Summary (pull date: 03/30/2022) reported 91.8% (202/220; discrepancy of 177 identified in PAQ report, believed to be secondary to run-date of audit and inmate arrival post-PAQ development) of transferred offenders had their Screening completed within mandated timeframes. Notably, a post-audit report, pulled for 5/12/2022 through 7/1/2022 demonstrated markedly decreased performance (pull date: 7/5/22), reported 76.9% (50/65 timely).

- Corrective Action: WCCF provided a monthly pull of the Screening Audit Summary for Intake Screening completed within 72 hours. A benchmark of above 90% was achieved and this CAP closed within two (2) months of issuance, while the facility continued to follow-up throughout the corrective action period. The PCM submitted data on a consistent basis with results received, as follows:
 - Email dated: 8/11/2022; Pull Date: 7/12 – 8/12/2022; Timely Screened Cases within 72-Hours: 27/27; 100%
 - Email dated: 9/9/2022; Pull Date: 8/5 – 9/5/2022; Timely Screened Cases within 72-Hours: 21/21; 100%
 - Email dated: 10/12/2022; Pull Date: 9/1 – 10/7/2022; Timely Screened Cases within 72-Hours: 28/28; 100%
 - Email dated: 11/14/2022; Pull Date: 10/1 – 11/10/2022; Timely Screened Cases within 72-Hours: 50/50; 100%

- Email dated: 12/12/2022; Pull Date: 11/1 – 12/8/2022; Timely Screened Cases within 72-Hours: 39/39; 100%

115.41d:

Per Random offender interview, regarding item number seven (7), there was concern that Intake staff were not consistently explicitly asking the AIC about LGBTI status; as nearly a third of the interviewed offenders did not recall having been asked a question of this nature during intake. The Agency sent an email (original dated: 5/19/2022; received by auditor via email dated: 5/24/2022) to all Intake qualified staff, entitled: PREA Risk Screening Audit Follow-up, which established the responsibility to query affirmatively for Screening question #7 responses associated with the inmates' sexual orientation and gender identity.

- Corrective Action: Post-audit, WCCF provided the auditor with the monthly intake lists. The auditor selected a sampling of these individuals and provided this list to the ODOC PREA Unit for secondary interviews related to affirmatively screening for question #7. The auditor had agreed to have confidential, telephonic interviews conducted by the ODOC PREA Unit during which determination would be gathered from the AICs of their receipt of appropriate Screening process (re: Affirmative response requirements for question #7 content). On 11/3/2022, the auditor provided the ODOC PREA Unit with a list of seven (7) randomly selected new arrival individuals for interview. Interviews were conducted by the ODOC PREA Unit on 11/4/2022. 100% (seven; 7/7) of the AICs reported receipt of affirmative responses required for question #7 during screening. This suggested WCCF's PREA Screening processes (upon both intake and transfer) had conformed to the requirements related to this portion of 115.41d.

115.41f:

The PAQ of Screening Audit Summary: Within 30 days after intake/transfer, reported 99% (206/208; discrepancy of 140 identified in PAQ report, believed to be secondary to run-date of audit and inmate arrival post-PAQ development) of offenders had the follow-up PREA Risk Screening Assessment completed within mandated timeframes. Notably, a pre-audit secondary report pulled for 1/1/2022 through 6/4/2022 demonstrated markedly decreased performance (pull date: 7/5/22), reported 79.2% (145/183 timely). In addition, a post-audit report pulled for 4/12/2022 through 6/4/2022 demonstrated further decline (pull date: 7/5/2022), with 73.1% compliance (79/108 timely).

- Corrective Action: WCCF provided a monthly pull of the Screening Audit Summary for Intake Screening completed within 72 hours. A benchmark of above 90% was achieved and this CAP closed, while the facility continued to follow-up throughout the corrective action period. The PCM submitted data on a consistent basis with results received, as follows:
 - Email dated: 8/11/2022; Pull Date: 6/12 – 7/12/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 11/28; 39.9%
 - Email dated: 9/9/2022; Pull Date: 7/12 – 8/9/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 14/29; 48.3%
 - Email dated: 10/12/2022; Pull Date: 8/1 – 9/10/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 24/25; 96%
 - Email dated: 11/14/2022; Pull Date: 9/1 – 10/14/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 57/57; 100%
 - Email dated: 12/12/2022; Pull Date: 10/1 – 11/1/2022; Timely Screened Cases within 30-Days after Intake/Transfer: 46/47; 97.9%

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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); and Understanding ODOC Inmate File Information (dated: 10/23/2018) towards making compliance determinations with the provisions of this standard.

Standard 115.42a: ODOC Policy 40.1.13 addresses the appropriate assignment of those inmates at high risk for sexual victimization and/or sexual abusiveness. Specifically, Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 3 & 4, state, “3. The department makes individualized determinations about how to ensure the safety of each AIC including housing, work assignments and access to services. 4. The department shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those AICs at high risk of being sexually victimized [i.e., “Potential Vulnerable] from those at high risk of being sexually abusive [i.e., “Potential Aggressive]”. Therefore, per Policy, information gathered through the risk screening (i.e., ODOC PREA Risk Assessment Screening) shall be utilized in determination of every offender’s: (1.) housing; (2.) bed placement; (3.) work assignments; (4.) education; and (5.) program with the aim of separating those offenders who demonstrate high risk of being sexually victimized from those who show high risk of sexual abusiveness.

Per PREA Coordinator’s Memorandum (subject: Compliance with PREA Standard 115.42; dated: 08/17/2021), “The PREA policy sets the requirement that the agency uses information from the risk screening to inform bed, work, education and program assignments with the goal of keeping separate those AICs at high risk of being sexually victimized from those at high risk of being sexually abusive. Currently all institutions receive a PREA Transfer alert email daily, telling them how many AICs are arriving with PREA designators. Facilities then need to go in the Offender Management System and check that they have reviewed the AIC arriving. The system does a hard stop on all AICs designated as potentially aggressive being housed with someone who is potentially vulnerable in a celled unit. It does not in a dormitory, because staff designate visible bunks for this purpose. Notifications are made to staff who assign housing, bed, work, education, and program assignments and when they are making those assignments, their designator is displayed. AICs who have designators are placed in high visibility areas. Each institution has identified which areas they need to be careful to place AICs with designators, especially focusing on aggressive AICs. The automated system ensures that if an AIC receives a PREA designator while living in cell with an AIC of the opposite PREA designator an auto-generated email is sent out so the facility can find other housing arrangements”.

As indicated in 115.41 and elaborated in 115.42, upon intake, WCCF staff rely on the PREA Risk Assessment Screening information from the originating facility, via the “PREA Transfer Alert” email for making AIC placement decisions within the first seventy-two (72) hours of arrival. Once the PREA Risk Screening Assessment has been completed (generally immediately upon intake; while *always* within 72-hours at WCCF), the Risk Screening results completed at WCCF becomes the basis for subsequent custodial decisions; to include offender housing, bed placement, work assignments, education, and programming. Per interviews with the PCM, Intake staff, and Housing Officers, WCCF staff use the Risk Screening to inform determinations about the aforementioned five (5) placement, assignment, and programming considerations.

Per interview with the PREA Coordinator, Superintendent, PCM, and Intake Staff, WCCF utilized the PREA Risk Screening in making incoming AIC placement decisions. The required process, as reviewed by the auditor and described in the “Transfer Alert Report” email, included:

“To review these moves take the following steps:

- Go to the 'PREA Transfers' screen.
- Make sure your Institution is selected.

- Either select the executable link for "Case #" and read the Incident Report, or select the "Offender Type" link and then "Find" in the next window which will display a "PREA Incident" executable link and read the Incident Report.
- Decide if you need to let your team know about this particular adult in custody.
- Go back to PREA Transfers.
- Check the box under reviewed.
- PRESS save DO NOT PRESS run.

Risk Screening intake results are documented in the OMS, and noted if an offender displays increased potential to be sexually victimized or for sexual aggression. Housing and bed selection required the positive ability to process the offender with the existing PREA designators (in OMS: 'AGGR' and 'VULN') into a location that permitted the OMS system to process without identified 'conflict'. As reviewed by the auditor, ODOC had and applied automated systems that reflect, "Unapproved Cellmates with Designators", and "Automation to ensure inmates are not housed or work/program together". In addition, there are manual entry, "WCCF AIC 'Temporary' Attendance (Rev. 1/21/22)" and "WCCF Work Programs Work Assignment Request (Rev. 2/26/20)" forms that stipulate review of any AIC with a PREA designator be reviewed against those AICs already located in the same area. Intake staff will complete the PREA Risk Assessment Screening within 72-hours and again after 30-days. If the offender demonstrated a change to their potential for sexual victimization or sexual predation, based upon the WCCF PREA Risk Assessment, the facility would revisit associated placement decisions. Furthermore, the facility would take appropriate actions to evaluate the offender's sexual safety on an on-going basis should their risk assessment classification change.

As indicated, based upon ODOC Policy and relevant interviews, WCCF made a clear effort to utilize the information gathered through the risk screening (required by standard 115.41) to separate those offenders with potential for sexual victimization from those with potential for sexual aggression.

Standard 115.42b: As stated in 115.41a, b, f & g, per Policy 40.1.13, every offender will have a PREA Risk Assessment Screening conducted at every facility upon facility intake, after 30-days at the facility, and as warranted through their custodial term. The offender will receive an Initial PREA Risk Screening upon entry into the ODOC system, and thereafter, upon each transfer, as an Intake within 72-hours and again within 30-days of placement within the facility. Furthermore, the offender shall have Risk Screening conducted should there be indicators present suggesting a possibility of change in their risk status. As a result, each offender's PREA Risk Assessment Screening was not a 'grouped' element, but instead 'individualized'. Upon entry to a facility, as explained in 115.42a above, the incarcerated individual's PREA Risk Screening designation will be utilized to inform housing and bed placements, as well as job, education, and program assignments.

Per interview with Superintendent, PCM, Intake Staff, and facility Housing Officers (with authorized access based upon their roles), WCCF utilized screening information to make individualized determinations about how to ensure the safety of each offender. They identified the Risk Screening as a fluid process with importance upon reassessment, as necessary, to ensure every offender's individualized risk level reflected appropriate placements for the sexual safety of all offenders at the facility. In addition, inmates interviewed, formally and informally, indicated they believed their housing and program placements were in locations where they felt sexually safe, while able to participate in programming to maximum benefit.

Standard 115.42c: ODOC Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 1.f, delineated, "In deciding AIC housing and programming assignments for transgender or intersex AICs, the department shall consider on a case-by-case basis whether a placement would ensure the AIC's health and safety, and whether the placement would present

management or security problems". Per PREA Coordinator Memorandum, "ODOC has a Transgender and Intersex Committee, which meets weekly or as needed to determine the best housing and program assignments for transgender and intersex AICs. 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, Security Representative and others as needed. This group meets any time a new transgender or intersex AIC arrives in ODOC custody or every time there is a concern with a transgender or intersex AIC's placement. These reviews are tracked in an automated system and no AIC can be moved without prior approval from the committee. ODOC does not assign housing strictly by genital status and each transgender AIC will be considered for each gender of housing and the safety and security of the AIC and other AICs will be considered. WCCF has only had one transgender AIC housed at this facility [although this was not within the past 12 months]". Per PREA Coordinator Memorandum, ODOC housed transgender individuals not specifically in accordance with their external genitalia. Per Policy and PREA Coordinator Memorandum, in making facility, housing, and program assignment decisions, ODOC must ensure the inmate's health and safety, as well as whether a placement would present management or security problems, in addition to considering the offender's views about their own safety.

The PREA Coordinator, Superintendent, and PCM all indicated that, per Policy and practice, ODOC and WCCF provide an inclusive environment for transgender and intersex offenders with an aim that all inmates feel safe. They emphasized placement and assignment decisions (including housing and programming) for transgender or intersex offenders would be made on a case-by-case basis with assurance towards the offender's health and safety, and consideration of any possible management or security problems, which include the offender's own views regarding their own safety. While there were no (0) individuals meeting this Specialized category housed at WCCF during the reporting period or onsite review, the auditor also spoke during interviews with staff regarding their perspectives about the placement of transgender and intersex offenders at WCCF, who all supported the criteria as related to 115.42c. Based upon the auditor's judgement, WCCF would make facility, housing, and program placement determinations for transgender and intersex offenders on a case-by-case basis, which aimed to ensure the inmate's health and safety, and evaluated whether placement would present management or security problems.

Standard 115.42d: ODOC Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 2, stipulated, "The PREA Compliance Manager or designee will review placement and programming assignments for each transgender or intersex AIC at least twice each year to review any threats to safety experienced by the AIC". Per PREA Coordinator Memorandum, "The PREA policy outlines that transgender and intersex AIC's placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the AIC. The PREA Compliance Manager and SART team is responsible to ensure this is completed. This is tracked through an automated system and an example is provided as documentation. Documentation for the one transgender AIC will be supplied in the documentation. The AIC was transferred for release, therefore the facility only completed two reviews". Documentation, as reviewed by the auditor, related to the transgender AIC conformed to this standard provision.

As indicated there were no (0) individuals who met this Specialized category housed at WCCF during the review period or onsite review. However, the Superintendent and PCM were aware that WCCF was to conduct placement and assignment reviews for transgender and intersex offenders twice annually. The auditor also discussed with the PREA Coordinator ODOC Transgender and Intersex Committee's completion of housing reviews for transgender offenders, which supported that reviews were completed on a biannual basis agency-wide. On an Agency-wide basis, the PREA Coordinator confirmed to Committee's oversight of every transgender and intersex case to ensure each had twice annual reviews completed, as required per Policy.

Standard 115.42e: Policy 40.1.3, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 1.f(2) stipulated, “A transgender or intersex AIC’s own views with respect to their own safety shall be given serious consideration”. Per PREA Coordinator Memorandum, “As required by policy, we consider a transgender and intersex AIC’s own views with respect to his or her own safety and give it serious consideration”. In practice, WCCF has given consideration to the views of transgender inmates with respect to their own safety when making facility and housing placement decisions and programming assignments. Specifically, the documentation provided for the transgender AIC housed previously at WCCF included their input sought during biannual reviews with related elements to contribute to case determinations.

During interview, the PREA Coordinator expressed an important component of the biannual review is to discuss the transgender or intersex offender’s own perceived level of safety. Documentation on the provided WCCF and Transgender and Intersex Committee, included contributions as related to their perceived safety from the identified transgender AIC. The WCCF PCM and Superintendent also confirmed that when making facility and housing placement decisions, as well as programming assignments, the transgender or intersex offender’s views with respect to their own safety would be given deliberate consideration. As noted, there were no (0) individuals while onsite or during the reporting period who met criteria for Specialized interviews within this category. However, per Policy, supporting documentation, and interviews, it is clear that transgender or intersex AICs would have their views of safety considered when making facility and housing placements, as well as programming assignments.

Standard 115.42f: ODOC Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization and Abusiveness, Part 1.f (1), stated, “If requested, transgender or intersex AICs shall be given the opportunity to shower separately from other AICs”. Per PREA Coordinator’s Memorandum, “As required by policy transgender and intersex AICs shall be given the opportunity to shower separately from other AICs. Each institution has a plan to ensure this can be accomplished even if they don’t currently have transgender AICs housed at their facility. We ask this question during every review with the AIC”.

Upon WCCF site review inspection, the facility physical plant is such that shower stalls in each Housing Unit were in a long line of low-partitioned, multi-shower access areas. However, there was the ability to mount a partition, which WCCF possessed, in the case of a transgender or intersex AIC being placed at the facility. In addition, per 115.15 corrective action plan, WCCF will complete modifications to raise shower stall partitions, which would make all shower stalls accessible to an identified transgender or intersex offender. Therefore, each Housing Unit provided a space with the existing infrastructure in place to ensure a transgender, intersex and/or gender non-conforming offender had the opportunity to shower separately, regardless of where they were housed.

During interview, the Superintendent, PCM, and SART members were aware of their responsibility to implement 115.42f provisions should a transgender or intersex AIC be housed at WCCF. Based upon documentation review, the transgender AIC housed at AIC historically, had been offered the opportunity to shower separately from other AICs. While there were no (0) individuals while onsite or during the reporting period who met criteria for interviews within this Target category, it is clear the facility is aware of their responsibility to implement 115.42f accordingly.

Standard 115.42g: ODOC is not in connection with a consent decree, legal settlement, or legal judgment related to this provision of Standard 115.42g. Per PREA Coordinator’s Memorandum, “LGBTI AICs are not placed in dedicated facilities, units or wings solely based of such identification or status. ODOC is not subject to a consent decree, legal settlement, or legal judgement for protecting such AICs. All AICs are housed on a case by case basis depending on their needs”.

At WCCF, the auditor confirmed appropriate housing placement processes for LGBTI and gender non-conforming offenders through discussion with the Superintendent, PREA Coordinator, and PCM. All related staff denied segregated housing practices of the indicated population would occur within the facility. While there were no (0) known incarcerated individuals at WCCF during the onsite review who represented the LGBTI and gender non-conforming community, the auditor judged historical documentation, interviews, and site observation to be consistent with not having dedicated facilities, units or wings for LGBTI AICs. There did not appear to be any areas separated from the main population specifically for placement of offenders solely on the basis of identification or status as LGBTI and/or gender non-conforming.

No corrective action was required for this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts 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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) towards making compliance determinations with the provisions of this standard.

Standard 115.43a: Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization, Part 1.e, stated, "AICs 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 AIC in administrative housing for less than 24 hours while completing the assessment...(3) If an administrative housing assignment is made, the officer-in-charge shall clearly document:

- The basis for the facility's concern for the AICs safety; and
- The reason why no alternative means of separation can be arranged".

Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.43; dated: 08/17/2021), "ODOC PREA policy outlines that it does not place AICs at high risk for sexual victimization in administrative housing unless an assessment of all available alternatives determines that there is no available alternative means of separation from likely abusers. If we cannot conduct such an assessment immediately, we may hold the AIC in administrative housing for less than 24 hours while completing the assessment. Typically, this is never done unless there is an exigent circumstance".

Per interviews with the Superintendent and PCM, housing of inmates who may be at risk for sexual victimization is managed with consideration given to their safety on the basis of the offender's cell, housing unit, and facility, with all options considered. They both expressed, as the last alternative, WCCF would utilize movement of the individual at risk for sexual victimization to involuntary segregation. Based upon interviews with the Superintendent and PCM, they were aware of the facility's responsibility to document clearly the basis for concern regarding the inmate's safety if they utilized involuntary segregation for this purpose. Furthermore, in such cases, the facility was aware to document clearly the reason why they were unable to arrange an alternative means of separation.

There were no instances of involuntary segregated housing assignment made pursuant to 115.43a during the reporting period and site review; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. Per record review (i.e., individuals identified as, "Potential Vulnerable"; alleged victims of PREA investigations), the auditor judged reporting period information related to WCCF not having placed inmates at high risk for sexual victimization in involuntary segregation, consistent with that provided through site review and WCCF interviews. According to the PAQ, there were zero (0) inmates at risk of sexual victimization who had been assigned to involuntary segregated housing in the reporting period. During the site review, there was offenders placed in the Disciplinary Segregation Unit (DSU), while their placement was unrelated to the provisions of this standard, per facility report and documentation review. Information gathered during the site review, including both staff and offender interviews, as well as documentation review, was consistent with PAQ-provided data that no (0) offenders were placed in involuntary secured housing based upon risk for of sexual victimization. The auditor further confirmed PAQ data through review of PREA investigations, and WCCF housing assignments for offenders with PREA "Potential Vulnerable" designation (i.e., indicated risk of sexual victimization). Per review, the facility had not housed any of these offenders in the Segregated Housing area secondary to potential victimization issues. Instead, WCCF had placed each in locations evaluated to minimize contact with offenders whose PREA Risk Assessment indicated potential risk of sexual predation.

Standard 115.43b: Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization, Part 1.e (1), stated, AICs 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 documents:

- The opportunities that have been limited;
- The duration of the limitations; and
- The reasons for such limitations.

Per PREA Coordinator Memorandum “The PREA policy states that AICs placed in administrative (segregated) housing will have access to programs, privileges, education, and work opportunities to the extent possible and 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 limitation. As specified before, this is typically never done unless there is an exigent circumstance”.

There were no instances of involuntary segregated housing assignment made pursuant to 115.43a during the reporting period and site review; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. Based upon interviews with the Superintendent and PCM, they were aware of the facility’s responsibility to provide access to programs, privileges, education, and work opportunities, to the extent possible. They were also both able to articulate that if the facility restricted any access to programs, privileges, education, or work opportunities, they were obligated to document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations.

Standard 115.43c: Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization, Part 1.e (2), “The facility shall assign such AICs 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”. Per PREA Coordinator Memorandum, “The PREA policy states that the facility shall assign such AICs 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”.

There were no instances of involuntary segregated housing assignment made pursuant to 115.43a; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. Interview with the Superintendent and PCM indicated they were clearly aware that WCCF would assign AICs at risk of victimization to administrative housing only until they arranged an alternative means of separation from likely abusers. Furthermore, both indicated WCCF would minimize such an involuntary administrative segregation assignment to the greatest extent possible, and not exceed a period of 30 days

Standard 115.43d: Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization, Part 1.e (3), stated (as cited in 115.42a), “If an administrative housing assignment is made, the officer-in-charge shall clearly document:

- The basis for the facility’s concern for the AICs safety; and
- The reason why no alternative means of separation can be arranged”.

The PREA Coordinator Memorandum, cited, “The PREA policy states that if an AIC is placed on involuntary administrative housing exceeding 30 days the AIC will receive a hearing by a hearings officer in accordance with the Administrative Housing Rule. The administrative housing assignment is made by the officer-in-charge (OIC), who shall clearly document the basis for the concern for the AIC’s safety; and the reason why no alternative means of separation can be arranged”.

There were no instances of involuntary segregated housing assignment made pursuant to 115.43a; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. However, based upon interviews with the Superintendent and PCM, they were aware of the facility’s responsibility to document clearly the basis for concern regarding the inmate’s safety if WCCF utilized involuntary segregation for this purpose. Furthermore, in such cases, they were aware of the Officer-In-Charge’s duty to document clearly the reason why WCCF could not arrange alternative means of separation.

Standard 115.43e: Any involuntary administrative segregation placement of an AIC at high risk of sexual victimization that exceeds past thirty (30) days, per Policy 40.1.13, necessitates documentation

providing justification for the extension. Policy 40.1.13, Section C. Screening for Risk of Sexual Victimization, Part 1.e (4), stated, 'Every 30 days, the facility shall afford each such AIC a review to determine whether there is a continuing need for separation from the general population'. Per PREA Coordinator Memorandum, "The PREA policy states that every 30 days the facility shall afford each such AIC a review to determine whether there is a continuing need for separation from the general population".

There were no instances of involuntary segregated housing assignment made pursuant to 115.43a; therefore, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to risk of sexual victimization. However, based upon interviews with the Superintendent and PCM, they were aware of the facility's responsibility to provide the identified AIC a review to assess whether there is a continuing need for separation from the general population. As noted, the facility had not used involuntary segregation for this purpose, and indicated such placement would be as brief as possible.

No corrective action was required for this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland

Security? (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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); as well as the publicly available ODOC website and ODOC Agency Visitor brochure towards making compliance determinations with the provisions of this standard.

Standard 115.51a: Per ODOC Policy 40.1.13, Section D. Reporting, Part 1.b, stated, "AICs are encouraged to report when either of the following conditions exists:

1. The AIC has been or is currently a victim of sexual abuse, sexual solicitation, sexual harassment, or sexual coercion while incarcerated; or
2. The AIC has knowledge or suspicions of sexual abuse, sexual solicitation, sexual harassment, or sexual coercion having occurred or occurring in a correctional institution, or any staff neglect or violation of responsibilities that may have contributed to such an incident.
 - a. AICs who report to DOC staff that they have been sexually abused or have knowledge or suspicions of another AIC who has been sexually abused, sexually solicited, sexually harassed, or sexually coerced, do so with the understanding that DOC staff will investigate and where appropriate, refer to the Oregon State Police and Special Investigations Unit".

Policy 40.1.13, Section D. Reporting, Part 2.d Staff Reporting, stated, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an AIC that they have been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form (CD 1620)”. Per Policy 40.1.13, all staff shall report allegations or incidents of sexual misconduct. Therefore, when choosing to speak with a staff member, offenders may make a PREA allegation report to any staff member with whom they are comfortable in speaking about such allegations and the staff member must report said allegation. Reports may include incidents of sexual abuse, sexual harassment, retaliation by other inmates or staff that may have occurred secondary to the reporting of such PREA-related incidents, as well as staff neglect or violation of responsibilities that may have contributed to the occurrence of PREA-related incidents.

Per PREA Coordinator’s Memorandum (subject: Compliance with Standard 115.51; dated: 3/18/2022), “ODOC provides multiple internal ways for AICs to privately report sexual abuse and sexual harassment, retaliation by other AICs or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such a report. AICs can report by:

- Dialing “9 1” on any AIC phone to call the PREA hotline. The Agency PREA Coordinator receives all hotline calls and assigns out for investigation. This call can be placed without using an identifying PIN.
- Writing or calling the Governor’s Office
- Writing an AIC communication (anonymous or by name)
- To any staff
- Through a family, friend, or another AIC (third party)
- Grievance system”

During all inmate (28/28; 100%), as well as Randomized staff interviews (14/14; 100%), all were able to articulate internal ways to privately report any sexual abuse, sexual harassment and retaliation regarding PREA-related allegations. The most cited responses were either direct, verbal report to any staff member of the offender’s choice and use of the ODOC Hotline. Internal means of privately reporting at WCCF, also frequently cited during inmate and staff interviews included, submission of a ‘kyte’ (i.e., inmate communication to staff by note) or having an outside support in the community submit a report. During the site review, the auditor established that there were ODOC Reporting Posters available regarding reporting processes (to include addresses and telephone numbers) and the toll-free telephonic system was appropriately receiving submitted reports.

During the site review, the audit team discovered the facility had prior versions of the ODOC-supported PREA posters. This meant incarcerated individuals would not receive appropriate information, as that provided in the most recent version. While posters upon site review had outdated information, the audit team was able to successfully reach the hotline location through following verbal prompts on the phone system, which did not require entry of an offender’s identifying information. The facility had the updated posters on-site, and agreed to affix these throughout the facility. In order to remedy, WCCF emailed the auditor a random sampling of the new posters affixed in appropriate areas (photographic evidence random sampling of two institutional locations email received on 6/23/2022, and in all housing units email received on 7/01/2022).

Standard 115.51b: ODOC had provided offenders with the ability to contact both private and public entities, at least one of which was outside of the Agency. Per PREA Coordinator’s Memorandum, “ODOC has an agreement with the Governor’s Office to allow for an AIC to remain anonymous. A copy of that agreement is included as supporting documentation. AICs are educated in this process through

posters and other educational materials. AICs may report anonymously over the telephone to the PREA Coordinator”.

The Governor’s Office was the Agency’s official external reporting entity and responsible to follow up on any allegations they received of sexual abuse, sexual harassment or retaliation related to the reporting thereof while allowing the offender, upon request, to remain anonymous. ODOC carried an agreement with the Governor’s Office for this purpose, which the auditor reviewed. Per ODOC and Governor’s Office Agreement, “Governor’s Office PREA Reporting Process: The Governor’s Office of Constituent Services agrees to provide a way for Adults in Custody at the Oregon Department of Corrections (ODOC)...to report sexual abuse or sexual harassment. The Governor’s Office agrees to forward such report to the ODOC PREA Coordinator...by email **no less than 72 hours of receipt**...3. In all cases, if the writer/caller requests confidentiality, all of their personally identifiable information will be redacted prior to scanning into the database, and before forwarding the information to the ODOC PREA Coordinator...4. The Governor’s Office will keep all allegations of sexual abuse and sexual harassment confidential and limited to need-to-know personnel only...5. The ODC PREA Coordinator will ensure that the following contact information be posted on the PREA website at <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>, and be distributed to the ODOC inmate population by posting notice and included in inmate newsletters”. Therefore, the ODOC and Governor’s Agreement explicitly identified that they would receive and forward inmate reports of sexual abuse and sexual harassment to Agency officials. In addition, the Governor’s office provided mechanisms to allow the inmate to remain anonymous upon request.

The Agency had multiple processes in place for offenders to report PREA allegations, externally, including:

- Third party reporting (through peers, family, lawyers, and external contacts; the auditor reviewed the ODOC Visitor’s PREA Information Brochure for reporting processes and found two associated numbers, Inspector General’s Hotline (877) 678-4222 and Governor’s Citizen Message Line (503) 378-4582, with instructions on reporting processes).
- Anonymous and confidential reporting by sending allegation information to the Governor’s Office, the Agency’s official external reporting entity.

Information regarding these reporting mechanisms was provided in inmate handbooks (available in English, Spanish, and Russian), which was contained within Orientation Packet and discussed at intake, as well as posted on ODOC PREA Reporting Posters with the requisite address for communication.

During Randomized incarcerated individual interviews, calling the ‘IG-Hotline (Inspector General – Hotline)’ and using a third party were cited as resources to confidentially and, if desired, anonymously submit reports of sexual abuse, sexual harassment and/or retaliation. When queried about an outside reporting Agency address, the majority of individuals were able to state that they had access to such addresses on the PREA Reporting posters or through their counselor. However, the offender population most frequently expressed the most viable manner in which they would submit an anonymous report would be via the ‘IG-hotline’ and not provide their name; despite the fact that this was not necessarily considered a reporting mechanism ‘external’ to ODOC. Based upon the auditor’s review of the WCCF Investigations Log there were hotline reports included. Per facility report and PREA Coordinator communication, WCCF had received no reports during the review period from the Governor’s Office for this purpose.

Per PREA Coordinator and facility report, as well as onsite observation, there were no offenders at the facility detained solely for immigration purposes. Thus, the auditor judged this portion of the standard provision met materially as not applicable.

Standard 115.51c: As stated above, Policy 40.1.13, Section D. Reporting, Part 2.d Staff Reporting, stated, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an AIC that they have been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form (CD 1620)”. Per Policy 40.1.13, all staff shall report allegations or incidents of sexual misconduct. Per PREA Coordinator Memorandum, “The PREA policy states that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document reports through a Staff Reporting Responsibilities form”. Staff shall document, ‘promptly’, indicating prior to the end of the shift. All facility employees, contractors, and volunteers are required, by Policy, to report all PREA allegations received, regardless of the manner in which it was obtained (to include verbally, in writing, anonymously, and from third parties) and those who fail to report may receive corrective and/or disciplinary action for their failure to do so. ODOC Initial PREA Training and annualized trainings delineate procedures for this Policy.

Based upon Random interviews with facility staff, contractors and volunteers, all were aware of their responsibility to both accept any reports provided to them from AICs related to sexual abuse, sexual harassment, and/or retaliation related to the same, regardless of the manner in which it was received (to include: written, verbal, third party, or anonymously). WCCF staff, contractors and volunteers identified their first responsibility, secondary to First Responder duties (i.e., ensuring the victim’s safety), included immediate notification of their appropriate supervisor regarding the alleged PREA-related occurrence. All interviewed identified the importance of documenting reported PREA allegations in as prompt a manner as possible. When queried they indicated they must complete associated documentation, at minimum, prior to leaving the facility at the end of their shift/assigned duties.

Standard 115.51d: Per Policy 40.1.13, Section D. Report, Part 2.c Staff Reporting, “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. 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. When the victims of sexual abuse, sexual solicitation, sexual harassment, or sexual coercion can be identified by investigators, they will be offered access to necessary services available through DOC, regardless of their willingness to report or provide testimony”. The PREA Coordinator’s Memorandum, stated, “The PREA policy states 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. They may also privately report to their supervisor or PREA Coordinator”. Therefore, ODOC afforded staff reporting PREA-related incidents the opportunity to report such information privately to via the Inspector General’s Hotline, Governor’s Office or directly to the ODOC PREA Coordinator. Based on auditor review, communication via the ODOC website was also an option available to all staff to report PREA allegations. Staff were informed of these procedures through PREA annual training, and institutional Staff PREA posters.

During Randomized staff interviews (14/14; 100%), it was clear that WCCF staff were aware of their responsibility to report all PREA allegations and believed, if required, they had the necessary resources available to privately report any knowledge of sexual abuse, harassment or retaliation related to reporting of such incidents. Furthermore, WCCF Randomized (14/14; 100%) and First Responder interviewees (7/7; 100%) indicated their awareness to report any PREA allegation in a way which would remain private (e.g., do not report over institutional radio) and utilize a mechanism by which reporting of the PREA allegation would remain contained to those designated in a ‘need to know’ position.

No additional corrective action was required for this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

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 auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); as well as Department of Corrections, Chapter 292, Division 109, Grievance Review System (AIC) 291-109-0245 (Oregon Secretary of State Administrative Rules; dated: 8/17/2021), and ODOC PREA Related Grievance Response Process (8/4/2021) towards making compliance determination with the provisions of this standard.

Standard 115.52a: PREA standard provision 115.52a states, "...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". Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.52; dated: 3/18/2022), "ODOC does allow sexual abuse grievances. Compliance with this standard is outlined in our Grievance Policy that is attached. Recently, our of suggestion of a PREA audit, we clarified how PREA related grievances are handled that do not fall within the definition of sexual abuse even though this is not required by the PREA standard. This would include sexual harassment and grievances relating to retaliation. Documentation of that clarification is included in audit documentation. Although this exceeds the standards, it clarifies the process for all".

As reviewed by the auditor, Department of Corrections, Chapter 292, Division 109, Grievance Review System (AIC) 291-109-0245 (Oregon Secretary of State Administrative Rules; dated: 8/17/2021), Sexual Abuse Grievance, in part, stated:

"(2) Grievances alleging sexual abuse must be submitted to the institution grievance coordinator on the departments approved AIC grievance form. The grievance should have the words "sexual abuse grievance" clearly written on the first line of the grievance form.

(3) There is no time limit on when an AIC may submit a grievance regarding an allegation of sexual abuse.

(4) Third parties, including fellow AICs, staff members, family members, attorneys, and outside advocates, shall be permitted to assist AICs in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of AICs.

(a) If a third party files such a request on behalf of an AIC, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on their behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(b) If the AIC declines to have the request processed on their behalf, the agency shall document the AIC's decision.

(5) The institution grievance coordinator may not refer a grievance alleging sexual abuse to a staff member who is the subject of the grievance. The institution grievance coordinator will coordinate with the appropriate manager by sending the grievance and a grievance response form to the manager respondent for reply.

(6) 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.

(a) The department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The department shall notify the AIC in writing of any such extension and provide a date by which a decision will be made.

(b) If the AIC does not receive a response within the time allotted for reply, including any properly noticed extension, the AIC may consider the absence of a response to be a denial of the allegations made by the AIC.

(7) An AIC 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.

(a) After receiving an emergency grievance alleging an AIC 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 abuse.

(b) The institution grievance coordinator will issue to the AIC a response to the sexual abuse grievance within five days of the submission of the emergency grievance.

(c) The response shall document the department's determination whether the AIC is in substantial risk of imminent sexual abuse and any action, if necessary, taken in response to the emergency grievance".

Per ODOC PREA Grievance Process (dated: 08/04/2021), Sexual Abuse Grievances, direction was given upon receipt of a PREA sexual abuse related grievance to:

"Forward grievance to facility PCM – use "Forwarded to" stamp. Response form with templated language outlining the investigative entity and whom the AIC may contact for sexual abuse advocacy services will be utilized. Response should come from facility PCM.

There is no time limit on when an AIC may submit a grievance regarding an allegation of sexual abuse; however, the grievance process ends after the initial response. Appeals should not be accepted. If appeals are submitted, deny and refer AIC to standard response language which states *"The department will defer all further responses to this allegation to the results of the investigation being completed as noted above. This response will conclude the grievance process and the grievance process is considered completed regarding this matter."*

All grievance submission requirements outlined in the grievance rule are applicable, excluding timeframes. If there is a technical error needing correction (such as date/sign form) grievance should be returned for correction; however, ensure you notify AIC on return receipt that the allegations were still forwarded to the PCM for review/investigation. Notate record in OMS".

The PREA Coordinator's Memorandum, stated that ODOC does not process PREA sexual abuse allegations through the offender grievance process, and the ODOC PREA Related Grievance Response Process provided the Agency Directive for the management of such. Therefore, WCCF was exempt from this standard, as ODOC does not have administrative procedures to address inmate grievances regarding sexual abuse (per definition), based upon Agency Policy and Directive. That said, as indicated in the PREA Coordinator Memorandum, clarification has been provided for the

administrative remedy of PREA related grievances that do not fall within the definition of sexual abuse (to include sexual harassment and grievances relating to retaliation).

Standard 115.52b-g: As ODOC is exempt from standard provision 115.51; they materially meet the criterion for provisions 115.b through 115.g. The processes below speak only to ODOC's processing of sexual abuse related grievance, not to Sexual Harassment and/or PREA-Related Retaliation grievances.

Per PREA Related Grievance Process, when an offender submits a sexual abuse allegation using the grievance system, the response form language should notify the offender that the grievance has been submitted to the appropriate investigative entity and provide information for AIC contact with sexual abuse advocacy support services.

WCCF holds responsibility to investigate and complete all PREA sexual abuse allegations, including those originally filed as a grievance, per investigatory requirements of all PREA-related cases. If the allegation is administrative in nature, local or SIU PREA-trained investigators may complete the investigation. If the allegation is determined to or may potentially be criminal in nature the case will be assigned to the designated outside law enforcement or SIU for investigation.

As ODOC PREA Related Grievance Response Process removed sexual abuse allegations from the grievance process, there are no time limits imposed for AIC reporting allegation of sexual abuse. However, appeals will not be accepted and instead conferred to the investigation process. Responses to sexual abuse-related appeals should not be accepted, while if received, based upon the PREA Grievance Response Process, the AIC will receive the response, *"The department will defer all further responses to this allegation to the results of the investigation being completed as noted above. This response will conclude the grievance process and the grievance process is considered completed regarding this matter."* The PCM will convert the grievance to a formal PREA allegation, and submit for review/investigation. In no manner must the offender engage in use of any informal grievance process, or otherwise attempt to resolve with staff an alleged incident of sexual abuse nor would the inmate who alleges sexual abuse be required to submit a grievance to a staff member who is the subject of the complaint (now a PREA allegation). The Agency would not refer such grievance (now an active investigation) to a staff member who is the subject of a complaint, per Investigatory Assignment procedures.

Onsite interview with the Superintendent, PCM, and Grievance Coordinator indicated that during the review period WCCF had received no (0) grievances related to sexual abuse. As such, no WCCF grievances required processing through the PREA Related Grievance Response Process. Upon investigation review, it was clear to the auditor that content related to PREA was investigated at such a level until deemed not to meet criteria for sexual abuse and/or sexual harassment, to include retaliation for reporting or participating in the investigation of such.

As all sexual abuse related grievances are handled as investigations, the time constraints imposed in 115.52d are exempt, secondary to pursuit of administrative or criminal investigatory procedures.

ODOC policy 40.1.13 permitted receipt of third party reports, as used to assist offenders with the filing process of PREA sexual abuse allegations. ODOC provided mechanisms for visitors, offender family members/associates, attorneys, and other community members to report allegations by calling the Office of the Inspector General hotline, sending an email to the PREA Coordinator, or submitting a request to the Governor General's Office by address or phone. The auditor confirmed posting of this information on the Department's website. Upon receipt of any sexual abuse allegation by way of grievance, even by third party, would be converted to an investigation; therefore, the inmate would be

exempt from the ability to decline the request processed on their behalf (while could potentially be interviewed as part of the investigatory process), per 115.52e.

During the reporting period, as no (0) grievances met the criteria to be considered as a PREA sexual abuse allegation, none (0) could be deemed emergency in nature. While, per interview with the Superintendent and PCM, the facility would manage an emergency sexual abuse grievance in the same regard as consideration for imminent sexual abuse, and ensure the offender's safety per institutional practices, described in Standard 162a.

ODOC Policy 40.1.13, Section D., Part 1.f, stated, "The agency may discipline an AIC for alleging sexual abuse, only when it is in bad faith. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Abusers shall be disciplined in accordance with (OAR 291-105) Prohibited Conduct and Processing Disciplinary Actions". Therefore, ODOC explicitly prohibited disciplinary action/infractions against an offender for submitting a report of sexual abuse made in good faith. Good faith meant when the allegation was based upon reasonable belief that the alleged conduct occurred, even when an investigation does not substantiate the allegation. Per PAQ documentation, investigatory and supplementary document analysis, and information gathered during site review, including inmate (Random and Targeted) and staff (Random and Specialized) interviews, no (0) offenders were identified to have been disciplined for filing sexual abuse reports of any kind. There were, to the best of the auditor's knowledge, no (0) offenders disciplined or infractions for filing any sexual abuse grievances during the reporting period.

During site review, the auditor observed grievance forms available across the facility, by which inmates may fill out grievance forms and hand it directly to staff or place it in the appeals box. WCCF indicated routine monitoring of the appeals box for grievances.

Even though ODOC is exempt from this standard, per PREA Related Grievance Response Process, the Agency has procedures in place to address inmate grievances of sexual abuse, outside the purview of otherwise processed grievances. Agency Policies and practices are in place comply with this standard. ODOC, while exempt, materially meets the provisions of this standard.

No corrective action is required for this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (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 auditor reviewed Agency Policy Prison Rape Elimination Act (Rev. 1/20/2022); Oregon Secretary of State Administrative Rules (OAR); Department of Correction, Chapter 291, Division 131: Mail (AIC), 291-131-0010 (Definitions) & 291-131-0030 (Examination/Inspection of Legal and Official Mail); ODOC PREA Poster (English Version); ODOC/WCCF – Lake County Crisis Center (LCCC) contract (dated: 07/23/2021); PREA Advocacy Contact Information: Department of Corrections Institutions and Community Sexual Abuse Advocacy Organizations; ODOC Sexual Abuse Advocacy AIC brochure (English Version); ODOC Inmate Handbook Sexual Abuse Advocacy excerpt; and AIC Newsletter Article: PREA Information (Community-Based PREA Advocacy (Support) Program towards making compliance determinations with the provisions of this standard.

Standard 115.53a: ODOC 40.1.13 Prison Rape Elimination Act, Section 3, Policy F.1 AIC Access to Outside Confidential Services, stated, "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”.

Per Department of Correction, Chapter 291, Division 131: Mail (AIC), 291-131-0010 (Definitions), cited in part:

“(19) Official Mail: Incoming and outgoing mail addressed to Department of Corrections officials, the Governor, the Secretary of State, Oregon's state legislators, Oregon's United States Congressional delegation, tribal governments, administrators of grievance systems, foreign embassy consulate, members of the paroling authority, sexual abuse advocacy programs, and Oregon's designated Protection & Advocacy (P&A) System, that is clearly worded "official mail" on the addressee side of the envelope. The official mail designation should be set apart from the return address and mailing address for ease of recognition.

(27) Sexual Abuse Advocacy Program: A community-based organization that offers advocacy, support, crisis intervention, information, and referrals to a victim of sexual abuse”.

Per Department of Correction, Chapter 291, Division 131: Mail (AIC), 291-131-0030 (Examination/ Inspection of Legal and Official Mail), cited in part:

“(1) Legal or official mail shall be afforded special processing as provided in subsections (2) and (3) of this rule.

(a) To qualify for special processing, mail that otherwise qualifies as legal or official mail under OAR 291 131 0010 (14) or (18) must have affixed to the addressee side of the envelope or parcel the words "LEGAL MAIL" or "OFFICIAL MAIL", as appropriate. The "LEGAL MAIL" or "OFFICIAL MAIL" designation should be set apart from both the return address and the mailing address, and should be of sufficient size, to permit easy recognition by facility mailroom employees.

(b) Mail that otherwise qualifies as legal and official mail but lacks the proper designation shall be processed as ordinary mail (shall be subject to inspection; for example, opening, examination, reading or photocopying) outside the inmate's presence.

(2) 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.

(3) Legal and official mail may be inspected (i.e., opened, examined, read or photocopied) outside of the inmate's presence only when directed by the Department of Corrections facility functional unit manager or designee, and approved by the Assistant Director of Operations or the Inspector General, based on specific circumstances or specific information indicating that an inmate or other person has or may be in the process of violating provisions of law, department administrative rules, or may otherwise be engaged in activity”.

Per PREA Coordinator's Memorandum:

“As stated in the PREA Policy, ODOC provides AICs to access to outside victim advocates for emotional support services related to sexual abuse.

The process is available on the attached flyer that is provided to the AICs and through memorandums of understandings with local rape crises centers.

The facility enables reasonable communication between AICs and this organization. Any AIC can pick up any AIC phone and press “711” and it will be directed to the local rape crisis center. ODOC has chosen not to monitor or record these calls. Additionally, all written communications with advocacy organization is considered “Official Mail” when marked appropriately and is not read, only searched in front of the AIC for contraband. This process is outlined in rule, which is included as documentation”.

Information contained within the ODOC Inmate Sexual Abuse Advocacy tri-fold described how to reach the advocacy center. Instructions stated, “Simply dial 711 or the telephone number listed 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 numbers listed. You may also write to an advocate at the address listed inside this pamphlet". The tri-fold described the *PREA Sexual Abuse Advocacy (Support) – Role of Advocate* to include:

- Provide over-the-phone confidential support and crisis intervention related to sexual abuse
- Talk with a survivor about their current and ongoing safety
- Explain reporting options available through PREA
- Support survivor at a sexual assault forensic medical examination
- Support survivor at an investigatory interview related to sexual abuse, as requested
- Educate/teach survivor coping skills for healing from sexual abuse
- Provide resources and referrals
- Provide follow-up support

Per auditor communication with the LCCC, the designated victim advocate will arrange for provision to the victim upon forensic examination hospital services and investigatory processes (if necessary, as well as continued scheduled support via designated times for phone advocacy conversations and/or coordinating with the facility for in-person visit(s).

Additionally, ODOC has provided information from the Sexual Assault Task Force for advocacy centers located throughout Oregon, as reflected in the ODOC Sexual Abuse Advocacy brochure. This provided information regarding community sexual abuse advocacy available throughout the state, which is of particular importance following the offender's release from incarceration, as they likely will no longer reside in the Lakeview area. In addition, Just Detention International (JDI) contact information was included in the Inmate Handbook and brochure, as a national victim advocacy. This brochure and Handbook then are of particular benefit to incarcerated individuals at WCCF who may reenter the community in the near future. Having knowledge about community sexual assault resources may provide assistance towards successful community reintegration for both the offender and their families.

The auditor reviewed a copy of an AIC tri-fold brochure, entitled, "ODOC: Sexual Abuse Advocacy", which described the roles and contact information (telephone and address) of outside victim advocacy for emotional support services related to sexual abuse. Per intake processes, all AICs received a copy of the brochure in their orientation packet. Upon site visit, the brochure was available in the Visiting Room, and during interview, a few AICs were able to remember having seen the brochure. Brochure information, stated, "***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." WCCF facilitated communication between AICs and outside victim advocates in that any AIC may dial-directly by AIC phone; pressing "0*711" (toll-free), and the call will be directed to the local community-based advocacy center contracted with the institution where the AIC is located. In addition, per the Inmate Handbook, the AIC, "...may request a private call through the PREA Compliance Manager at the facility". Per PREA Coordinator communication, ODOC does not monitor nor keep record of these calls. During the on-site inspection, the audit team viewed Posters with 0*711 information by AIC phones in each housing unit. Facility housing unit officers were able to describe appropriate processes for examination of legal and official mail, to include letters addressed for Sexual Abuse Advocacy.

It is clear that ODOC has provided rape advocacy information in an accessible format to the incarcerated population, with communication through toll-free hotlines and addresses, provided in as confidential manner as possible. The auditor found that interviews with the Superintendent, PREA Coordinator and PCM, as well as LCCC Advocate supported this information. Furthermore, Random and Targeted inmate interviewees, while unable to state the name, "LCCC" in connection with sexual abuse advocacy support, acknowledged they believed they would be able to receive relevant phone numbers and addresses regarding sexual assault advocacy services. They expressed that, in their opinion, WCCF would make victim advocate services available if needed, in as confidential manner as

possible. Of note, the PREA Coordinator confirmed, AIC victim advocacy communications do not include the specific name of 'LCCC' because, as when an AIC dials number 711 for services they will be connected to the appropriate location, as based upon the MOU of their facility (in the case of WCCF to LCCC).

Due to an Agency-wide change to the phone system, the contact number was revised from "711" to 0*711. Changes were required to update associated hotline posters in all housing units and common areas. Other documents containing the victim-advocate phone number were in the updating process. In order to remedy, WCCF emailed the auditor a random sampling of the new posters affixed in appropriate areas (photographic evidence random sampling of two institutional locations email received on 6/23/2022, and in all housing units email received on 7/01/2022).

The portion of this standard provision related to the facility providing persons detained solely for civil immigration purposes mailing addresses and telephone numbers of local, State, or national immigrant services agencies does not apply to WCCF. During the reporting period, per the PAQ documentation, PREA Coordinator, PCM, and all offender interviews (Randomized and Targeted), as well as site review observations there were no (0) known individuals held at the facility solely for civil immigration purposes. As the facility *never* (to the auditor's knowledge during the reporting period and site review) had persons detained solely for civil immigration purposes, the facility materially met this portion of the standard provision as not applicable.

Standard 115.53b: Per Policy 40.1.13; Section III. Policy, Part F.1 AIC Access to Outside Confidential Services, "The facility shall enable reasonable communication between AICs and these organizations and agencies, in as confidential manner as possible". Policy 40.1.13, Section III. Policy, Part D.2e Reporting, Staff Reporting, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws". PREA Coordinator Memorandum, "The pamphlet that is provided to AICs 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"*. WCCF stipulated that the facility does not monitor or record the offender phone calls to LCCC. Solely if there was suspected abuse or misuse of the LCCC service would WCCF evaluate a particular offender's use of the phone. In such occasions, through investigative processes phone call conversations were subject to review and possible disciplinary action.

The Agency, facility, and LCCC advocacy services indicated their attempts to make support services available to offenders, in as confidential a manner as possible. The ODOC/WCCF MOU, indicated, "The facility shall 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". Offenders were made aware of community victim advocacy access, confidentiality parameters, and mandatory reporting laws to varying degrees, via the Inmate Handbook, AIC Newsletter, ODOC Sexual Abuse Advocacy Tri-fold, along with discussion during the Intake Orientation Session (typically described at the ODOC Intake Center). The Offender Handbook, stated, "Telephone calls and mail with community-based advocacy centers is considered privileged communication and will be handled similar to legal calls/official mail. All advocacy calls are not monitored or recorded. Advocates provide confidential support and crisis intervention...Community-based advocates will not report unless you request them to do so and if you sign a release of information". ODOC Hotline posters, also indicated, "Hotline and advocate calls are free and confidential". AIC Newsletter communication (AIC Newsletter Article; 2022), stated, "ODOC has partnered with community based, confidential advocates of sexual abuse victims to provide services to AICs". Per communication with the Executive Director of LCCC (date: 06/22/2022), Oregon Law has exempted crisis advocates from 'mandatory reporter' duties. The LCCC will work with an AIC

should they desire to disclose content related to mandatory reporting requirements (e.g., sign Informed Consent to further information related to child and/or elder abuse). In exigent circumstances, they would work with the AIC to ensure the AIC's and AIC peers' physical safety, should the AIC present threats of self and/or harm to others.

Offenders interviewed indicated they believed they would be able to receive victim advocacy services in a manner, which was confidential as possible; as restricted by mandatory reporting requirements. During Random and Targeted interviews, incarcerated individuals were able to note Hotline Poster placement in housing units, near telephones, and throughout the facility, which provided LCCC access. No offender interviewees acknowledged having accessed services through LCCC. However, the offenders were able to articulate limits of confidentiality, during both Random and Targeted interviews, regarding self-harm, harm-to-others, and mandatory reporting laws (to include sexual abuse stipulations), applied both generally and when receiving victim advocacy services.

Standard 115.53c: Per information provided in Standard 115.21, ODOC has made attempts to consistently make available to the victim a victim advocate from a rape crisis center, whether by phone or in-person. ODOC has a current advocacy support agreement with the Oregon - Sexual Assault Task Force (Oregon – SATF). Through this agreement, every ODOC facility has been partnered with a Community Sexual Assault Program. ODOC provided a Memorandum of Understanding (dated: 7/23/21; no noted expiration date), as reviewed by the auditor, regarding the partnership between WCCF and Lake County Crisis Center (LCCC; mailing address: P.O. Box 774, Lakeview, Oregon 97630; tel: 800-338-7590) to provide services to victims.

The auditor reviewed the current contract ODOC/WCCF and LCCC MOU with the PAQ. The Agency provided on PAQ upload a historical copy of the MOU (dated: 11/01/2017) between ODOC/WCCF and LCCC for provision of advocacy services to inmates reporting sexual abuse, demonstrating historical documentation of attempts to enter into agreements with community service providers who are able to provide inmates with confidential emotional support services related to sexual abuse. Per the discussion with the PREA Coordinator and PCM, the agency's intention was to continue services with LCCC. Per MOU, LCCC victim advocate responsibilities would include, but were not limited to: LCCC will:

1. Staff a confidential victim support services crisis line 24 hours/seven (7) days a week to provide confidential crisis line support services to victims/survivors in custody who are experiencing or have experienced sexual abuse.
2. Provide in-person or telephonic advocacy when a request for an advocate is received from WCCF because an incarcerated victim/survivor will receive a forensic medical evaluation resulting from a sexual assault/abuse. The LCCC advocate, if one is available, will arrive at WCCF or to the local hospital within an hour of the request. Please note that only one advocate will respond in-person regardless of the number of calls received.
3. Provide, upon confirmation from medical personnel that the incarcerated victim/survivor has agreed to meet with and/or to have the advocate present during the forensic medical evaluation, information about services and emotional support during the forensic examination process to reduce stress and anxiety. In the event the victim/survivor does not want to meet with the advocate, the advocate will leave information with the inmate and will leave the room.
4. Provide WCCF victims/survivors with access to crisis intervention, emotional support, safety planning, information about resources available appropriate for incarcerated victims/survivors, and accompaniment during investigatory interviews. The victim advocate will respond via telephone, in-person, by mail, or any combination, thereof.
5. Respond via telephone only during periods of community health pandemics and due to government imposed restrictions.

6. Obtain an ROI signed by a victim/survivor before contacting WCCF or other third parties about any fears or concerns the victim/survivor in custody may have concerning his/her safety or well-being.
7. Terminate a call from a WCCF inmate if the caller is inappropriate by using offensive and obscene language that does not relate to an incident of sexual abuse. Call will be reported to the WCCF PREA contact person.
8. Provide WCCF victims/survivors who are transferring to another facility, pending release or have been released with appropriate referral resources, as requested by the victim/survivor.
9. Attend training on institutional policies and procedures to maintain safety and security and training about the prevalence and dynamics of sexual abuse in prison.
10. Work with ODOC/WCCF officials to obtain security clearance and follow all institutional guidelines for safety and security when entering a correctional institution.
11. Maintain confidentiality and privilege referred by law as outlined by your agency policies.
12. Communicate any questions or concerns to ODOC's designated PREA Advocate Coordinator or institution PREA Compliance Manager.

LCCC Target for Response Time:

- Answer incoming calls to the crisis line 711 (24/7) by the first or second ring.
- Respond to mail request within two (2) weeks from receipt.
- Respond to a forensic medical exam request within one (1) hour of notification but taking into account LCCC policy, location, and other conditions.
- Investigatory response to be within two hours of notification unless otherwise pre-scheduled.

Per communication with LCCC, there were no specific call-outs for in-person or requests for telephonic victim advocacy based upon inmate contact from LCCC directly during the reporting period. This corresponded to information the auditor gathered based upon investigatory reviews, Randomized and Targeted offender interviews, and interviews with staff, which suggested that no (0) specific requests for victim advocacy had been placed by or provided to offenders at WCCF during the reporting period.

No additional corrective action was required for this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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



Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); and the ODOC PREA-Informational Visitor's Brochure towards making compliance determinations with the provision of this standard.

Standard 115.54a: ODOC Policy 40.1.13; Section III. Policy, Part D.2d Reporting – Staff Reporting had established a method to receive third-party reports of sexual abuse and sexual harassment allegations; mandating that, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an AIC that they have been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form (CD1620)”. Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.54; dated: 8/17/2021), “ODOC allows for third party reporting. Information on how to report on behalf of an AIC is included on our website [Department of Corrections : How to Report an Incident : Prison Rape Elimination Act : State of Oregon](#). ODOC includes this information in pamphlets that are placed in the visiting rooms at every institution”.

Per this standard provision, information was readily available (i.e., in public areas throughout the facility on the PREA posters, in the Visitor's area via PREA Information Brochure, and on the Agency website) to third parties providing various reporting mechanisms for how to report sexual abuse and sexual harassment. The ODOC website provided mechanisms for visitors, offender family members/associates, attorneys, and other community members to report allegations by calling the Office of the Inspector General hotline, sending an email to the PREA Coordinator, or submitting a request to the Governor General's Office by address or phone. In June of 2021, the auditor confirmed posting of this information on the Department's publicly available website.

WCCF had posted this information in the Main Entry and Visiting Room. Upon site review, the audit team found both areas to have appropriate PREA information coverage, by way of ODOC PREA-related Posters (in both English and Spanish). Furthermore, WCCF provided accessibility to PREA third-party reporting information through placement in the Main Entry and Visiting Room of the PREA Visitor's Information pamphlets (with phone contacts to include; Inspector General's Hotline (877) 678-4222 and Governor's Citizen Message Line (503) 378-4582) for offender family and friends (English and Spanish versions).

Per the WCCF PREA Investigations Log and associated documentation review, WCCF had not received filings from third parties during the reporting period. However, all Investigators (3/3; 100%) and the PCM interviews confirmed WCCF's process to receive information from third parties related to sexual abuse and sexual harassment allegations, and to follow through with complete investigatory processes. In accordance with this finding, through offender interviews, both Randomized and Targeted, no offenders reported having requested third party assistance with filing a PREA allegation. However, all of the offenders (28/28; 100%) were able to articulate how to make a report through a third party or to do so on behalf of a peer who required their assistance in filing a PREA allegation.

No corrective action was required for this standard.

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 auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) and Policy 70.1.4 Investigations (Rev. 10/14/2020); as well as Oregon Department of Corrections: Health Services Division, Behavioral Health Services Clinical Practice (MH-B-04), Subject: Federal Sexual Abuse Regulations (Rev. 1/11/2022) towards making compliance determinations with the provisions of this standard.

Standard 115.61a: Per Policy 40.1.13; Section III Policy, Part D.2a & b Reporting - Staff Reporting, "a.) All staff will report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by AIC or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents. When an AIC reports sexual abuse, sexual solicitation, sexual harassment, or sexual coercion to DOC staff members, staff will, except as noted elsewhere in this policy, contact the OIC or supervisor immediately. b.) The OIC will initiate action as outlined in this policy and the OIC PREA Checklist (CD 1621) to mitigate: (1) Immediate harm to the victim or reporter; and/or (2) Damage to potential crime scenes or evidence". The OIC PREA Checklist (CD 1621; dated: 02/2022), as reviewed by the auditor, provided provisions to accomplish the listed objectives.

Per PREA Coordinator Memorandum (Subject: Compliance with PREA Standard 115.61; dated: 08/17/2021), "The PREA Policy states that all staff will report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by AIC or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents".

All contractor (3/3; 100%) and Randomized staff interviews (14/14; 100%) demonstrated that each understood the aforementioned responsibilities. All staff could clearly identify their duty to report immediately any knowledge, suspicion, or information regarding: an incident of sexual abuse, sexual harassment and/or retaliation against inmate or staff who reported sexual abuse and/or sexual harassment, as well as any staff neglect and/or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment and/or associated retaliation. When queried to define their interpretation of, 'immediate', all expressed responses indicated in a manner, 'without delay'.

Standard 115.61b: Per Policy 40.1.13, Section III. Policy, Part D.1.c Reporting – AIC Reporting, "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". Per ODOC Policy, reporting parties shall only reveal information related to sexual abuse and/or sexual harassment, to include retaliation related to the same, secondary to the ODOC PREA Reporting Process. Per PREA Coordinator Memorandum, "[Policy] also states that PREA information collected during investigations or intake assessments is considered sensitive and should only be shared with those staff with a need to know as part of their assigned duties". Staff were obligated to share details of the incident confidentially and only to the extent necessary, to inform investigation and assessment (to include treatment, security, and management) decisions. For the purposes of investigation, typically, the Officer-In-Charge, PCM, investigations staff, and designated supervisors would be included amongst those who were necessary for disclosures, unless any of those cited were the subject party of the allegation.

During Randomized interviews, staff (14/14; 100%) clearly stated their responsibilities to hold confidential the details related to sexual abuse and sexual harassment allegations, as well as retaliation reports related to the same, with disclosures only to those on a 'need to know basis'. The WCCF staff were able to provide mechanisms, to include in-person or by direct telephonic communication, by which they would report sexual abuse, sexual harassment, retaliation related to reporting of the same, and/or staff neglect that may have contributed to such situations confidentially.

Standard 115.61c: Per ODOC Health Services Division: Behavioral Health Services Clinical Practice (MH-B-04), "Practice: Behavioral Health Services (BHS) acknowledge that there is a zero-tolerance of sexual abuse and sexual harassment within the Oregon Department of Corrections and will report any findings of sexual abuse or sexual harassment immediately. All BHS staff will be trained on all written clinical practices, policies and procedures regarding the detection, assessment and response to victims of sexual abuse and sexual harassment; and how and who to report allegations or suspicions of sexual abuse and sexual harassment consistent with federal law". The stated Practice, cited, "Part D: Sexual abuse and sexual harassment 1. Client reports of sexual abuse and sexual harassment received verbally, in writing, anonymously, and from third parties will be reported immediately by a mental health treatment provider to the BHS Manager, OIC, or designee, and MSM and the mental health treatment provider will document the notification by completing the Staff Reporting Responsibilities form CD 1620. 2. A QMHP [Qualified Mental Health Provider] will inform clients of the duty to report and limitations of confidentiality and ask the client to sign an Informed Consent to Treatment form at the initiation of services".

Mental Health and Medical staff, as all Agency staff must follow the provisions provided in Policy pursuant to 115.61a. They are obligated to immediately report any knowledge, suspicion, or information received, including anonymous and third party reports, regarding an incident of sexual abuse and/or sexual harassment, as well as retaliation related to reporting of and/or staff neglect that may have contributed to the same. They are further required to report any such incident that occurred in an incarceration setting, even if it is not a Departmental facility. The Health Services Information Disclosure, as reviewed by the auditor, informed offenders of the BHS staffs' Duty to Report, by way of the mandated disclosure statements. The Disclosure stated, "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 a copy of the Disclosure, which they judged to meet criteria for informing inmates of the practitioner's duty to report, and limitations of confidentiality, at the initiation of services.

Per the two (2) BHS facility staff interviewed, they delineated the Duty to Report to all facility offenders, prior to receipt of any mental or medical health care, as part of the signatory process for the Health Services Information Disclosure. Each practitioner was able to describe their specific Duty to Report and appropriate Limitations of Confidentiality. During both Targeted and Random incarcerated offender interviews, most were able to describe the Limits of Confidentiality and Duty to Report, as associated to receipt of treatment from Medical and Mental Health providers.

Standard 115.61d: Per Agency Policy, if the alleged victim is under the age of 18 or considered a vulnerable adult under State or local vulnerable persons' statute, the Agency holds mandatory reporting laws regarding any associated allegation to the designated State or local services agency under the applicable statute. Policy 40.1.13, Section III. Policy, Part D.2.e Report – Staff Reporting, dictated, "If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the department shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws". This notification is explicitly stated in the Health Services Information Disclosure, as, "...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".

Per PREA Coordinator's Memorandum, "All staff are mandatory reporters and report information under the state's vulnerable person law. This requires employees immediately notify law enforcement, which we do". In review of the WCCF PREA Allegation Log, there were no (0) reports filed nor required, per stipulation, as associated with juvenile or vulnerable adults during the audit reporting period. Per facility report, there were no (0) offenders incarcerated at WCCF during the reporting period who had at some time met the criteria for vulnerable adult (Note: There had been no offenders under the age of eighteen (18) held at the facility during the reporting period, per 115.14; and no individuals identified with profound cognitive disabilities, per 115.33d). Through investigatory document review, as well as inmate and staff (to include BHS providers) interviews during the onsite review, it appeared there were no PREA allegations judged to have met criteria for mandatory reporting associated with juvenile, and/or endangered/vulnerable adult status at WCCF during the reporting period. The PREA Coordinator, PCM, and investigators were all able to effectively identify their reporting requirements under this standard provision.

Standard 115.61e: Pursuant to 115.61a, per ODOC Policy 40.13, Section III. Policy, Part D.2 Reporting – Staff Reporting, "a.) All staff will report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by AIC or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents. When an AIC reports sexual abuse, sexual solicitation, sexual harassment, or sexual coercion to DOC staff members, staff will, except as noted elsewhere in this policy, contact the OIC or supervisor immediately. b.) The OIC will initiate action as outlined in this policy and the OIC PREA Checklist (CD 1621) to mitigate: (1) Immediate harm to the victim or reporter; and/or (2) Damage to potential crime scenes or evidence". Policy 40.1.4, Section III. Policy, Part G.7a General Provision, Investigations regarding PREA allegations, cited, "All allegations of sexual abuse and sexual harassment as defined by DOC policy 40.1.13 shall be investigated".

Per PREA Coordinator's Memorandum, "The PREA Policy and Investigations policy covers the requirement of the facility to immediately report allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facilities designated investigators. Allegations that are criminal in nature are referred to the Oregon State Police".

Staff are required to report all allegations to the OIC, who is then responsible for elevating allegation report to the Oregon State Police (OSP) and Special Investigations Unit (SIU), if judged to be criminal, or to the SIU and designated SART members, PCM, and Sexual Abuse Liaison (SAL) for administrative investigations per the PREA Reporting Flowchart. Upon interview, the Superintendent, PCM, and SAL each indicated that third party report would be forward to the PCM and SAL for initiation of investigatory processes.

The auditor analyzed the facility's PREA Investigations Log, which demonstrated no (0) submission of anonymously or third party reported PREA-related allegations. During interview, the PREA Coordinator, Superintendent, PCM, and WCCF/SIU investigators, all confirmed that WCCF would review every reported allegations of sexual abuse and sexual harassment, including those provided anonymously and by third party, to determine the need for investigation. Furthermore, all Random staff (14/14; 100%) interviewed acknowledged their responsibility to report all PREA-related allegations, to include those received as third party and anonymously, to their immediate Supervisor and Officer-In-Charge. Interviews with all three (3) Investigators (WCCF and SIU) supported that all reports of sexual abuse and harassment, to include third party and anonymously submitted, were investigated through case completion, on either an administrative or a criminal level, as appropriate. Targeted and Randomized inmate, as well as Specialized and Randomized staff interviews, along with examination of allegations placed and investigations completed during the reporting period indicated that all PREA-related filings received during the reporting period were judged to have been appropriately carried through to completion.

No corrective action was required for this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) towards making compliance determinations with the provision of this standard.

Standard 115.62a: Per Agency Policy, Section III. Policy, Part A.6 Prevention Planning, “When the Oregon Department of Corrections learns that an AIC is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the AIC”. Per PREA Coordinator Memorandum (subject: Compliance with Standard 115.62; dated: 3/18/2022), “The PREA Policy outlines the response protocol for AICs. ODOC takes immediate action to protect AICs at risk for sexual abuse”.

Based upon interview with the Superintendent and PCM, should the facility learn an offender was at substantial imminent risk of sexual abuse, WCCF would take immediate action to assess and implement protective measures to adjust for vulnerabilities identified (as per any investigatory process). They both indicated that WCCF would move the alleged perpetrator (i.e., change housing units, placed in segregation or transferred to another facility) prior to the victim in a situation involving substantial risk of imminent sexual abuse. Furthermore, the Superintendent stated the facility would remove any staff member involved in a credible allegation of sexual abuse from their post and place them on Administrative Leave, prohibiting access to the potential victim in situations indicative of risk.

All Random staff (14/14; 100%) and First Responders (7/7; 100%) interviewed were aware of their responsibility in situations of substantial risk of imminent sexual abuse to immediately implement risk mitigation and protection strategies against sexual misconduct. Random interviews with staff also demonstrated their awareness that intervention in a situation involving substantial risk of imminent sexual abuse must occur immediately (i.e., meaning without unreasonable delay). Specifically, all staff identified that should they learn an inmate was subject to a substantial risk of imminent sexual abuse this would involve immediate assessment and implementation of protective measures, with their primary response being to ensure separation of the at risk individual from the potential abuser(s).

Per PAQ documentation and information received during the site review, over the review period, the facility had no (0) identified instances in which inmates were subject to substantial risk of imminent sexual abuse. Therefore, there was no associated process documentation for review. Notwithstanding, during informal and Randomized offender interviews, the WCCF AIC population largely expressed feeling, “sexually safe” in their environment. The offenders readily articulated should they have an issue related to sexual safety they believed they had the opportunity to report to staff and that the facility would prioritize management of the situation.

No corrective action was required for this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) towards compliance determination for the provisions of this standard.

Standard 115.63a & b: Per Policy 40.1.13, Section III. Policy, Part E.1 Official Response Following an AIC Report, "Upon receiving an allegation that an AIC 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.

- a.) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
- b.) The agency shall document that it has provided such notification.
- c.) The facility head or agency office that receives such notification shall ensure that the allegation is investigated".

PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.63; dated: 3/18/2022), re-iterated, PREA policy statements.

During interview, the Superintendent and PCM both indicated their awareness of the reporting requirements, as stipulated in 115.61a. During the reporting period, there were no (0) PREA allegations received at WCCF which required notification to another facility/jurisdiction. Therefore, there was no supporting documentation to demonstrate that WCCF made the appropriate notifications. However, per interview, since the reporting period, WCCF had received a PREA-allegation related to an out-of-state contract facility. The Superintendent affirmed their contact (by email) with the administrator of the applicable facility; however, the communication had not occurred within the seventy-two (72) hour timeframe (as required by the standard provision 115.63b). Confirmation with the Superintendent and PCM was provided that both understood any future notifications must comply with the 72-hour timeframe.

Standard 115.63c: As cited in 115.63a, per Policy 40.1.13, Section III. Policy, Part E.1 Official Response Following an AIC Report, "Upon receiving an allegation that an AIC 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..."

b.) The agency shall document that it has provided such notification".

Per PREA Coordinator Memorandum, "The PREA Policy states the agency shall document that it has provided such notification. This is documented by the email that is sent and is also entered into our Offender Management System". In addition, ODOC had a, 'Confinement Notification Template', which as reviewed by the auditor, included relevant and appropriate investigatory and contact information.

During interview, the Superintendent noted they had ensured documentation by way of direct email contact with the Head of to the appropriate facility. WCCF retained documentation of this notification by way of email thread. The Superintendent and PCM were both able to articulate that the WCCF Superintendent shall perform this contact, and whenever possible, *not a designee* for this purpose.

Standard 115.63d: As cited in 115.63a, per Policy 40.1.13, Section III. Policy, Part E.1 Official Response Following an AIC Report, "Upon receiving an allegation that an AIC 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..."

c.) The facility head or agency office that receives such notification shall ensure that the allegation is investigated".

ODOC Policy 40.1.13, Section III. Policy, Part G.3f Investigations, also indicated, "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". Per PREA Coordinator Memorandum, "The PREA policy states that the facility head or agency office that receives such notification shall ensure that the allegation was investigated".

There were reportedly no (0) allegations of sexual abuse received at another facility for which WCCF received notification during the reporting period. However, per interview with the PCM, Superintendent, and PREA Coordinator, as well as WCCF/SIU Investigators, all cases would be processed and if determined to meet PREA criteria, assigned for formal investigation through to closure, regardless of the mechanism by which WCCF received the allegation.

Based upon interview with the Superintendent, PCM, and three WCCF/SIU Investigators (two (2) WCCF; and one (1) SIU), each were able to describe the necessary protocol, related to **Standards 115.63a-d**. There was no evidence gathered during the auditor's review of PAQ documentation and while onsite to indicate that WCCF had failed to provide notification for any PREA allegations received that had occurred at other facilities or investigate PREA allegations once notification; however, the notification as provided was not within the 72-hour time-limit as stipulated in 115.63b. Upon query, the auditor received with information regarding exceptional circumstances, which applied to this notification. Specifically, this report was originally made in 2012 (when notifications were not regulated), and resulting investigation determined it had never been reported. Therefore, the Superintendent served the notification timely upon receipt of this information. The Superintendent and PCM provided confirmation that they both understood any future notifications must comply with the 72-hour timeframe, pursuant to Standard 115.63 criteria.

No corrective action was required for this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); and WCCF Operations Division: Procedure 63 - Responding to Sexual Abuse and Sexual Harassment Allegations (Rev. 01/28/2019) towards making compliance determinations with the provisions of this standard.

Standard 115.64a: Upon learning of a sexual abuse allegation, per Policy, ODOC has developed a standardized response protocol for First Responders. This response included the first security staff member responding to the report's requirement to:

- 1.) Separate the alleged victim and abuser;
- 2.) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- 3.) 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; and
- 4.) 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.

In addition, per Policy 40.1.13, Section III. Policy, Part D.2e Reporting – Staff Reporting, “Upon notification by an AIC that they have been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form (CD1620)”. Staff Reporting Responsibilities Form (PREA; CD 1620; dated: 02/2022), per auditor’s review, included:

“Reporting Responsibilities:

1. Ensure the victim is safe and kept separated from the alleged perpetrator (if immediate need exists).
2. Notify the Office-in-Charge or your Supervisor as soon as possible in as private manner as possible.
3. Complete this form [i.e., CD 1620].
4. Preserve evidence. *Request* the alleged victim, and *ensure* the alleged perpetrator, not take any actions that could destroy physical evidence. This may include washing up, brushing teeth, changing clothes, using the restroom, drinking, or eating, etc.”.

Specifically, per Policy 40.1.13, Section III. Policy, Part D. Reporting, 2.a & b Staff Reporting, “...When an inmate reports incidents of sexual abuse, sexual solicitation, sexual harassment or sexual coercion to DOC staff members, staff will, except as noted elsewhere in this policy, contact the OIC or supervisor immediately.

b. The OIC will initiate action as outlined in this policy and the OIC PREA Checklist (CD 1621) to mitigate:

- (1) Immediate harm to the victim or reporter; and/or
- (2) Damage to potential crime scenes or evidence”.

The PREA Coordinator Memorandum (Subject: Compliance with PREA Standard 115.64; dated: 3/18/2022), stated, “The PREA Policy outlines that first responders are required to immediately contact the Officer-in-Charge (OIC). The OIC checklist is utilized, which includes preserving and protecting the crime scene and separating the alleged victim and abuser. PREA training also covers these topics as well as collection of evidence and requesting the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The OIC checklist outlines that AIC abusers are put in a dry segregation cell if the abuse occurred within 120-hours. Staff have been issued first responder cards that are attached as documentation”.

During Randomized staff interviews (14/14; 100%), and those identified as First Responders (7/7; 100%), all were to clearly articulate their responsibilities and ODOC policy/WCCF Operations Directive

associated with alleged victim/abuse separation, crime scene security, as well as evidence collection processes for both the victim and abuser involved in an allegation of sexual abuse.

Per the PAQ, during the reporting period, there were no (0) sexual abuse allegations that met criteria for initiating protocol for gathering physical evidence. As such, none (0) of the PREA allegations received by the facility during the review period conformed to the ability to collect usable physical evidence. Through the auditor's review of WCCF's sexual abuse investigation documentation from the reporting period this appeared an accurate representation of First Responder needs. Each investigation followed appropriate protocol, while did not require First Responder duties, as indicated in 115.64a. By combining information, as gathered through PAQ investigation documentation, interviews with the Superintendent, PCM, facility staff, First Responders, and facility Investigators, the auditor judged WCCF to have appropriately implemented First Responder duties.

Standard 115.64b: Per PREA Coordinator Memorandum, "First responders may be security or non-security. Non-security have the same first responder duties as security. Non-security staff are referred to as 'security plus' in our agency". WCCF Operation Division: Procedure 63, Section III. Procedure, stated: "All staff assigned to or working within Warner Creek Correctional Facility or with inmates assigned to WCCF shall be trained as First Responders. Please refer to PREA Policy 40.1.13 B.1 Staff Training". The 2022 Annual Training, as documented in 115.31, included the following components for First Responders:

- Step 1: Separate victim and perpetrator
- Step 2: Secure the crime scene and seal access
- Step 3: Evidence is not destroyed; including *request* of victim, and *ensure* abuser protocol
- Step 4: Notify Officer-in-Charge or Supervisor
- Step 5: Preliminary Questions
- Step 6: Medical care
- Step 7: Maintain victims' confidentiality
- Step 8: Documentation
- Step 9: Ensure proper housing

At WCCF, per ODOC Policy/WCCF Operations Directive, *all staff* received training in emergency response procedures, to include isolation and containment of emergencies. The Officer-in-Charge would manage any actions beyond the initial containment of emergency incidents. Therefore, even if the initial staff to respond to an alleged incident was not a security staff, the First Responder is required to follow protocol, as indicated above in 115.64a. Regardless of the designation of responding staff, if they received an allegation of sexual abuse:

- 1.) The victim and abuser would be separated,
- 2.) The potential crime-scene secured until appropriate steps can be taken to collect any evidence,
- 3.) *request* made for the alleged victim not to take any actions that could destroy physical evidence, as well as *ensure* the alleged abuser was restricted from actions that could destroy physical evidence.
- 4.) As immediately as possible, the First Responder would notify the Officer-in-Charge and/or Supervisor, per ODOC Policy/WCCF Operations Directive, who would assume control of incident management.

During interviews with security-plus (i.e., non-custody) staff (including Medical services and contractors) it was evident that each understood their responsibilities, as related to First Responder duties, specifically, to establish the immediate safety of the alleged victim and ensure contact the Officer-in-Charge (or supervisor, as relevant). As indicated in 115.65a, per PAQ documentation, there were no (0) sexual abuse allegations submitted during the reporting period; therefore, none (0) for which the First

Responder was a non-security staff member. Based upon the auditor's examination of WCCF investigations, as provided from the reporting period, this information appeared accurate.

Given all related interviews, as noted above, the auditor judged that non-security First Responders were aware of their requirement to separate the alleged victim/abuser; request the alleged victim and ensure the alleged abuser not take any actions that could destroy physical evidence, and immediately notify security staff should they be made aware of any PREA allegation involving sexual abuse.

No corrective action was required for this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed WCCF Operations Division: Procedure 63 - Responding to Sexual Abuse and Sexual Harassment Allegations (Rev. 01/28/2019) towards compliance determinations with the provision of this standard.

Standard 115.65a: The PREA Coordinator Memorandum (Subject: Compliance with PREA Standard 115.65; dated: 3/18/2022) supported Agency Policy, iterating that, "Each facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among first responders, medical and mental health practitioners, investigators, and facility leadership".

WCCF Operations Division: Procedure 63, Section III. Procedure, stated:

"A. All staff assigned to or working within Warner Creek Correctional Facility or with inmates assigned to WCCF shall be trained as First Responders...When an inmate reports sexual abuse or sexual harassment they will immediately:

1. Report the allegation to their supervisor of the OIC

2. Ensure the safety of the victim

3. Protect evidence that may be present

- a. Do not allow suspect to shower, use restroom wash hands, brush teeth or return to bunk/crime scene.

- b. Lock out/secure crime scene

- c. Secure property of inmates involved.

B. The OIC [Officer-in-Charge] will immediately assess the incident to ensure:

1. The victim is in safe housing

2. The suspect will not have access to the victim

3. Crime scenes are secured

4. Collect and process documentation from staff to include the completion of the Unusual Incident Report and the CD1620 Staff Reporting Form.

5. Evidence is secured and collected when necessary for the security of the institution. (refer to 40.1.13 J Data Collection and Review)

6. The OIC will initiate action as outlined in this policy 40.1.13 and the OIC PREA Checklist (CD 1621) to mitigate:

- a. Immediate harm to the victim or reporter; and/or

- b. Damage to potential crime scenes or evidence.

- 1) In the case of Sexual Abuse allegations less than 96 hours old of where there is significant potential to collect evidence the OIC will:

- a) Notify the Oregon State Police (OSP) and the Special Investigations Unit [SIU]

- b) Notify the Sexual Abuse Liaison [SAL]

- c) Notify Medical Services Manager and Behavioral Health Services

- d) Direct a SART [Sexual Assault Response Team] investigator to conduct initial assessment in accordance with the OIC checklist".

Staff Reporting Responsibilities Form (PREA; CD 1620; dated: 02/2022), per auditor's review, included:

1. Ensure the victim is safe and kept separated from the alleged perpetrator (if immediate need exists).

2. Notify the Office-in-Charge or your Supervisor as soon as possible in as private manner as possible.

3. Complete this form [i.e., CD 1620].

4. Preserve evidence. *Request* the alleged victim, and *ensure* the alleged perpetrator, not take any actions that could destroy physical evidence. This may include washing up, brushing teeth, changing clothes, using the restroom, drinking, or eating, etc".

The CD 1621: OIC/PREA Allegation Checklist (dated: 2/2018), as reviewed by the auditor, provided itemized item completion (of First Responder duties and OIC responsibilities), guidance, and advisory notices for the comprehensive initiation by the Officer-in-Charge of a sexual abuse investigation response.

As reviewed, the WCCF PREA Response Plan involved coordination of staff, to include, executive staff, First Responders, Medical and Mental Health providers, as well as Investigators and outside law enforcement.

The audit team conducted interviews with a number of staff who served specific functions as members of the coordinated response team at the facility (to include First Responders, Medical providers, WCCF & SIU Investigators, as well as the PCM, and Superintendent). Each of these parties expressed understanding of their designated role, as it pertained to participation in a coordinated facility response towards an incident of sexual abuse.

Based on WCCF Operations Directive and interviews with coordinated response team members, it is the auditor's judgement that the facility has developed, memorialized, and institutionalized a written facility plan to coordinate actions amongst staff First Responders, Medical and Mental Health practitioners, investigators (WCCF, SIU, and OSP), as well as facility leadership in response to an incident of sexual abuse.

No corrective action was required for this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

There was no Agency Policy provided governing this standard. The American Federation of State, County and Municipal Employees (AFSCME) represent both Security and Security-Plus (non-custody). The auditor reviewed the Security and Security Plus Collective Bargaining Agreements with ODOC (AFSCME Security/DOC Bargaining 2021-2023, Status Update Management Counter; dated: 09/01/2021 AFSCME and Security Plus/DOC Bargaining 2021-2023, Status Update: Management Counter – Mediation Proposal; dated: 11/9/2021) towards making compliance determinations with this standard provision.

Standard 115.66a: Per PREA Coordinator Memorandum (Subject: Compliance with PREA Standard 115.66; dated: 3/18/2022), "ODOC does participate in collective bargaining. The collective bargaining agreements to [do; sic] not limit the agency's ability to remove alleged staff sexual abusers from contact with any AICs pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The agreements are consistent with 115.72 and 115.76 and will be provided as documentation. There are two labor organizations that represent DOC employees.

- The American Federation of State, County and Municipal Employees (AFSCME) represent security and security plus employees at all facilities except the ones mentioned below.
- The Association of Correctional Employees (AOCE) represent security and security plus employees at OSP, SFFC, and OSCI [therefore, WCCF is represented *only* by AFSCME].

Within the security series, only officers, corporals, and sergeants are represented by labor organizations. Lieutenants and above are management service employees who are unrepresented. Our staff bid shift and days off, therefore we can re-assign them easily pending an investigation".

In the Collective Bargaining Unit Agreements for both Security and Security Plus (2021-2023) there appeared to be no information contained as related to ODOC sexual abuse investigative processes and/or disciplinary actions against employees. Therefore, there was no content written therein that prohibited ODOC from reassignment of staff secondary to a sexual abuse allegation against staff. Per interview with the Agency Head Designee, they work with the Contract Administrator to ensure all contractual obligations they have or are working towards do not limit ODOC's ability to remove staff from an area pending the outcome of an investigation or determination of whether, and to what extent, discipline is warranted. As explained to the auditor by the Superintendent, depending upon the nature of the allegations, options included temporary reassignment of the employee, redirection of the employee, or restriction of the staff member's on-ground access during the course of the investigation.

Based upon the auditor's review of provided documents, management retained the right to separate the staff member from the incarcerated individual, when the staff had become the subject of a sexual abuse investigation. The auditor's review of the Collective Agreement demonstrated compliance with this standard, such that there are no prohibitions on management's right to remove staff alleged of sexual abuse from contact with any inmate(s). ODOC demonstrated the ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation or of a determination of whether, and to what extent, discipline is warranted.

No corrective action was required for this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) towards making compliance determinations with the provisions of this standard.

Standard 115.67a: The ODOC Policy 40.1.13, Section III. Policy, Part E.2 Official Response Following an AIC Report explicitly stipulated all inmates and staff who report sexual abuse or sexual harassment or cooperate with investigations of the same would be protected from retaliation. Policy Part E.2 cited in full, stated, "The PREA Compliance Manager shall be responsible for monitoring all AICs and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other AICs or staff. Monitoring will continue for at least 90 days following a report of sexual abuse.

- a. The PREA Compliance Manager shall monitor the conduct and treatment of AICs or staff who reported the sexual abuse and of AICs who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by AICs or staff, and shall act promptly to remedy any such retaliation.
- b. All actions taken to remedy any such retaliation will be documented and forwarded to the Agency PREA Coordinator and the sexual abuse liaison.
- c. Items the agency should monitor include:
 - (1) AIC disciplinary reports;
 - (2) Housing assignments;
 - (3) Program changes; and
 - (4) Negative performance reviews or reassignments of staff.
- d. In the case of AICs, such monitoring shall also include periodic status checks.

- e. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- f. 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.
- g. An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded".

Per the PREA Coordinator's Memorandum (subject: Compliance with PREA Standard 115.67; dated: 3/18/2022), "The PREA Policy covers all topics of a-f as attached for supporting documentation. ODOC has an automated system that tracks AICs that allege sexual abuse and any other individual who cooperates with an investigation. Additionally, ODOC also monitors AICs who have reported sexual harassment, which exceeds the requirement in the PREA standards. The system will be able to be viewed onsite, however an example with screenshots are included as documentation. PREA Compliance Managers receive emails when monitoring is due and can easily identify due dates by viewing the upcoming monitoring tabs. Additionally, either the PREA Compliance Manager or a member of the Sexual Abuse Response Team meets with the AIC or staff to check in for 30, 60 and 90 days at a minimum but could be more frequently depending on the situation and may be past 90 days if the initial monitoring indicated a continuing need".

Per Policy, WCCF designated the PCM with oversight 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. The PCM was obligated to ensure monitoring occurs in-person, at least monthly. The PCM or a member of the Sexual Abuse Response Team (SART) conducted PREA Monitoring officially. Per auditor review of the sample PREA Upcoming Monitoring Victim Monitoring printout, contacts were to occur at a 30-, 60-, and 90-day intervals.

At WCCF, the PCM provided oversight for retaliation by conducting retaliation monitoring contacts for inmates and employees. During interview, the PCM and Superintendent both confirmed the PCM's responsibility for oversight of retaliation monitoring duties. Per PAQ documentation, WCCF had no (0) monitoring contacts required throughout the reporting period. Additional supporting documentation, demonstrated an official query of the WCCF Offender Management System (OMS) for Monitoring during the reporting period responded with 'No records found' and the WCCF Audit Monitoring Summary (date: Jan 21, 2020) provided no items. The auditor judged this an accurate reflection of WCCF's reporting period based upon information gathered during the auditor's site review, discussion with the PCM, review of investigative files, and documents related to review for this standard provision. Furthermore, pursuant to no (0) monitoring contacts having been conducted, there were no (0) inmates or staff to interview during site review who had participated in the Retaliation Monitoring process.

Of note, change of an investigation conclusion status (incident reported in November 2021) from a non-PREA case to a PREA allegation (case finding: unsubstantiated) would have required monitoring. However, the status change was not made until site review (May 2022), and the offender had already left the facility. Therefore, no monitoring contacts occurred.

Standard 115.67b: ODOC Policy 40.1.13, as cited above, "a.)...The PREA Compliance Manager shall monitor the conduct and treatment of AICs or staff who reported the sexual abuse and of AICs who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by AICs or staff, and shall act promptly to remedy any such retaliation...f.) 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".

During interview with the PREA Coordinator, PCM, and Superintendent, retaliation monitoring involved the employment of multiple protection measures for inmates or staff who feared or experienced

retaliation for reporting sexual abuse or sexual harassment and/or for cooperating with investigations. Each indicated appropriate elements, as delineated in 115.67b, which WCCF utilized in the protection of individuals monitored for potential of or experienced retaliation. Remediation, stated during the aforementioned interviews, as employed at WCCF included 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 and/or for cooperating with investigations. Furthermore, per the PCM, emotional support services were continuously available to the identified victim across Retaliation Monitoring, and offered, as appropriate, through the LCCC and Mental Health resources.

Any endorsed indications upon monitoring that provided information as to adverse circumstances secondary to the individual's (staff or offender) reporting and/or cooperation with investigation of the PREA allegations would result in WCCF's employment of multiple protective measures. Specifically, the facility team would give consideration of the appropriate movement and/or placement of the alleged victim and alleged perpetrator and/or those perpetrating the reported retaliation. As indicated previously, WCCF would first move or restrict programming placements of alleged perpetrators, ensuring the victim remained separated from offenders and/or staff members involved in allegations of sexual abuse and/or sexual harassment, as well as retaliation.

As no Retaliation Monitoring had occurred over the review period, there was no (0) associated documentation for review. Nonetheless, the facility appeared prepared to implement appropriate remediation for fear of and/or experienced retaliation-based conduct.

Standard 115.67c: As cited above, ODOC Policy 40.1.13, stated, "a.) 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 AICs or staff who reported the sexual abuse and of AICs who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by AICs or staff, and shall act promptly to remedy any such retaliation...f.) 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". Per Policy 40.1.13, ODOC monitored the conduct and treatment of identified offenders or staff for at least ninety- (90) days to see if there are changes that may suggest possible retaliation by inmates or staff. The components of the monitoring included, per Policy, but were not limited to the following:

- "c. Items the agency should monitor include:
 - (1) AIC disciplinary reports;
 - (2) Housing assignments;
 - (3) Program changes; and
 - (4) Negative performance reviews or reassignments of staff...
- e. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need".

Application of ODOC Policy in practice at WCCF ensured all retaliation monitoring involved utilization of Department of Corrections: PREA Retaliation Check Sheet, with instructions to, "Complete and Submit with the Request to the Institution SAL [Sexual Abuse Liaison]". The PREA Retaliation Check Sheet included offender demographics and in-person interview with the identified party. Interview and file review components integrated disciplinary reports, housing/program changes, as well as reassignment and/or negative performance reviews. The provided PREA Retaliation Check Sheet (sample) was judged thorough in interview content, input, comments, and appeared to involve a level of clear analytical reasoning when implementing judgments of potential retaliation concerns based upon provided information. Components listed, included: Previous Housing Assignments for last 180 days; Conflicts; Discipline Review; Misconducts (list any misconducts over last 180 days); Conduct Order/Verbal Warnings (Notes from F7 Screen for last 180 days); Programming (Programs over last

180 days (Include any Program Failures); Agency Protection Against Retaliation Questions; Additional Comments/Recommendations (with input from SART Team Member, SAL, and PCM); and Final Review. There were notations related to file review evidence by the assigned staff Retaliation Monitor through inclusion of 'completed by' (date) and name. ODOC PREA Retaliation Monitoring documentation samples reviewed were thorough and included the listed elements of monitoring, as required for 115.67c.

Interviews with the Superintendent, PCM, and SAL demonstrated they were clearly aware of the processes associated with the 90-day Retaliation Monitoring requirements, both by Policy and in practice. WCCF understood their obligation to monitor the conduct and treatment of both those inmates and staff who had reported and those inmates who were reported to have suffered sexual abuse to see if there were change that may suggest possibly retaliation by inmates or staff. They were able to articulate the facility's responsibility to act promptly to remedy any such retaliation. Each understood that Retaliation Monitoring consisted of monitoring inmates for disciplinary reports, housing and program changes, as well as to monitor staff for reassignments and negative performance reviews. Furthermore, all interviewed understood the need continuation of monitoring past 90 days, if the initial monitoring indicated a continuing need.

As no Retaliation Monitoring had occurred over the review period, there was no (0) associated documentation for auditor review. Nonetheless, the facility appeared to understand and prepared to implement appropriate monitoring processes, per 115.67c.

Standard 115.67d: Per Policy 40.1.13, "d.) In the case of AICs, such monitoring shall also include periodic status checks", and "e.) The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need". ODOC was obligated to monitor the identified offender or staff for at least ninety- (90) days for possible retaliation associated with reporting sexual abuse or sexual harassment and/or cooperating in an investigation of the same. As indicated above in 115.67a, the Agency will continue monitoring beyond ninety- (90) days if initial monitoring indicates a continuing need to do so, and such monitoring would involve periodic status checks, as merited.

Interviews with the PCM, SAL, and Superintendent indicated that Retaliation Monitoring conformed to this Policy in practice. While at WCCF, during the reporting period there were no identified cases that required monitoring; therefore, none met criteria for documentation review per 115.67d. However, responsible staff (PCM and SART members), verbalized understanding that monthly check-ins were the minimum associated with retaliation monitoring, and that periodic status checks should be included in this process.

Standard 115.67e: ODOC Policy 40.1.13, stated, "f.) 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". Agency Policy supported that if any individual who cooperates with an investigation expressed a fear of retaliation, ODOC and the facility would take appropriate measures to protect that individual against retaliation.

The Superintendent, PCM, PREA Coordinator, and SART members interviewed each articulated that retaliation countered ODOC Policy. Specifically, every interviewee articulated that any individual (staff or inmate) who expressed fear of retaliation related to their cooperation in a PREA-related investigation would be appropriately monitored against retaliation through the ODOC PREA Retaliation Monitoring protocol (to include use of the PREA Retaliation Check Sheet), and inclusion of any other case-relevant factors. Furthermore, should protective indicators be required, ODOC and WCCF would implement these, to protect that individual against retaliation, as in any other consideration of retaliation listed in the provisions 115.67a – 115.67d associated with this standard, above.

Standard 115.67f: Per Policy 40.1.13, “g.) An agency’s obligation to monitor shall terminated if the agency determines that the allegation is unfounded. Therefore, ODOC’s obligation to monitor shall terminate if the agency determines the allegation unfounded. Per PAQ, no (0) unfounded investigations during the audit reporting period had initiated and/or continued retaliation monitoring. The PCM, Superintendent and PREA Coordinator endorsed that unfounded allegations did not require ongoing monitoring per ODOC policy and in practice did not occur.

No corrective action was required for this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022), and Policy Chapter 291, Division 46: Segregation (Administrative), 291-046-0005; as well as PREA sexual abuse allegation victims’ housing before and after investigation completion towards compliance determinations with the provision of this standard.

Standard 115.68a: Per PREA Coordinator Memorandum (subject: Compliance with Standard 115.68; dated: 3/18/2022), “Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements in 115.43, however our practice is to place AICs in the least restrictive housing possible. Interviews with AICs and staff will confirm”.

ODOC Policy, Chapter 291, Division 46 Segregation (Administrative), 291-046-0005 - Authority, Purpose and Policy outlined Agency Policy regarding post-allegation protective custody:

- (1) The authority for this rule is granted to the Director of the Department of Corrections in accordance with ORS 179.040, 423.020, 423.030 and 423.075.

(2) Purpose: The purpose of this rule is to provide a method to administratively house inmates in Department of Corrections facilities who:

- (a) Constitute a continuing or immediate threat to the safety, security, and orderly operation of the facility; or
- (b) Require protective custody.

(3) Policy: It is the policy of the Department of Corrections to administratively house those inmates in Department of Corrections facilities whose notoriety, actions or threats jeopardize the safety, security, and orderly operation of the facility, staff, visitors or other inmates.

This Policy addressed all ODOC components associated with possible purposes for housing offenders in segregation, to include “protective custody”.

Policy 40.1.13, Section III. Policy, Part C. Screening for Risk of Sexual Victimization and Abusiveness, indicated, “The facility shall assign such AICs 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 AIC 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)”.

This Policy delineated that the facility will attempt to minimize any disturbance to the alleged victim’s housing location, program activities, and/or supervision during the post-allegation process.

Furthermore, per Policy, WCCF’s should only make involuntary placement of an inmate alleged to have suffered sexual abuse in Administrative Segregation when no suitable alternative housing exists and last only as long as necessary for the offender’s protection.

Based upon the auditor’s assessment, WCCF was fully compliant with Standard 115.43. Policy 40.1.13 stated the goal to keep separate those AICs at high risk of being sexual victimization from those at high risk of being sexually abusive. In the case of WCCF, with dormitory/open housing, individual AICs with high risk for sexual victimization would be placed in areas of greatest visibility to the housing officers. In support of 115.43a, Policy required the facility immediately evaluate any such use of protective custody with an assessment of all available alternatives made, and a determination made that there was no available alternative means of separation from likely abusers (with the assessment completed within twenty-four (24) hours). Per Policy, prior to placement in involuntary segregation the facility must consider every potential alternative with the reason(s) each was determined unsuitable documented. Agency Policy, supporting 115.43d, mandated that the facility not place the offender who is at risk of potential victimization in protective custody housing unless they had conducted a thorough evaluation of a.) The basis of the facility’s concern for the inmate’s safety, and b.) Why no viable alternative means of separation of the victim from abuser can be arranged.

ODOC Policy 40.1.13, supporting Standard 115.43b, required if involuntary segregation placement was made to protect an offender from potential sexual victimization, the facility shall permit the offender access to programs, privileges, education, and work assignments to the extent possible. Furthermore, if any programming was restricted the facility was required to document the limited opportunities, as well as duration and reason for such limitation. Supporting 115.43c, Policy required the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until the facility arranged an alternative means of separation from likely abusers, ordinarily not to exceed a period of 30 days.

Any placement extending past thirty- (30) days, per Policy and supporting 115.43e, necessitated review with documentation, which provided justification for the extension. In the event the placement lasted more than thirty- (30) days, Policy mandated the facility conduct a review to determine the continued need for the involuntary segregation placement.

Per interview with the Superintendent and PCM, housing of inmates who may be at risk for sexual victimization (including post-allegation protective custody) was managed with consideration given to

their safety on the basis of the offender's dorm, housing unit, and facility, with all options considered. They expressed that movement of any AIC post sexual abuse allegation to protective custody would be utilized as the last alternative; following all considerations to move the alleged abuser. Furthermore, both expressed that any offender placed in protective custody at WCCF would only occur if no suitable alternative housing existed and last for up to twenty-four (24) hours until WCCF facilitated transfer arrangements to move the offender to an appropriate facility.

Per PAQ, WCCF's PREA Allegations Log of offender-on-offender sexual abuse and staff-on-offender sexual misconduct there were no (0) victims placed in involuntary segregated housing. Housing rosters for victims of PREA allegations were reviewed onsite, and the auditor confirmed the facility did not place any victims in protective custody during or following related PREA investigations. As follows, there were no (0) victims assigned to post-allegation protective custody for longer than thirty- (30) days awaiting alternative placement. Based upon information reviewed, the auditor determined there were no (0) offenders placed in the WCCF Disciplinary Housing Unit (DHU) based upon their risk for sexual victimization during the review period secondary to their status as an inmate alleged to have suffered sexual abuse nor were there any identified victims judged to have been in need for Post-Allegation Protective Custody.

As noted, at WCCF, there were no instances of the use of protective custody made pursuant to Standards 115.43 or 115.68; thereby, the auditor was unable to review any documentation pursuant to inmate involuntary segregation placement secondary to any risk of sexual victimization. Based upon Specialized Interviews with the Superintendent and PCM, pursuant to 115.43a, the facility understood that practices as applied to 115.43 would be equivalent to those utilized towards compliance with 115.68. During interview, both PCM and Superintendent were aware of and practiced refraining from placing inmates at high risk for sexual victimization in protective custody. They were able to articulate the need for immediate assessment (i.e., within 24 hours) as to the consideration of all available alternatives and determination that there were no available alternative means of separation of the victim from likely abusers. Secondary to 115.43b, the facility was aware of the need to provide access to programs, privileges, education and work opportunities to the extent possible, and document any limitations to such, with the duration and reasons indicated. In consideration of 115.43c, the facility understood to assign inmates to post-allegation protective custody only until they were able to arrange alternative means of separation and transfer the victim to an appropriate location, separate from the abuser, as soon as they could facilitate transportation. Per interviews, such transfer would generally occur within twenty-four (24) hours. In compliance with 115.43d, the facility was clearly aware of their responsibility to document the basis for concern related to the victim's safety needs and the reason why the facility could arrange no alternative means of separation if WCCF utilized involuntary segregation for this purpose. Per 115.43e, both Superintendent and PCM were aware that any offender housed for post-allegation protective custody beyond the period of thirty- (30) days would require a review with documentation. They were clearly aware of the need to comply with the provisions within the standard.

No corrective action was required for this standard.

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 auditor reviewed ODOC Policy 70.1.3 Criminal & Administrative Evidence Handling (Rev. 5/1/2014); Policy 70.1.4 Investigations (Rev. 10/14/2020); and Policy Prison Rape Elimination Act (Rev. 1/20/2022); as well as Prison Rape Elimination Act: Investigative Report (Update: 08/2021); State of Oregon: Oregon State Policy Interagency Agreement IAA-331-2018 (dated: 10/28/2020); and PREA Reporting (Inmate-to-Inmate; Staff-to-Inmate) Flowchart towards making compliance determinations with the provisions of this standard.

Standard 115.71a: Per PREA Coordinator Memorandum (subject: Compliance with Standard 115.71; dated: 3/23/2022), “The agency does conduct administrative investigations of sexual abuse and sexual harassment, when not criminal. Our investigations are completed promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports”.

ODOC Policy 70.1.4, Section I. Purpose - Principles, mandated the prompt, thorough, and objective process of completion of investigations, as conducted by ODOC; “The basic principles which underlie this policy are that an investigation must be assigned in such a way that an objective, neutral, and thorough investigation will be conducted in a timely manner. The authorities mentioned as assigning responsibility for conducting investigations are expected to communicate with one another to assure the most effective entity within the Department, or in exceptional cases outside the Department, is investigating the matter”. This Policy specifically identified PREA-related allegations of sexual abuse and sexual harassment. In addition, Agency Policy 40.1.13, Section III. Policy, Part D.2.d, Reporting – Staff Reporting states, “Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an AIC that they have been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form (CD1620). (See the attached PREA Reporting Chart.)”. ODOC Policy delineated the Agency’s responsibility to conduct investigations of sexual abuse and/or sexual harassment allegations on an administrative level. Policy 40.1.13 and 70.1.4 delineated that WCCF shall refer PREA allegations rising to the criminal level to law enforcement agencies (OSP and SIU) for criminal investigation. Moreover, Policy 70.1.4, Section III. Policy, Part D. Investigation Responsibility dictated that all allegations must be carried through to closure, “It is the expectation that all entities will work together and coordinate to complete the investigation in an efficient manner and, where feasible, avoid duplication of efforts”.

Specifically, per Policy 40.1.13, Section III. Policy, Part D. Reporting, 2.a & b Staff Reporting, “...When an inmate reports incidents of sexual abuse, sexual solicitation, sexual harassment or sexual coercion to DOC staff members, staff will, except as noted elsewhere in this policy, contact the OIC or supervisor immediately.

b. The OIC will initiate action as outlined in this policy and the OIC PREA Checklist (CD 1621) to mitigate:

(1) Immediate harm to the victim or reporter; and/or

(2) Damage to potential crime scenes or evidence”.

The PREA Coordinator Memorandum (Subject: Compliance with PREA Standard 115.64; dated: 3/18/2022), stated, “The PREA Policy outlines that first responders are required to immediately contact the Officer-in-Charge (OIC). The OIC checklist is utilized, which includes preserving and protecting the crime scene and separating the alleged victim and abuser. PREA training also covers these topics as well as collection of evidence and requesting the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The OIC checklist outlines that AIC abusers are put in a dry segregation cell if the abuse occurred within 120-hours. Staff have been issued first responder cards that are attached as documentation”.

Per Policy 40.1.13, all facility staff shall be prepared to play an active role in responding to sexual abuse incidents. If an allegation was made within a one hundred twenty (120) hour timeframe, staff

shall *recommend* the alleged victim was advised against and *ensure* the alleged abuser does not take any action(s) that could potentially destroy physical evidence (including, as appropriate; washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and/or eating). If the situation warranted, staff shall ensure security of the crime scene, including retention of alleged victim and alleged abuser clothing, bedding, and object(s) used for penetration. If necessary, staff shall also ensure securing of the crime scene. If the alleged abuser was known, facility Investigators shall ensure the alleged abuser followed the same actions described above in order to preserve any possible evidence of any sexual abuse.

ODOC Policy dictated that local law enforcement officials and the Office of Inspector General's Special Investigations Unit would conduct criminal investigations related to PREA allegations, whereas institutional staff will investigate administrative PREA allegations. Per Policy 70.1.13, Section III: Policy, Part B. Notification, "The Oregon State Police and the Office of Inspector General's Special Investigations Unit (SIU) are the authorized investigators of alleged crimes occurring in or on DOC facilities and/or property. Notification will immediately be made to the Oregon State Police and SIU by the OIC or designee". The auditor reviewed the State of Oregon: Oregon State Policy Interagency Agreement IAA-331-2018 (dated: 10/28/2020), which confirmed OSP was responsible to complete criminal related sexual abuse and sexual harassment referrals, as referred by ODOC.

The designated local law enforcement agency contact for Oregon State Police is via the Oregon State Police Lakeview Office (address: 616 N 4th St, Lakeview, OR 97630; telephone: (541) 947-2267). WCCF retained responsibility to conduct administrative investigations. The Superintendent was responsible for appropriate assignment of administrative PREA investigations to trained ODOC SART staff.

Per Standard 115.54, ODOC Policy 40.1.13; Section III. Policy, Part D.2d Reporting – Staff Reporting had established a method to receive third-party reports of sexual abuse and sexual harassment allegations; mandating that, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports. Upon notification by an AIC that they have been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately complete the Staff Reporting Responsibilities form (CD1620)". Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.54; dated: 8/17/2021), "ODOC allows for third party reporting. Information on how to report on behalf of an AIC is included on our website [Department of Corrections : How to Report an Incident : Prison Rape Elimination Act : State of Oregon](#). ODOC includes this information in pamphlets that are placed in the visiting rooms at every institution".

Per interviews with the Superintendent, PCM, and Investigators (WCCF & SIU), reports of alleged sexual abuse and harassment were all investigated thoroughly and to completion, in an objective manner at the appropriate administrative or criminal level. Furthermore, all Investigators (WCCF & SIU) interviewed made no differentiation between first-party and third-party or anonymously received reports. Per both Policy and interviews with the Superintendent, as well as Investigator all incidents of alleged sexual abuse and sexual harassment reported were investigated, regardless of whom is the reporting party. This was to include any third-party and anonymous reports.

During the reporting period, there was one (1) staff sexual misconduct and two (2) inmate-on-inmate sexual harassment investigations completed at the administrative level (per PAQ, there had been originally been a second inmate-on-inmate sexual harassment investigation, which was completed, while originally not classified to meet PREA criteria; however, upon discussion with the PREA Coordinator, this investigation was raised to the level of sexual harassment). The facility opened a second staff sexual misconduct administrative investigation immediately prior to the site review. Therefore, WCCF had two (2) administrative staff sexual misconduct investigations and two (2) inmate-on-inmate sexual harassment investigations, which prior to site review, WCCF had conducted and

closed. This information was consistent with the auditor's review of WCCF investigatory documentation reports while onsite. None of the cases appeared to be criminal in nature, and did not involve secondary consultation with local law enforcement. There were no (0) sexual abuse and/or sexual harassment investigations during or after the review period, which met criteria for criminal referral or rose to the level of consideration for criminal prosecution.

WCCF provided the auditor with the copies of all PREA investigations conducted at WCCF during the reporting period and immediately thereafter. Based upon auditor's evaluation, it appeared WCCF promptly initiated investigations with timely completion. Prior to issuance of the Interim Report, upon auditor analysis, the average length of time to conduct an investigation from point of report (regardless of the reporting mechanism) was 21 days (cases ranged from 3 to 37 days open). However, the average duration of investigation until closure by Superintendent was unknown, as in two (2) cases no Superintendent's signature was provided. The facility provided information demonstrating they follow case status reporting on a routine basis, while cases remain open.

Upon review of PREA investigations conducted at WCCF, the use of thorough processes for investigation into each allegation of sexual abuse and/or sexual harassment was apparent; however, as the auditor judged, prior to the issuance of the Interim Report, WCCF had poorly documented their investigative processes. Investigators (all WCCF for cited cases) appeared to have utilized multiple evidence gathering techniques, to include, interviews with a variety of sources, secondary interviews with key subjects, location determinations made of the alleged victim and abuser, and historical surveillance monitoring footage. Yet, prior to issuance of the Interim Report, the ODOC PREA Investigative Report for these investigations did not consistently include relevant dates, checkmarks, and item completion for sections prompting responses. The section describing how the Investigator credibility assessment was determined was often limited or missing entirely. Furthermore, the chronological process of the reports was often confusing for the reader and interspersed with details that seemed to confound investigative findings. Investigators' description of how they considered and reviewed evidence was often difficult to follow. There was generally not an appropriate "Conclusion/Outcome" statement provided in the cases.

- **Corrective Action:** To remedy the aforementioned issues, WCCF recomposed the documentation within one (1) existing investigation and submitted this, as well as all concluded Investigative Reports during the Corrective Action Period (CAP) to the auditor for review. There were three (3) additional Investigations conducted during the audit period. Of the four (4) Investigations reviewed (to include the rewritten report), the auditor judged that the cases were appropriately followed with all cases closed as timely as possible. Evidence collection appeared to be comprehensive and included records of dates with interview information. Reports were generally written based upon a chronology of evidence collection. The cases had credibility assessments completed. Furthermore, the reports included appropriate checkboxes marked, with relevant dates and signatures. Throughout the CAP investigative processes at WCCF were judged by the auditor to have been completed in a prompt, thorough, and objective manner.

Despite not overtly stating the reasons behind credibility assessments, the Investigators' appeared to have made determinations independently, not upon who had submitted the allegation, the manner in which it was received, or the PREA allegation reporting history of the parties involved. The auditor judged the outcome of facility investigations to have been objective, with determinations of substantiated, unsubstantiated, and unfounded made on a case-by-case basis.

Standard 115.71b: Per PREA Coordinator Memorandum, "Investigators have all received the specialized investigations training as outlined in 115.34". Policy 40.1.13, Section: B. Training and Education; Part 1.5 Staff Training delineated, "5. In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services practitioners, SART members, DOC investigators, and other staff identified by the

department". Per PREA Coordinator's Memorandum (subject: Compliance with PREA Standard 115.34; dated: 03/18/2022), "All staff who conduct sexual abuse investigations have received investigator training in conducting such investigations in a confinement setting through NIC [National Institute of Corrections]. Sexual Abuse Response Team [SART] members receive additional training (two days, with an opportunity for mock interviews)...The Oregon State Police has trained their staff, and a roster is attached as documentation. Joint trainings on investigating sexual abuse in confinement settings [PREA: Investigating Sexual Abuse in a Confinement Setting; NIC] were facilitated with SIU staff and OSP detectives in 2017 and again in 2020. We will be scheduling another training with them soon". Per Policy, the Oregon State Policy (OSP) and Special Investigations Unit (SIU; Office of the Inspector General) were the primary investigative contacts for any sexual conduct deemed to meet criteria for criminal referral committed within the facility.

The ODOC SART training (references as, Specialized Training) provided information regarding how to conduct all PREA-related investigations, and incorporated all necessary components of provision 115.34a & 115.34b. The training elements, were not limited to, but included:

- 1.) How to conduct an investigation in confined settings; NOTE: included in investigator training through NIC [National Institute of Corrections];
- 2.) Techniques for interviewing sexual abuse victims;
- 3.) The proper use of Miranda and Garrity Warnings;
- 4.) Sexual abuse evidence collection in confinement settings; and
- 5.) Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor reviewed the ODOC PREA Investigations training, which included components of knowledge and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards. During interview, the WCCF (2/2; 100%) and SIU (1/1; 100%) Investigators were able to describe training they received during Specialized Training, as listed above, which covered how to handle administrative sexual abuse and sexual harassment investigations.

The process by which ODOC assigned administrative investigations was explained in the ODOC PREA Reporting (Inmate-to-Inmate; Staff-to-Inmate) Flowchart. On the Flowchart, the Superintendent or designee was the first individual at WCCF responsible for direction of the investigation. In coordination, the SIU and Sexual Abuse Liaison (SAL) would identify an appropriate WCCF SART investigator from the list of qualified investigators. In order to qualify for this list, the individual must have completed both NIC Investigator Training and formal ODOC Specialized SART Training. The SIU and SAL may secure a qualified investigator from within the facility or the SIU. Factors taken into consideration when selecting an Investigator, included:

- The alleged abuser; depending on the nature of allegations against staff, SIU would generally conduct the investigation;
- Complexity and sensitivity of the investigation; and
- Impartiality of the Investigator in light of the allegation itself (e.g. outside of the Investigator's chain of command, any indications of potential conflicts of interest, etc.).

Per 115.34c, the auditor reviewed the Training Rosters provided for the 2017 (entitled: PREA Investigations Training for Investigators) and 2020 (entitled: Oregon Department of Correction: Prison Rape Elimination Training) joint OSP and SIU training for completion of ODOC's PREA Specialized Investigator Training. The auditor also reviewed the aforementioned six (6) SIU and six (6) WCCF PREA qualified investigators and was able to access the specialized PREA training certification for each (12/12; 100%). Courses were entitled, 'Investigating Sexual Abuse in a Confinement Setting; NIC', 'Investigating Sexual Abuse in a Confinement Setting: Advanced Training; NIC', and 'ODOC - PREA for Sexual Abuse Response Team (SART)' to include the Instructor's Training. The auditor's review of

provided transcripts, was judged to support the Agency's use of investigators who have received special training in sexual abuse investigations as required by 115.34.

As noted, there were five (5) PREA administrative investigations conducted at WCCF during the reporting period; while upon investigation only three (3) met criteria for PREA sexual abuse and/or sexual harassment. There was an additional investigation immediately prior to the onsite review. Therefore, WCCF completed four (4) PREA-related administrative investigations during the reporting period through site visit. Based upon auditor's analysis of the PREA investigations log, WCCF had utilized an appropriately trained ODOC Investigator to complete each of the provided PREA administrative investigations cases.

Standard 115.71c: Per PREA Coordinator Memorandum, "Investigators gather and preserve direct and circumstance [sic; circumstantial evidence]". Policy 70.1.3, Section III. Part C. Crime Scene Preservation, Security and Process, "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. Prior to collecting any evidence it is imperative that the crime scene, and any potential crime scenes, be secured and photographed and/or videotaped. Removal of evidence will be in a manner consistent with preservation of evidence, ensuring not to destroy fingerprints, blood and other fragment evidence that might be affixed to the item, documenting who seized the item, who maintained custody of the item and in what manner the item was secured".

Policy 70.1.13 further details in Section III: Policy, Part A. General, "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 Officer-in-Charge (OIC) PREA Allegation Checklist (CD 1621; 02/18) included directions for uniform evidence collection, to include gathering, preservation, and retention processes with applicable Policy and Section references for reference. The Checklist delineated staff's responsibilities to include notification requirements of Oregon State Police and Office of Inspector General's Special Investigations Unit, as well as processes for victim/alleged abuser separation and isolation, collection of usable physical evidence, and medical triage considerations including forensic examinations.

During interview with WCCF Investigators (regarding administrative investigations), they described response to PREA-related incidents to obligate immediate response. Policy and practice, involved the First Responder immediately notifying the Shift Commander of the allegation. The WCCF Investigators expressed immediate to mean that investigations were initiated 'without delay' and 'at the moment of discovery'. The moment of discovery as defined by each Investigator to be upon receipt of the PREA allegation from the victim or third party.

All three (3) WCCF Investigators were able to describe evidence collection processes to involve integration of data from a variety of sources for corroboration, to include:

- a. Gather and preserve direct and circumstantial evidence, including any available direct and/or circumstantial evidence, including any available electronic monitoring data;
- b. Interview alleged victims, suspected perpetrators, and/or witnesses; and,
- c. Review prior complaints and reports of sexual abuse involving the suspected perpetrator (conducted by the Appointing Authority).

They specified that the evidence collection process is continuous until case closure, with information documented on an on-going basis, being added as evidence is gathered. The facility Investigators were

able to describe a variety of evidence gathering techniques and the process by which to proceed towards the substantiation of an administrative allegation of sexual abuse and/or sexual harassment. They described the evidence gathering processes to include preservation of direct evidence and research of circumstantial information. The facility Investigators described how they would utilize video surveillance to substantiate the presence or absence of individuals in locations where PREA allegations had reportedly occurred. They specified how to determine potential individuals for interviews beyond the alleged victim and abuser, to include individuals who lived in cells adjacent to alleged incidents, or work peers, staff members, group members, as well as individuals who may have observed the alleged incident, as determined by watching archive footage at the time when the alleged incident occurred. Investigators described utilization of recorded telephone conversations and written communication (to include offender 'kites', JPay messages, and/or letters) to bring into evidence. In discussion about timeliness of evidence, WCCF Investigator emphasized the importance of collecting useable physical evidence expeditiously to ensure all direct evidence was preserved and able to be utilized. During interview, each Investigator emphasized that continuous documentation of evidentiary findings was of significant importance to ensure the case progress was documented thoroughly, objectively and in an organized manner through investigative closure.

Each of the four (4) closed investigations conducted during the reporting period, necessitated gathering of evidence associated with a sexual abuse and/or sexual harassment allegation at the administrative level. It was apparent upon auditor review of the investigative files that the facility utilized comprehensive interviewing techniques (including alleged victim(s), perpetrator(s), and potential witness(es)), evaluated available electronic monitoring data (to include video surveillance), and obtained secondary contacts, as well as considered the ability to retain any usable, physical evidence (e.g., JPay information). Overall, the facility Investigators were judged to have implemented appropriate preservation of direct and circumstantial evidence and utilized evidence gathering techniques as available to them. In the aforementioned cases, the Investigators gathered direct and circumstantial evidence, to include most frequently video surveillance monitoring data and witness interviews. Investigations most often involved interviews with alleged victims, suspected perpetrators, and witnesses.

However, as noted in 115.71a, as related to investigatory processes, including the retention of direct and circumstantial evidence, interviews, as well as report reviews, the WCCF Investigators failed to compile findings via thorough documentation in the investigative case files (described in 115.71f). As indicated, the PREA Investigative Report often failed to include dates, times, locations, and completion of prescribed notations, with some not including signatures of all associated parties. Notably, the auditor's concerns most related to citations regarding when surveillance video was pulled/reviewed, interviews conducted, and the process by which the investigation was developed.

Standard 115.71d: As noted in 115.71a, per Agency Policy 40.1.13 and State of Oregon: Oregon State Policy (OSP) Interagency Agreement IAA-331-2018 (dated: 10/28/2020), all investigations that appeared criminal in nature must be referred to both OSP and SIU. Per PREA Coordinator Memorandum, "When the quality of evidence appears to support criminal prosecution, investigators only conduct compelled interviews after consulting with prosecutors". Per Policy 40.1.4, Section III. Policy, Part F.4.e.iii General Provisions – Employee/Contractor/Volunteer Investigations, "iii. When the investigation is the result of a PREA complaint and the quality of evidence appears to support criminal prosecution, compelled interviews will take place only after the Inspector General or designee has consulted with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution".

Therefore, should an administrative investigation appear to be moving towards the possibility of criminal prosecution, WCCF investigators were obligated to consult with law enforcement regarding conducting compelled interviews. Investigator training curriculum provided guidance on the management of

compelled interviews, citing, “If the allegations turns criminal –immediately STOP the interview”. Consultation for ODOC and WCCF included SIU and OSP.

During the interview with WCCF Investigators (2/2; 100%), they made clear that during investigations appearing to support criminal prosecution, their training stipulated only to conduct compelled interviews after consultation with local law enforcement. They would determine with law enforcement whether compelled interviews could pose an obstacle for subsequent criminal prosecution in the decision regarding proceeding with any interviews. Based upon the auditor’s review of investigative case files during the reporting period, there were no (0) compelled interviews conducted in any of the four (4) completed PREA investigations. None (0) if the cases were deemed potentially criminal in nature; therefore, WCCF did not have the need to consult with OSP and/or SIU for direction of this nature.

Standard 115.71e: Agency Policy required all facility Investigators be trained in investigative protocol with training curriculum as indicated in 115.71b & c and 115.34a & b. Policy 40.1.13, Section III. Policy, Part D.1.e Reporting – AIC Reporting, “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 AIC or staff. DOC will not require an AIC 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”. In addition, ODOC Policy 70.1.4, Section III. Policy, Part F.7j General Provisions – Investigations regarding PREA allegations, “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 an adult in custody or staff”. Per PREA Coordinator Memorandum, “The credibility is not assessed based on a person’s status as an AIC or a staff. ODOC does not utilize polygraphs or other truth telling devices. The state police know they cannot use them as a condition for proceeding with the investigation of such allegation. Credibility is documented in the body of the investigative report”. Per 2021 Oregon Revised Statutes; Section 163.705 – Polygraph examination of victims in certain criminal cases prohibited, “No district attorney or other law enforcement officer or investigator involved in the investigation or prosecution of crimes, or any employee thereof, shall require any complaining witness in a case involving the use of force, violence, duress, menace or threat of physical injury in the commission of any sex crime under ORS 163.305 to 163.575, to submit to a polygraph examination as a prerequisite to filing an accusatory pleading [1981 c.877 §1]”.

The ODOC PREA Investigative Report template made explicit reference to the inclusion of credibility assessment, as stated, “Provide a detailed narrative of the allegation. This shall include a description of the physical and testimonial evidence (including all interviews with victim, alleged suspects, and witnesses), *the reasoning behind credibility assessments*, and how you came to the investigative finding...Please explain the credibility assessment that was completed (please note, this needs to be completed):...You must explain how credibility was determined. If you were unable to determine credibility, please explain why. Was the credibility assessed on an individual basis and not on that of the individual’s status as an AIC or staff Yes ☐ No ☐ If no, please list”.

Therefore, each WCCF investigation, per Policy, was to independently assess each alleged victim, suspect, and/or witness on an individualized basis and not determine their credibility based on status as an offender and/or staff member. Furthermore, ODOC Policies clearly stated offenders, who are alleged victims, reporters or witnesses in PREA investigations, would not be asked or required to submit to a polygraph examination regarding the alleged misconduct under investigation or as part of proceeding with the investigation.

During interview with WCCF (2/2; 100%) and SIU (1/1; 100%) Investigators, they all confirmed their role was to gather evidence and acknowledged in the process of which, that they would evaluate any alleged victim, suspect, and witness on an individualized basis, not meriting credibility as determined

upon the individual's status as an inmate or staff. Furthermore, each Investigator indicated that WCCF does not request or require any offenders who are the alleged victims, reporters, and/or witnesses of sexual misconduct to submit to a polygraph or any form of truth-telling device as part of the investigative process.

Upon the auditor's review of all investigations conducted during the reporting period, it was clear that WCCF had not utilized polygraph examinations. While the investigations prior to issuance of the Interim Report provided no clear evidence to the contrary associated with the Investigator establishing the merit of credibility on an individualized basis and not upon that individual's status as staff or inmate, the documentation of such was not clearly delineated in case findings. For example, on the PREA Investigative Report template, the section, "Please explain the credibility assessment that was completed (please note, this needs to be completed):...You must explain how credibility was determined" was at times left blank.

- Corrective Action: To remedy this issue, WCCF recomposed the documentation within one (1) existing investigation and submitted future concluded Investigative Reports (of which there were three; 3) during the CAP to the auditor for review. All four (4) of these Investigative Reports to varying degrees included documentation as related to assessment of credibility.

Standard 115.71f: Per PREA Coordinator Memorandum, "Administrative investigations do include an effort to determine whether staff actions or failures to act contributed to the abuse and it is documented in written reports that include a description of the physical and testimonial evidence and attaches copies of all documentary evidence where feasible. Reports will be available upon request". The ODOC PREA Investigative Report Template included a direct prompting related to this standard provision, stating, "*Did staff actions or failures to act contribute to the abuse? Yes ☐ No ☐ If yes, please list*". As well, the ODOC Investigative Report template specified the need to document, in written form, a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence, where feasible. The template stated, "Narrative: Provide a detailed narrative of the allegation. *This shall include a description of the physical and testimonial evidence (including all interviews with victim, alleged suspects, and witnesses), the reasoning behind credibility assessments, and how you came to the investigative finding. Make sure you document the dates accurately that investigative work was completed, such as the date an interview was done...Please note, evidence must be collected and reviewed if available.*

- Was video reviewed? Yes ☐ No ☐ If no, please indicate why.
- Were phone records reviewed? Yes ☐ No ☐ If no, please indicate why.
- Were any documents reviewed? Yes ☐ No ☐ If no, please indicate why.

Evidence: Was evidence collected? Yes ☐ No ☐ If no, please indicate why".

Discussion with Investigators (WCCF & SIU) confirmed that WCCF investigative processes followed the above protocol for administrative PREA investigations with consideration given as to whether staff actions or failures to act contributed to the abuse, description of physical and testimonial evidence, and individual assessments of credibility with investigative facts and findings.

There were, as indicated, four (4) PREA investigations completed (three (3) unsubstantiated and one (1) unfounded), during the reporting period and prior to site review, which the auditor reviewed. The investigations conducted at WCCF, as submitted, conformed to providing an effort to determine whether staff actions or failures to act contributed to the abuse. Each PREA Investigative Report had, 'No' checked for this portion. There was no evidence provided otherwise, per auditor review, to suggest staff actions or failures to act contributed to the alleged abuse.

Prior to the issuance of the Interim Report, based upon the auditor's review of the aforementioned four (4) investigations, necessary documentation in written reports failed consistently to include a

description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. For example, documentation was inconsistent in the reporting of dates when evidence was gathered and interviews conducted, did not delineate reasoning behind credibility assessments (as noted in 115.71e), and the description of investigative facts and findings was not generally chronological nor written in a fashion that was easy to follow/understand.

- **Corrective Action:** To remedy this issue, WCCF recomposed documentation within one (1) existing investigation submitted all concluded Investigative Reports (of which there were three; 3) during the CAP to the auditor for review. The auditor judged each of these Investigative Reports to demonstrate substantial improvements over those submitted during the Review Period. Specifically, the collection and description of physical and testimonial evidence was thorough and presented in an organized manner. The reasoning behind credibility assessments was included in all reports, and in some instances comprehensive in description. The investigations were documented in a chronological fashion with dates, delineation of facts and findings, as well as case processes presented in an easily understood manner. All investigations during the CAP were administrative in nature, and judged to have been documented in written reports that included a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings such as to meet standard 115.71f.

Standard 115.71g: Per Policy 40.1.13, the Agency itself was not responsible for investigating criminal allegations of sexual abuse, and instead referred to designated law enforcement, as described in 115.71a. As stated, “The Oregon State Police and the Office of Inspector General’s Special Investigations Unit (SIU) are the authorized investigators of alleged crimes occurring in or on DOC facilities and/or property”. Through agreement with OSP, the designated local law enforcement agency contact for WCCF is via the Oregon State Police Lakeview Office. In investigations involving potential and/or known criminal conduct, WCCF would also contact the SIU for case referral. Policy 70.1.4 delineated SIU and OSP involvement, in Section III. Policy, Part F.7d & f General Provisions – Investigations regarding PREA allegations, “d.) All allegations of sexual abuse or sexual harassment as defined by DOC policy 40.1.13 against a DOC/OCE employee, contractor, or volunteer shall be reviewed by the Inspector General or designee to determine whether the Office of Inspector General or another appropriate investigating body should conduct the investigation...f.) Nothing in this section shall preclude or delay notification to the Oregon State Police and Special Investigations Unit regarding PREA cases that allege a criminal act”. Per MOU with OSP, “8. Evidence. All evidence will be collected, documented, packaged and stored according to current OSP and DOC policy to ensure the integrity of the item and its proper chain of custody”. The ODOC MOU with OSP, Section 4.A.e & f Responsibilities stated that OSP agreed to send copies of all completed criminal investigation reports to SIU, and as applicable, to the Governor or designated staff member upon the Governor’s request.

Per PREA Coordinator’s Memorandum, “Criminal investigations are also documented the same as administrative reports and can be available upon request”.

ODOC maintained a Memorandum of Understanding (MOU) with OSP for conducting investigations. This MOU, as reviewed by the auditor, gave precedence to applicable and federal state statutes and regulations, which would include PREA. MOU, Section 4.C.c & d Agreements – DOC and OSP mutually agree, “c.) That DOC may contact OSP for assistance when needed. d.) 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”. OSP had been informed of PREA standards, to include the needs to document criminal investigations in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence, where feasible.

The WCCF Superintendent, PCM, and Investigators (both WCCF and SIU) confirmed their awareness of the processes by which to notify local law enforcement when necessary in criminal PREA allegations, and seek consultation with local prosecution in administrative cases potentially deemed to meet criminal prosecution threshold. The facility Investigators acknowledged part of their role in working with local law enforcement on criminal PREA allegations would be to maintain continued contact with OSP and SIU for follow-up regarding progress regarding the open criminal case, including documentation needs and case closure.

During the review period there were no (0) cases submitted that arose to the level of referral of criminal prosecution. Thus, no further investigatory documentation was gathered.

Standard 115.71h: As detailed in 115.71a & g, per Policy 40.1.13 and 70.1.4, all cases of sexual abuse that appear criminal in nature shall be referred for prosecution. In addition, ODOC MOU with OSP, Section 4. Responsibilities, Part B. DOC agrees to, "If during the course of a DOC internal investigation the Special Investigations Unit's Office develops information of a reason to believe that a criminal act has occurred, they will report the information to OSP immediately". Per PREA Coordinator Memorandum, "Substantiated allegation of conduct that appears to be criminal shall be referred for prosecution".

Per ODOC Policies, PREA Coordinator's Memorandum, PAQ documentation, and auditor's review of investigation files there were no (0) cases closed during the reporting period that necessitated law enforcement referral for criminal investigation upon closure as substantiated. Of note, there were no (0) investigations, during the reporting period, closed as 'substantiated'. Notwithstanding, the Superintendent, PCM, and WCCF/SIU Investigators were all aware of and able to describe Agency Policies, and had the appropriate training regarding how to facilitate such referrals.

Standard 115.71i: Per PREA Coordinator Memorandum, "The agency does retain written reports and has no retention expiration date, however, retention would be no less than as long as the alleged abuser is incarcerated or employed by the agency, plus five years". Based upon this retention standard, the Agency held the responsibility to retain all written reports referenced in 115.71f & g for as long as the alleged abuser is incarcerated or employed at the Agency, plus five years.

Per interview with the PREA Coordinator, ODOC followed this protocol. While onsite, the auditor received viewable access to the OMS secured site by the PREA Coordinator, demonstrating the process by which ODOC retained records of PREA allegations and completed investigations.

Standard 115.71j: Policy 40.1.13 and 70.1.4 stipulated that all allegations of sexual abuse and sexual harassment shall be investigated regardless of whether the alleged perpetrator or alleged victim had left the Department's employment and/or were no longer under the Department's jurisdiction or authority. Policy 40.1.13 Section III. Policy, Part G.3.f and Policy 70.1.4, Section III. Policy, Part 7.i Investigations regarding PREA allegations, both cited, "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".

The Superintendent, Facility and SIU Investigators, PCM, and PREA Coordinator confirmed should an alleged incident meet the aforementioned conditions, WCCF, SIU and/or OSP would continue to carry the investigation through to completion.

Based upon the auditor's review of the provided facility investigations during the reporting period there were no (0) investigations related to offender(s) and/or staff who were no longer incarcerated and/or employed by/volunteering with the Department when the investigations through initiation and closure. Furthermore, WCCF continued each of these investigations through to case closure.

Standard 115.711: Per Policy 70.1.4 and 40.1.13, all sexual abuse and/or sexual harassment cases deemed to be criminally or potentially so shall be referred to the OSP for prosecution. ODOC agreed to provide support, as delineated in the ODOC-OSP MOU, Section 4. Responsibilities, Part C.b DOC and OSP mutually agree, "To cooperate in carrying out the functions specified above, and shall meet as necessary to discuss any areas where their responsibilities may overlap". The ODOC PREA Reporting Flowchart described initiation of the criminal referral through OSP and SIU to include Officer-in-Charge referral to OSP and pulling a case number. As noted above, the ODOC MOU with OSP, Section 4.A.e & f Responsibilities stated that OSP agreed to send copies of all completed criminal investigation reports to SIU, and as applicable, to the Governor or designated staff member upon the Governor's request. The aforementioned content described a cooperative process by which WCCF initially informs OSP and SIU regarding the criminal allegation and was to carry communication through case closure.

Per PREA Coordinator's Memorandum, "The Oregon State Police keeps ODOC informed of the progress of investigations, which we cooperate fully. When investigations are assigned to the Oregon State Police, an agency assist case in [is; sic] opened on our end. The PREA Sergeant tracks the case and ensures regular updates and closure reports are provided timely".

Interview with the Superintendent, as well as WCCF and SIU Investigators indicated that WCCF held responsibility for conducting their own investigations into administrative sexual abuse and sexual harassment allegations. While, as indicated, per Policy and practice, WCCF referred criminal investigations (or those potentially deemed so) to both SIU and OSP. Upon interview, each party expressed the facility's duty to remain involved through the course of the investigation to ensure continued assistance with investigatory needs and case closure. Specifically, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. There were no circumstances judged to have met criteria at WCCF for continued law enforcement follow-up during this reporting period, as no (0) cases had met the threshold for referral for criminal prosecution.

Corrective action was issued and completed for this standard. NOTE: Corrective action was also required for this Standard in the previous audit of 2018.

115.71a:

The auditor judged, prior to the issuance of the Interim Report, WCCF had poorly documented their investigative processes. Prior to issuance of the Interim Report, upon auditor analysis, the average length of time to conduct an investigation from point of report (regardless of the reporting mechanism) was 21 days (cases ranged from 3 to 37 days open). However, the average duration of investigation until closure by Superintendent was unknown, as in two (2) cases no Superintendent's signature was provided. Prior to issuance of the Interim Report, the ODOC PREA Investigative Report for these investigations did not consistently include relevant dates, checkmarks, and item completion for sections prompting responses. The section describing how the Investigator credibility assessment was determined was often limited or missing entirely. Furthermore, the chronological process of the reports was often confusing for the reader and interspersed with details that seemed to confound investigative findings. Investigators' description of how they considered and reviewed evidence was often difficult to follow. There was generally not an appropriate "Conclusion/Outcome" statement provided in the cases.

- **Corrective Action:** To remedy the aforementioned issues, WCCF recomposed the documentation within one (1) existing investigation and submitted this, as well as all concluded Investigative Reports during the Corrective Action Period (CAP) to the auditor for review. There were three (3) additional Investigations conducted during the audit period. Of the four (4) Investigations reviewed (to include the rewritten report), the auditor judged that the cases were appropriately followed with all cases closed as timely as possible. Evidence collection appeared to be comprehensive and included records of dates with interview information. Reports were

generally written based upon a chronology of evidence collection. The cases had credibility assessments completed. Furthermore, the reports included appropriate checkboxes marked, with relevant dates and signatures. Throughout the CAP investigative processes at WCCF were judged by the auditor to have been completed in a prompt, thorough, and objective manner.

115.71e:

While the investigations prior to issuance of the Interim Report provided no clear evidence to the contrary associated with the Investigator establishing the merit of credibility on an individualized basis and not upon that individual's status as staff or inmate, the documentation of such was not clearly delineated in case findings. For example, on the PREA Investigative Report template, the section, "Please explain the credibility assessment that was completed (please note, this needs to be completed):...You must explain how credibility was determined" was at times left blank.

- Corrective Action: To remedy this issue, WCCF recomposed the documentation within one (1) existing investigation and submitted future concluded Investigative Reports (of which there were three; 3) during the CAP to the auditor for review. All four (4) of these Investigative Reports to varying degrees included documentation as related to assessment of credibility.

115.71f:

Prior to the issuance of the Interim Report, based upon the auditor's review of the aforementioned four (4) investigations, necessary documentation in written reports failed consistently to include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. For example, documentation was inconsistent in the reporting of dates when evidence was gathered and interviews conducted, did not delineate reasoning behind credibility assessments (as noted in 115.71e), and the description of investigative facts and findings was not generally chronological nor written in a fashion that was easy to follow/understand.

- Corrective Action: To remedy this issue, WCCF recomposed documentation within one (1) existing investigation submitted all concluded Investigative Reports (of which there were three; 3) during the CAP to the auditor for review. The auditor judged each of these Investigative Reports to demonstrate substantial improvements over those submitted during the Review Period. Specifically, the collection and description of physical and testimonial evidence was thorough and presented in an organized manner. The reasoning behind credibility assessments was included in all reports, and in some instances comprehensive in description. The investigations were documented in a chronological fashion with dates, delineation of facts and findings, as well as case processes presented in an easily understood manner. All investigations during the CAP were administrative in nature, and judged to have been documented in written reports that included a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings such as to meet standard 115.71f.

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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022), and Policy 70.1.4 Investigations (Rev. 10/14/2022) towards making compliance determinations with the provision of this standard.

Standard 115.72a: ODOC Policy 40.1.13 and Policy 70.1.4 provided a uniform definition of how to substantiate an allegation of a sexual abuse and/or sexual harassment following investigation that does not impose a higher standard than a preponderance of evidence. Specifically, Policy 40.1.13, Section III. Policy, G.3.g Investigations, stated, "DOC shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated". Policy 70.1.4, Section III. Policy, Part F.7.k Investigations regarding PREA allegations concurred with Policy 40.1.13, stating, "Preponderance of the evidence shall be the standard used in determining whether allegations of sexual abuse or sexual harassment are substantiated".

Per PREA Coordinator Memorandum (subject: Compliance with Standard 115.72; dated: 03/23/2022), "As stated in the PREA and Investigations Policy, ODOC imposes no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigators and review of investigation files will support this".

During interview with the three (3) Investigators (WCCF and SIU) and Superintendent, only two (2/4) were able to directly state that the standard of evidence required to substantiate administrative PREA allegations was fifty-one percent (51%) or a preponderance of evidence. The other two were unable to state this explicitly, in either for as '51%' or 'preponderance of evidence', even upon prompting.

Notwithstanding, the auditor reviewed WCCF's implementation of this standard as related to the four (4) PREA investigation case files associated with administrative findings over the reporting period. There were no (0) substantiated cases, three (3) unsubstantiated, and one (1) unfounded cases. The auditor reviewed each case to see if they may have potentially met a 'preponderance' of evidence. Despite the individual investigator's inability to state directly the evidentiary standard as 'preponderance' of evidence for administrative investigations, it was apparent that WCCF had utilized the preponderance of evidence threshold in attempting substantiation of cases. In the one (1) case outcome as 'unfounded', it was also clear that WCCF had based determination on convincing evidence, which established, 'the allegation was investigated and determined not to have occurred' based upon PREA Prison and Jail Standards.

Secondary to the auditor's review of associated investigations, they judged WCCF to have applied the appropriate investigative standard for the substantiation of cases for the findings in applicable cases.

Based upon ODOC Policy, as well as the auditor's examination of the PREA case investigations it appeared that WCCF had imposed the appropriate standard of proof, of 'not higher than a preponderance of the evidence', when substantiating the administrative cases. It was less clear that 'Outcome/Conclusion' of cases were subject to the necessary scrutiny and application of evidentiary standards (per 115.71 non-compliance), in making final case determinations. However, this issue will be resolved through corrective action, as applied to 115.71 and WCCF's submission of all future investigations to the auditor for review through the correction action period.

- As interview responses with the Investigators (WCCF & SUI) suggested there may be some confusion associated with the evidentiary standard required to substantiate administrative investigations, the PREA Coordinator provided each with an email (subject: Preponderance of the Evidence; dated: 06/25/2022) directly addressing the requirements of this Standard. The email stated, "I wanted to remind investigators that the standard of evidence used in order to substantiate an investigation administratively is the **preponderance of the evidence**. This mean if it more likely than not occurred (or 51%), the allegations should be substantiated". PREA outcome definitions were also provided for review.

No additional corrective action was required for this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) and ODOC Prison Rape Elimination Act (PREA) Reporting to AIC's 115.73 (CD 1622; dated: 11/2020) towards making compliance determinations with the provisions of this standard.

Standard 115.73a: Per Policy 40.1.13, following an investigation into an inmate's allegation that they have suffered sexual abuse or sexual harassment by another inmate or staff in a Department facility, the PCM/Designee informed the alleged victim of the determination in a verbal, confidential report. Policy 40.1.13, Section III. Policy, Part G.3 Investigations, cited, "Reporting to AICs: In the event of an AIC allegation of sexual abuse, the PREA compliance manager shall:

- a. Following an investigation into an AIC's allegation that they suffered sexual abuse in an agency facility, the PREA Compliance Manager or designee at that facility shall inform the AIC as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded;
- b. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the AIC;
- c. Following an AIC's allegation that a staff member has committed sexual abuse against the AIC and the findings are substantiated or unsubstantiated; the PREA Compliance Manager or designee shall inform the AIC whenever:
 - (1) The staff member is no longer posted within the AIC's unit;
 - (2) The staff member is no longer employed at the facility;
 - (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or
 - (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- d. All such notifications or attempted notifications shall be documented by the PREA Compliance Manager or designee.
- e. The PREA Compliance Manager or designee's obligation to report shall terminate if the AIC is released from the department's custody.

If the offender has been released, per CD 1622, "DOC's obligation to report under federal PREA Standards shall terminate if the AIC is released from the agency's custody".

The PREA Coordinator Memorandum (subject: Compliance with Standard. 115.73; dated: 03/23/2022), stated, "As stated in the PREA Policy all obligations under this standard are covered and are the responsibility of the PREA Compliance Manager. DOC does this utilizing a form. The PREA Compliance Manager, or designee, will meet with the AIC and verbally inform them, then will document on the form. We do not send notification to the AIC in writing for safety and security concerns (as related to all provisions of 115.73)".

Should there have been notifications, per the PCM and PREA Coordinator, WCCF would append the CD1622 to the Investigative Report package. The PCM was aware of their responsibility to complete ODOC Prison Rape Elimination Act (PREA) Reporting to AIC's 115.73 (CD 1622) upon closure of a WCCF inmate's allegation that they had suffered sexual abuse in an ODOC facility and case determination as substantiated, unsubstantiated or unfounded.

Per auditor investigatory file review, there were two (2) investigations closed at WCCF during the audit period and immediately thereafter of staff sexual misconduct, which had the potential to include sexual abuse. However, the reporting party in both of these cases was not the identified AIC victim, and instead an AIC peer. Therefore, at WCCF there were no requirements for reporting to AIC, as reflected by this Standard provision. Based upon auditor's review of investigations no alleged victims qualified for delivery of said notification. However, the facility was aware of their responsibility to individually, verbally, report to the AIC, in a confidential manner the determination of an allegation to be substantiated, unsubstantiated, or unfounded.

Standard 115.73b: Per Policy 40.1.13, ODOC was responsible for conducting all investigations into allegations of sexual abuse and sexual harassment that were administrative, while criminal

investigations referred to local law enforcement and/or SIU. Policy 40.1.13, Section III. Policy, Part G.3 Investigations, cited, "Reporting to AICs: In the event of an AIC allegation of sexual abuse, the PREA compliance manager shall:...b. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the AIC".

Per the auditor's review of all relevant investigations pertaining to the reporting period, WCCF completed each at the administrative level, as none rose to the level of criminal prosecution. However, the PCM was aware had WCCF referred a case to OSP and/or SIU, upon completion of the investigation, WCCF would request the relevant information from OSP and/or SIU regarding the results of the criminal investigation (received by way of report) and the PCM make the AIC aware of the outcome via CD 1622 reporting processes.

Thus, related to the investigations conducted during the reporting period, the facility had no relevant information requesting receipt from an external investigative agency in order to inform the alleged victim, as associated with this standard provision. Nonetheless, in Policy and practice, WCCF was aware of the need to follow through with such requests for investigation closure and alleged victim notification.

Standard 115.73c: Per ODOC Policy 40.1.13, the Department will make the following notifications, in writing, to alleged victims until they are no longer under Department jurisdiction. For Substantiated / Unsubstantiated Allegations of Staff Sexual Misconduct against employees, the alleged victim will be notified:

- 1.) When the accused employee is no longer regularly assigned to the offender's housing unit,
- 2.) When the accused employee no longer works at the same facility as the offender, and
- 3.) If the Department learns that the accused employee has been indicted on or convicted of any charge related to staff sexual misconduct within the facility.

Specifically, per Policy 40.1.13, Section III. Policy, Part G.3 Investigations, cited, "Reporting to AICs: In the event of an AIC allegation of sexual abuse, the PREA compliance manager shall:...

- a. Following an AIC's allegation that a staff member has committed sexual abuse against the AIC and the findings are substantiated or unsubstantiated; the PREA Compliance Manager or designee shall inform the AIC whenever:
 - (1) The staff member is no longer posted within the AIC's unit;
 - (2) The staff member is no longer employed at the facility;
 - (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and/or
 - (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility".

Based upon interview, the PCM was aware had WCCF received an AIC allegation that a staff member had committed sexual abuse against the AIC and the findings of the investigation were substantiated or unsubstantiated, the PCM was required to make the AIC aware of the aforementioned four (4) criteria, per ODOC Policy, via CD 1622 reporting processes.

As noted above WCCF had no (0) cases reported directly by the alleged victim. Therefore, there were no notification required per this Standard provision. Nonetheless, in Policy and practice, WCCF was aware of the need to follow through with victim notification, in cases where an AIC had alleged sexual abuse committed by a staff member, and the investigation was found to be substantiated or unsubstantiated.

Standard 115.73d: CD 1622 (ODOC PREA Reporting to AIC's 115.73) mandated, following an inmate's allegation of having been sexually abuse by another inmate, ODOC shall subsequently inform the alleged victim regarding the alleged abuser being indicted and/or convicted on a charge related to

sexual abuse within the facility. For offender-on-offender allegations of sexual abuse, per ODOC CD 1622, the alleged victim shall be notified of the following:

- ☐ DOC has learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
- ☐ DOC has learned that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Per ODOC CD 1622, "This is an ongoing notification even after the investigation is closed".

While there were no investigations conducted at WCCF during the reporting period and prior to site audit applicable to this standard provision, based on interview, the PCM was aware of their responsibility to notify the alleged victim in such circumstances. Per WCCF report, there had been no offender notifications conforming to this standard provision, which the auditor confirmed by review of associated investigatory files and logs. Nonetheless, in Policy and practice, WCCF was aware of the need to follow through with notification following an AIC's allegations that they had been sexually abused by another inmate when the agency learned that the alleged abuser had been indicted and/or convicted on a charge related to sexual abuse within the facility.

Standard 115.73e: Per Policy 40.1.13, Section III. Policy, Part G.3 Investigations, cited, "All such notifications or attempted notifications shall be documented by the PREA Compliance Manager or designee". In addition, direction provided on the ODOC: PREA Reporting to AIC's 115.73 (CD 1622), stated, "This will be a verbal report to the AIC; however, this form is needed for documentation purposes. Please retain this form. Use the same form for reporting status updates". Per PREA Coordinator Memorandum, as cited above, the PCM/designee would provide notifications to alleged victims through personal verbal report. WCCF did not send written notification directly to the AIC out of consideration for safety and security concerns.

Based upon interview with the PCM, they were aware of the responsibility to ensure documentation of alleged victim notification, as related to 115.73a through 115.73d. The PCM also confirmed that they would notify alleged victims in person, in a confidential manner, and document on the CD 1622. The auditor reviewed the WCCF Investigations Log, of which no (0) investigations conformed to the requirement to provide notification to alleged victims under any provisions of Standard 115.73. The auditor received a sample completed ODOC CD 1622 with PAQ and demonstrated conformity to all requirements of 115.73. In Policy and practice, WCCF and specifically the designated PCM, were aware of the need to follow through with and document appropriate AIC notifications, as applied to Standard 115.73.

No corrective action was required for this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC Policy outlining staff disciplinary sanctions found in Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) towards compliance determinations with the provisions of this standard.

Standard 115.76a: Per PREA Coordinator Memorandum, (Subject: Compliance with PREA Standard 115.76; dated: 03/23/2022), "As outlined in the PREA policy language for disciplinary sanctions for staff include a-d". ODOC Policy 40.1.13, Section III. Policy, Part I. Disciplinary Actions for Staff, Contractors and Volunteers, stated:

1. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

3. 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.
4. 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.

ODOC Policy delineated that staff may be subject to disciplinary sanctions up to and including termination from the Department for violation of sexual abuse and sexual harassment policies. The Department Head, PREA Coordinator, and Superintendent each confirmed their understanding of ODOC's ability to implement such termination processes, when necessary. Per the auditor's review of WCCF PREA Investigative Logs, as provided with PAQ and upon site review, there were no 'substantiated' sexual abuse and/or sexual harassment allegations against staff, which merited consideration of disciplinary actions.

Standard 115.76b: Based upon ODOC Policy 40.1.13, Section III. Policy, Part I.2 Disciplinary Actions for Staff, Contractors and Volunteers, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse". The Agency has explicitly stated dismissal from employment shall be the presumptive disciplinary sanction for any staff, contractor or volunteer, who violated Agency's policy by having engaged in sexual abuse. Interviews with the Department Head, PREA Coordinator, and Superintendent, each supported that WCCF would presumptively terminate any staff member who violated the Agency's zero tolerance policy towards sexual abuse. All interviews with Random Staff demonstrated their understanding of ODOC's zero tolerance policy and that sexual abuse against an inmate on the part of staff would result in termination as the presumptive disciplinary action.

Per the PAQ and investigative file review, there was one (1) PREA administrative allegations involving sexual abuse by staff against an inmate at the facility during the reporting period. WCCF had reported case closure of one (1) investigation involving a staff member prior to site review, as 'unfounded'; however, upon site review the auditor was provided with information that this case had been converted to, 'unsubstantiated'. As the case was 'unsubstantiated and there was no indication that the case rose to the level of criminal activity, WCCF did not refer for consideration of prosecution nor pursue staff disciplinary action.

Standard 115.76c: Per ODOC Policy 40.1.13, ODOC Policy 40.1.13, Section III. Policy, Part I.3 Disciplinary Actions for Staff, Contractors and Volunteers, stated, "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 Department Head, PREA Coordinator, and Superintendent specified that in applicable cases ODOC would make determination of disciplinary sanctions with consideration of the aforementioned factors, pursuant to ODOC Policy 40.1.13 and criterion in provision 115.76c.

Based upon auditor review, the PAQ indicated that no PREA allegations at WCCF during the reporting period met criteria for imposing disciplinary sanctions that pertained to this standard provision. However, per Policy and interviews, ODOC demonstrated that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) would 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.

Standard 115.76d: Per ODOC Policy 40.1.13, Section III. Policy, Part I.4 Disciplinary Actions for Staff, Contractors and Volunteers, stated, “All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies”.

During interview, the Department Head designee, PREA Coordinator, and Superintendent, each identified the Agency Policy and process by which to report all terminations for violations of ODOC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation to:

- a.) law enforcement agencies (i.e., OSP and SIU), unless the activity was clearly not criminal, and
- b.) relevant licensing boards, when applicable.

Per PAQ documentation and the auditor’s review of investigatory files, there were no (0) PREA investigations of staff that met consideration for referrals associated with this standard provision.

Based upon Policy and practice, ODOC appeared to have processes in place such that all terminations for violations of agency sexual abuse or sexual harassment or resignations by staff who would have been terminated if not for their resignation would be reported to law enforcement (unless the activity was clearly not criminal). In addition, ODOC demonstrated processes by which 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 are to be reported to relevant licensing bodies.

No corrective action was required for this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC Policy outlining volunteer and contractor disciplinary sanctions, Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) towards making compliance determinations with the provisions of this standard.

Standard 115.77a: Per PREA Coordinator Memorandum (Subject: Compliance with Standard 115.77; dated: 03/23/2022), "As outlined in the PREA policy language for disciplinary sanctions for contractors and volunteers include a-b". Agency Policy 40.1.13, Section III. Policy, Part I.5 Disciplinary Actions for Staff, Contractors or Volunteers, stated, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with AICs and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies". Policy 40.1.13 stipulated that volunteers and contractors who engage in sexual abuse would be prohibited further contact with AICs. Policy instructed that such individuals would be subject to referral for criminal prosecution, when applicable. Furthermore, per Policy, ODOC will report information to relevant licensure bodies for external review. During Specialized Interviews, the Superintendent, PREA Coordinator, and Department Head designee confirmed their knowledge of ODOC Policy and associated processes for implementation.

Per the auditor's review of PAQ and Investigative Log documentation, there were one (1) PREA investigation involving a contractor, closed as 'unsubstantiated'. This PREA allegation did not rise to the level of criminal in nature nor did it involve licensing bodies. This information was consistent with the auditor's review of onsite record review, examination of WCCF's Investigations Log and associated investigations, as well as facility interviews with the Superintendent and PCM.

Standard 115.77b: Per ODOC Policy 40.1.13, Section III. Policy, Part I.6 Disciplinary Actions for Staff, Contractors or Volunteers, stated, "The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with AICs, in the case of any other violation of agency sexual abuse or sexual harassment policies by contractor or volunteer". During Specialized Interviews, the Superintendent, PREA Coordinator, and Department Head designee confirmed their knowledge of ODOC Policy and associated processes for implementation.

As noted, in the case above involving a contractor, the case was an 'unsubstantiated' administrative PREA allegation. Thereby, the facility was not required to nor did take steps to restrict the individual from future access to the facility and/or contact with AICs.

By Policy, practice and interview content, the auditor judged ODOC to have in place appropriate remedial measures in the case of any other violation of ODOC sexual abuse or sexual harassment

policies by a contractor or volunteer, and would consider whether to prohibit further contact with inmates.

No corrective action was required for this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- 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.

ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); [Oregon] Department of Corrections, Oregon Secretary of State Administrative Rules (OAR), Chapter 291, Division 105: Prohibited Conduct and Processing Disciplinary Actions 291-105-0005: Authority, Purpose and Policy, OAR 291-105-0072: Deviation Sanctions for Major Violations and OAR 291-105-0015: Rules of Misconduct; Exhibit 1: Major Violation Grid Inmates Misconduct History Scale, Exhibit 2: Minor Violation Grid Inmates Misconduct History Scale, and Exhibit 3: Superintendent's Adjustments to Final Order Grid OAR 291-105-0080; and ODOC Prison Rape Elimination Act/Senate Bill 89 Overview were reviewed by the auditor towards compliance determinations with the provisions of this standard.

Standard 115.78a: The ODOC, Oregon Secretary of State Administrative Rules (OAR), Chapter 291, Division 105, 291-105-0005, Authority, Purpose, and Policy established the rules of conduct governing adults in custody and outlined the procedures, as follows, in processing disciplinary action(s). In part, 291-105-0005 stated:

a) It is the policy of the Department of Corrections to hold adults in custody accountable for misconduct while incarcerated, and to promote and reinforce pro-social behavior by adults in custody, through a system of disciplinary rules and procedures that embrace the Oregon Accountability Model and Correctional Case Management.

(b) Adults in custody under Department of Corrections supervision shall be disciplined for violation of specified rules of prohibited conduct in accordance with the procedures set forth in these rules. The primary objectives of these rules are:

(A) To provide for the safe, secure, efficient, and orderly management of Department of Corrections facilities, the safety and security of Department employees, the public, adults in custody, and property of the Department of Corrections;

(B) To establish norms of acceptable conduct and consistent and fair procedures for the processing of misconduct reports for adults in custody

(C) To allow a range of appropriate disciplinary sanctions for violation of the rules of prohibited conduct for adults in custody; and

(D) To encourage positive behavioral change.

(c) To promote these objectives, adults in custody found in violation of the rules of prohibited conduct are issued individualized sanctions based upon the totality of the circumstances

(including input from stakeholders, and the adult in custody's behavior, strengths, and needs, subject to modification upon order of the Hearings Officer and functional unit manager or designee.

Per OAR 291-105-0015, Rules of Misconduct, the following violations fall under the purview of 'Rules of Misconduct', including but not limited to:

- (l) 2.20 Sexual Assault/Abuse: An AIC commits Sexual Assault/Abuse when that AIC engages in sexual activity and the victim does not consent, is unable to consent or refuse consent, or is coerced into such activity by expressed or implied threats of violence.
- (m) 2.25 Sexual Harassment: An AIC commits Sexual Harassment when that AIC:
 - (A) 2.25.01 Makes repeated and unwelcomed sexual advances or requests for sexual favors, or
 - (B) 2.25.02 Makes repeated and unwelcomed verbal comments, gestures, or actions of a derogatory or offensive sexual nature, directed toward or about another, including demeaning references to gender; or
 - (C) 2.25.03 Makes repeated and unwelcomed sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Per ODOC-OAR, following an administrative finding that an inmate has engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, the accused inmate would be subject to disciplinary sanctions pursuant to a formal disciplinary process. As noted, ODOC facilities do not internally manage criminal investigations. External law enforcement (i.e., OSP and/or SIU) manage criminal prosecution for ODOC cases, and in findings of guilt, court-ordered sanctioning would also apply for inmate-on-inmate sexual abuse.

Per the PAQ submission, as substantiated by interview with the Superintendent and PCM, as well as the auditor's review of investigative documentation, there were no (0) inmates found administratively nor criminally to have engaged in inmate-on-inmate sexual abuse at WCCF during the review period. However, based upon interview with the PCM and Superintendent, should such a situation arise, the perpetrator would be subject to disciplinary sanctions pursuant to a formal disciplinary process.

Standard 115.78b: Per Exhibit 1: Major Violation Grid: Inmates Misconduct History Scale, disciplinary sanctions administered to an inmate found administratively and/or criminally guilty of having engaged in inmate-on-inmate sexual abuse would be commensurate with the nature and circumstances of the abuse committed (as based upon the disciplinary code; listed above). Sanctioning would be imposed, while not limited to, offenses deemed as:

- Section I. Sexual Assault
- Section II Sexual Coercion...
- Section IV Sexual Solicitation

Per Exhibit 1, sanctions would also be commensurate with the inmate's disciplinary history and sanctions imposed in comparable offenses by other offenders with similar histories, as indicated by:

- Section A (6 or more prior major violations within the last 2 years;
- Section B (4-5 prior major violations within the last 2 years;
- Section C (2-3 prior major violations within the last 2 years; or
- Section D (0-1 prior major violations within the last 2 years.

Furthermore, per Superintendent's Adjustments to Final Order Grid (OAR 291-105-0080), reduction on remaining sanctions, to include 'Segregation Time' and 'Fine', would be mitigated by, 'Significant Positive Behavior Change'.

As noted, there were no (0) inmates found administratively and/or criminally to have engaged in inmate-on-inmate sexual abuse at the WCCF during the review period. Therefore, there was no documentation

provided to review the imposition of penalties for such infractions. However, interviews with the PREA Coordinator, Superintendent, and PCM confirmed their understanding of disciplinary policy as related to sanctioning inmate-on-inmate sexual abuse 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.

Standard 115.78c: OAR 291-105-0072 Deviation Sanctions for Major Violations delineated that the Hearing Officer (of functional unit manager/designee) shall consider mental health status and/or any disabilities of the perpetrator, and whether these conditions may have played a part in the sexual abuse, and implementation of the types of sanction imposed. Specifically under 'Mitigating factors', Part B. cited, "The AIC's mental capacity was diminished (excluding diminished capacity due to voluntary drug or alcohol abuse). Interviews with the Superintendent and PCM confirmed their understanding of OAR and requirement that WCCF disciplinary processes take into consideration whether mental illness or mental disability contributed to the inmate's behavior. While no (0) PREA allegations met criteria for sanctioning under the noted provision, based upon the auditor's review of the OAR section, interviews, and PREA-related investigations it appeared the facility understood that the associated disciplinary process required consideration of this standard provision.

Standard 115.78d: Per interviews with the PCM, PREA Coordinator, and Superintendent, the facility does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivation for sexually abusive behavior. However, per information provided through interview with the WCCF PCM and PREA Coordinator, these programs were available at other ODOC facilities, and generally offered by Mental Health. Specifically, should an offender require programming of this nature, WCCF would refer the AIC for placement at the appropriate location for assessment regarding the offender's treatment needs. As the facility does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, offenders determined to require such interventions would not remain placed at the facility.

Based upon the auditor's review of the PREA-related investigations it was apparent that none (0) of the allegations met criteria for the receipt of therapy as directed under the realm of this standard provision, while the facility was aware of how to place appropriate referrals to Mental Health for such services, if necessary. Notwithstanding, per the PREA Coordinator, in relevant ODOC facilities, the offender would not be required to participate in such interventions as a condition of access to programming and other benefits.

Standard 115.78e: ODOC Prison Rape Elimination Act/Senate Bill 89 Overview was legislation, from 2005, indicating inmates are the presumptive victim of sexual abuse in any case of sexual contact with a staff member and shall not be disciplined, barring the staff member not consenting to the sexual act. Policy 40.1.13 Section II. Definitions, Part H.2 Sexual Abuse, stated, "Sexual abuse of an AIC by a staff member, contractor or volunteer includes any of the following acts, with or without consent of the AIC, detainee, or resident", and detailed sexual acts of penetration, contact, touching, voyeurism, and exhibitionism by the staff towards the AIC. OAR 291-105-0015: Rules of Misconduct, Part I, cited, "2.20 Sexual Assault/Abuse: An AIC commits Sexual Assault/Abuse when that AIC engages in sexual activity and the victim does not consent, is unable to consent or refuse consent, or is coerced into such activity by expressed or implied threats of violence".

Therefore, ODOC may only discipline the offender secondary to engaging in sexual contact with staff upon discovery that the staff member did not consent to such contact. Per auditor review, there were no (0) incidents of disciplinary action taken against inmates for sexual abuse committed with/against staff during the review period based upon the PAQ, Investigation and Log documentation, as well as offender post-allegation housing. The Superintendent, PCM, and Investigators (WCCF & SIU) confirmed this finding.

Standard 115.78f: Consistent with findings of 115.52g, ODOC Policy 40.1.13, Section D. Reporting, Part 1.f, stated, “The agency may discipline an AIC for alleging sexual abuse, only when it is in bad faith. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Abusers shall be disciplined in accordance with (OAR 291-105) Prohibited Conduct and Processing Disciplinary Actions”. Therefore, ODOC explicitly prohibited disciplinary action/infractions against an offender for submitting a report of sexual abuse made in good faith. Good faith meant when the allegation was based upon reasonable belief that the alleged conduct occurred, even when an investigation does not substantiate the allegation.

Interviews with the Superintendent, PCM, and Investigators (WCCF & SIU) affirmed their understanding of this standard provision. During the review period at the facility, per PAQ documentation (with PREA Allegations Log) and information gathered during site review, including inmate (Randomized and Targeted) and staff (Random and Specialized) interviews, no (0) offenders were identified to have been disciplined for filing PREA allegations of sexual abuse. There were, to the best of the auditor’s knowledge, no (0) offenders disciplined for filing any PREA-related allegation during the reporting period.

Standard 115.78g: ODOC Policy 40.1.13 clearly defined PREA-related prohibited behaviors. Consensual sexual activity between offenders is not included in these definitions. OAR 291-105-0015 Rules of Misconduct, stated, “(n) 2.30 Non-Assaultive Sexual Activity: An AIC commits Non-Assaultive Sexual Activity when that AIC solicits or engages in sexual activity and the sexual activity is conducted without violence, threat of violence, coercion, or use of a weapon”. Any offenders believed to be engaging in Non-Assaultive Sexual Activity, per OAR, would be investigated and sanctioned according to Section IIII. Non-Assaultive Sexual Activity of the Exhibit 1: Major Violation Grid: Inmates Misconduct History Scale.

Based upon auditor’s review of Investigatory files, interviews with the Superintendent and PCM, as well as inmates (Randomized and Targeted), there was no evidence of non-coercive sexual activity between inmates at WCCF being considered sexual abuse.

No corrective action was required for this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

☒ Yes ☐ No ☐ NA

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Agency Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); and Oregon Department of Corrections: Health Services Division, Behavioral Health Services Clinical Practice MH-B-04 (Rev. 1/11/2022) towards making compliance determinations with the provisions of this standard.

Standard 115.81a & b: Per PREA Coordinator Memorandum (subject: Compliance with Standard 115.81; dated: 3/23/2022), “[**Per 115.81a**] BHS Policy #MH-B-04 supports compliance that if the screening pursuant to 115.41 indicates that a prison AIC has experience prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the AIC is offered a follow up meeting with a medical or mental health practitioner within 14 days. With the automated risk screening that takes place, this notification is given to the mental health manager via an auto-generated email.

The email states:

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

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 AICs before reporting information about prior sexual victimization that did not occur in an institutional setting unless the AIC is under the age of 18”.

Per PREA Coordinator Memorandum, “[**Per 115.81b**] BHS Policy #MH-B-04 supports compliance that if the screening pursuant to 115.41 indicates that a prison AIC has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the AIC is offered a follow up meeting with a medical or mental health practitioner within 14 days. With the automated risk screening that takes place, this notification is given to the mental health manager via an auto generated email.

The email states: @@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 auditor reviewed Health Services Division, Behavioral Health Services Clinical Practice MH-B-04, which described, “All client transfers will be screened by institution staff, within 72 hours of arrival, using the ODOC Screening Tool Assessment for risk of being sexually abused by other clients or sexually abusive toward other clients.

[NOTE: Part. C., Facility transfers and Part B., 30-day reviews cite the same requirements, as described in items 1 through 5, below; and adhere to 115.81a & b provision requirements].

1. All client transfers will be screened by institution staff, within 72 hours of arrival, using the ODOC Screening Tool Assessment for risk of being sexually abused by other clients or sexually abusive toward other clients.
2. [**Per 115.81a**] BHS will receive an auto Screening Tool Assessment notification for a client who has answered YES to “Question 7 – Have you ever been sexually abused?” if the client also answers YES to “Do you want to meet with a Qualified Mental Health Professional?”

3. **[Per 115.81b]** BHS will receive an auto Screening Tool Assessment notification for a client who has answered YES to “Question 3A – Have you ever been convicted of a sex offense against a child? Or YES to “Question 3B – Have you ever been convicted of a sex offense against an adult?” if the client also answers YES to “Do you want to meet with a Qualified Mental Health Professional?”
4. **[Per 115.81a & b]** A client must be seen for a mental health assessment *within* 14 days if the answer to Question 7 is YES and the AIC has answered YES to “Do you want to meet with a Qualified Mental Health Professional?” Or if the answer to Question 3A or Question 3B is YES and the AIC has answered Yes to “Do you want to meet with a Qualified Mental Health Professional?”
5. The mental health assessment may be limited to a mental status screening for mental health clinic or it may include a suicide risk screening, psychosocial history, mental health evaluation and prescriber referral if the client has never received mental health services”.

All SART Staff interviewed associated with the screening intake and 30-day process acknowledged their responsibility during Intake screenings to solicit the required information to fulfill 115.81a & b, and offer appropriate referral processes to Medical and Mental Health, when required. Specifically, they understood if the offender expressed a history of sexual victimization and/or perpetration based upon the criteria, as described above, they would offer the offender a referral to Medical and/or Mental Health to discuss potential treatment needs. The offender has the right to refuse this contact while the Screening staff must document the offer of referral occurred, per Standard 115.41 processes. The Screening Tool sample, as provided in 115.41, queried:

“6. Have you ever been sexually abused? Yes/No

- If yes, did it occur in an institutional setting? Yes/No
- If yes, did it occur within the last year? Yes/No
- Do you want to meet with a Qualified Mental Health Professional? Yes/No

7. Sexual Offense Conviction

7 A. - Have you ever been convicted of a sex offense against a child? Yes/No

7 B. - Have you ever been convicted of a sex offense against an adult? Yes/No

Do you want to meet with a Qualified Mental Health Professional? Yes/No”

Of note, WCCF did not have onsite Mental Health providers; therefore, ODOC had established partnership with EOCI (Eastern Oregon Correctional Institution) for EOCI Mental Health providers to see AICs from WCCF by telehealth services. Through the reporting period through May 2022, per WCCF report, there had been a potential miscommunication between WCCF and EOCI regarding the designated Mental Health contact at EOCI, and a currently employed provider at EOCI may not have received ODOC auto-generated emails. Based upon a log provided of offenders who had endorsed either a history of sexual victimization and/or sexual abusiveness, of the twelve (12) offenders documented, each received timely access to Mental Health services. However, there is concern with the log, as information contained only reporting from the two months of December 2021 and May 2022. It was unclear as to whether other AICs were appropriately seen during the additional periods of time. Secondary documentation, with sampled cases, as appended by email to the auditor failed clarify if WCCF had referred and EOCI Mental Health had timely seen AICs.

- **Corrective Action:** To remedy this issue, the auditor received the Completed Mental Health Log from EOCI through the first three (3) months following the onsite review. The Log was received from the PCM by email on 8/17/2022. Contacts demonstrated 100% compliance with all associated WCCF AICs (thirteen; 13/13) being seen timely by Mental Health. This Corrective Action item was closed.

Targeted offender interviews supported that WCCF staff offered referrals for Mental Health services upon the offender's report of prior sexual victimization and/or perpetration. Those offenders enrolled in Mental Health services or who had previously received them at the facility reported that they were satisfied with those offered.

Standard 115.81c: The facility is a prison/work release facility, not a reception center whereby they would receive offenders directly from jail. Thus, as 'not applicable', WCCF was judged materially to have met this provision.

Standard 115.81d: Per PREA Coordinator Memorandum, "(d-e) The PREA Policy and MH-B-04 outline confidentiality and the informed consent process". Policy 40.1.13 established appropriate controls and limits on sensitive information. Any disclosures made by Medical and Behavioral Health Services were to be limited to informing treatment plans, investigation, as well as other security and management decisions, including housing, bed, work, education and program assignments. Per Policy 40.1.13, Section III. Policy, Part. D.b.2.b Reporting – AIC Reporting, "Information provided by AICs to DOC staff will be subject to verification by investigators. 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"

Policy 40.1.13, further cited, "c. 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 interview with two (2) WCCF Medical providers, each indicated that information provided was limited to the scope, as described in Policy to support provision 115.81e. All other disclosures are limited as required by Federal, State, and local law. The auditor found no (0) relevant Medical and/or Mental Health notes provided in any of the reviewed Investigations nor documentation while onsite to suggest that Mental Health and/or Medical had failed to comply with this provision. Per Policy and during interview with WCCF Medical providers, it was apparent WCCF had an understanding regarding the application of and their responsibility to comply with this standard provision.

Standard 115.81e: Per Policy 40.1.13, Section III. Policy, Part D.b.2.c Reporting, "When interviewing AICs concerning sexual abuse, sexual solicitation, sexual harassment, and sexual coercion, all DOC staff will inform AICs of any limits to confidentiality prior to conducting the interview". Per MH-B-04, prior to the provision of any relevant Mental Health Services, "The client will be informed of the duty to report and limitations of confidentiality and asked to sign an Informed Consent to Treatment form at the initiation of services". The auditor reviewed the Behavioral Health Services Informed Consent to Treatment (Attachment #2: HS P&P P-F-06.1) and Health Services Information Disclosure (per 115.61c), which both stated, in part, "Information obtained within the patient/provider relationship, as well as information contained in a patient's health care record is confidential and may not be released except as provided by state and federal statute, or by order of Oregon or Federal Court. Information given to Health Services medical and mental health providers is confidential and not shared with anyone outside of Health Services without written consent...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.

Confidentiality will not apply to information when it poses an immediate threat to the health and safety of self, other inmates, staff, or to the community. Reports will be limited to what is necessary to maintain safety and stay within legal parameters”.

During interview with WCCF Medical staff, they were aware of their Mandatory Reporting Duties and the Limitations of Confidentiality. They indicated provision of informed consent with limits of confidentiality and mandatory reporting requirements to all AICs prior to initiating any treatment. These practitioners also stated they would obtain consent from the offender prior to reporting any prior sexual victimization that did not occur in an institutional setting, per Disclosure (as cited above). Of note, the facility does not house offenders under eighteen years of age, per standard 115.14. Interviews with offenders (Randomized and Targeted) confirmed their awareness of confidentiality practices and mandatory reporting requirements for Health Care providers.

Corrective action was issued and completed for this standard.

115.81a & b:

Of note, WCCF did not have onsite Mental Health providers; therefore, ODOC had established partnership with EOCI (Eastern Oregon Correctional Institution) for EOCI Mental Health providers to see AICs from WCCF by telehealth services. Through the reporting period through May 2022, per WCCF report, there had been a potential miscommunication between WCCF and EOCI regarding the designated Mental Health contact at EOCI, and a currently employed provider at EOCI may not have received ODOC auto-generated emails. Based upon a log provided of offenders who had endorsed either a history of sexual victimization and/or sexual abusiveness, of the twelve (12) offenders documented, each received timely access to Mental Health services. However, there is concern with the log, as information contained only reporting from the two months of December 2021 and May 2022. It was unclear as to whether other AICs were appropriately seen during the additional periods of time. Secondary documentation, with sampled cases, as appended by email to the auditor failed clarify if WCCF had referred and EOCI Mental Health had timely seen AICs.

- Corrective Action: To remedy this issue, the auditor received the Completed Mental Health Log from EOCI through the first three (3) months following the onsite review. The Log was received from the PCM by email on 8/17/2022. Contacts demonstrated 100% compliance with all associated WCCF AICs (thirteen; 13/13) being seen timely by Mental Health. This Corrective Action item was closed.

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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); Oregon Department of Corrections: Health Services Division, Behavioral Health Services Clinical Practice MH-B-05 (Review 05/05/2020); and Oregon Department of Corrections: Correctional Services Division, Health Services Section Policy and Procedure #P-F-06.1 (Review 06/2018) towards making compliance determinations with the provisions of this standard.

Standard 115.82a: Per PREA Coordinator Memorandum (subject: Compliance with 115.82; dated: 3/23/2022), "The PREA Policy states that AIC victims of sexual abuse will be provide timely, unimpeded access to appropriate mental health/medical evaluation services, in which is determined by the providers professional judgement". Agency Policy mandated that all victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. ODOC: Health Services Division, Behavioral Health Services (BHS) Clinical Practice MH-B-05, stated, "Clients who report sexual abuse or sexual harassment or seek mental health intervention as a result of sexual abuse or sexual harassment during incarceration, will receive prompt and appropriate mental health

interventions". Per Policy 40.1.13, Section III. Policy, Part. H.1 Medical and Mental Care, "Medical: Medical access to services for victims of sexual abuse will be handled in accordance with Health Services policy on procedure #P-F-06.1 (Procedure in the Event of Sexual Abuse) that includes: a.) Timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment...". Policy 40.1.13, further stated, Part H.2 Medical and Mental Care, "Behavioral Health Services: Mental health services for victims of sexual abuse will be provided in accordance with Behavioral Health Services policies and procedures which include: a.) Timely, unimpeded access to appropriate mental health evaluation services without financial cost as determined by the mental health treatment providers' professional judgment".

WCCF does not provide forensic medical examinations, while First Responders and onsite Medical practitioners provide emergent treatment, responding to immediate medical care needs and evaluate the victim for any life threatening injuries prior to transport to Lake County Hospital for completion of the forensic medical examination. Emergency Mental Health services would be provided, per Policy, such that, "A QMHP will conduct a mental health evaluation to include a suicide risk screening after the completion of any medical exams and/or security interviews unless otherwise directed by the OIC [telephone or tele-video]".

Based upon interviews with Health Care staff, and per ODOC Policy, inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services would be consistent with the judgment of Medical and Mental Health practitioners, according to their professional judgment. Medical Staff interviewed clearly stated their responsibilities in responding to a reported incident of sexual abuse, in alignment with the provisions of this standard.

Per PAQ documentation, there were no (0) offenders at the facility who reported an allegation of sexual abuse during the audit reporting period who necessitated Medical intervention and/or transportation to an outside facility. Per the auditor's review of the investigations provided, none (0) involved a forensic medical examination.

Standard 115.82b: Per the OIC [Officer-In-Charge]/PREA Allegation Checklist, WCCF security First Responders shall take preliminary steps to protect the victim, pursuant to standard 115.62, and immediately notify the Medical Services Manager and BHS Manager of an incident of sexual abuse. Specifically, the first Staff Responsibility on the OIC/PREA Allegation Checklist was, "Ensure the victim is safe and kept separate from the alleged abuser". In addition, the Checklist, indicated Staff Responsibilities to include, "[Sexual Abuse] Within 120 hours. Work with institutions Health Services and the State Police to arrange for transport to a designated medical facility for treatment, examination, documentation, collection of forensic evidence, testing for sexually transmitted diseases, advocacy, and referral for counseling...[Sexual Abuse] Over 120 hours. Work with the institution's Health Services staff for: 1. Evaluation and determination of on-site medical evaluations versus transport to a designated medical facility for treatment, examination, and documentation. 2. Testing for sexually transmitted diseases. 3. Referral to BHS for counseling".

Based upon Random staff interviews (14/14; 100%), and facility First Responders (7/7; 100%), WCCF staff were aware of their responsibility to respond to sexual abuse incidents pursuant to 115.62, and report any such incidents to their immediate supervisor and the OIC. Healthcare staff, during interview, also stated their responsibility, upon notification, to provide emergency and crisis intervention care to any identified victims, as appropriate. As noted, there were no (0) incidents of sexual abuse during the reporting period, which arose to this level of response.

Standard 115.82c: Per Policy 40.1.13, Section III. Policy, Part H.1 Medical and Mental Care, "Medical: Medical access to services for victims of sexual abuse will be handled in accordance with Health

Services policy on procedure #P-F-06.1 (**Procedure in the Event of Sexual Abuse**) that includes:...a.) Timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioner's judgment; b.) Necessary post event treatment including coordination with community hospitals; c.) Testing and prophylactic treatment for sexually transmitted infections (STI); d.) Comprehensive information and timely access to all lawful pregnancy related medical services". Item H.1b, included provision of services by a SANE/SAFE. Treatment for STIs will initially occur with the SAFE/SANE at the designated health care facility during the forensic medical examination, which the auditor confirmed during interview with the Lake County Hospital SANE. In addition, #P-F-06.1, Section. Procedure, Part B. stated, "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 interview, Medical staff were able to articulate their responsibilities to provide support and follow-up medical care to victims of sexual abuse, to include facilitating initial transfer to the designated community health care facility for a SAFE/SANE forensic medical examination. Upon return to WCCF, the Medical providers reported they would ensure provision of follow-up care interventions associated with STI prophylaxis, comprehensive information and timely access to all lawful pregnancy related medical services and community referrals, if indicated. As noted above, no (0) sexual abuse incidents during the reporting period rose to this level of intervention.

Standard 115.82d: Per Policy 40.1.13 and #P-F-06.1, all treatment services provided to the victim, to include sexual abuse forensic medical examinations and associated follow-up care, were provided without cost to the victim. #P-F-06.1, Section. Procedure, Part B. explicitly stated, "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". WCCF would provide a victim of sexual abuse access to relevant services, to include, when applicable, forensic medical examination through the designated community health care facility, Lake County Hospital, and any WCCF Medical based treatment and/or follow-up care.

Throughout the reporting period there were no (0) sexual abuse allegations at WCCF necessitating a forensic medical examinations, as provided through a SANE contracted site. Based upon interview with a SANE provider at the community health care facility and comprehensive review of investigation packages, the auditor confirmed this information. When speaking with a SANE provider from Lake County Hospital, as well as WCCF's Medical staff, each indicated that victims' who required services associated with sexual abuse treatment would receive these services without financial cost.

No corrective action was required for this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *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 auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); Oregon Department of Corrections, Health Service Division, Behavioral Health Services Clinical Practice MH-B-04 (dated: 6/23/2020); Oregon Department of Corrections, Health Services Division, Behavioral Health Services Clinical Practice MH-B-05 (dated: 5/5/2020); and Oregon Department of Corrections, Correctional Services Division, Health Services Section Policy and Procedure #P-F-06.1 (dated: June 2018) towards making compliance determinations with the provisions of this standard.

Standard 115.83a: Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.83; dated: 3/23/2022), "(a-g) PF06 – Procedure in the Event of Sexual Abuse outlines compliance with subsections a-g of this standard". Per ODOC MH-B-04, "Policy: 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". MH-B-04, Section Procedure, stated,

- A. Upon receipt of information that an inmate has been recently sexually abused, Health Services personnel shall do a preliminary assessment.
- B. Upon notification by an inmate that he/she has been sexually abused or coerced into unwanted sexual contact, the staff member shall immediately notify the OIC, verbally and in writing (using attachment 3).
 - If the occurrence of the abuse is reported as being less than 120 hours, an evidentiary examination at a local facility (the local hospital or other crisis center) may yield information depending on the circumstances, including force, site, and cleansing, therefore, arrange transport and notify the treating facility of the need for an evidentiary examination and treatment. Upon return from the treating facility, health services personnel are to review the results of the evaluation by the treating facility and continue medical treatment as recommended.
 - a. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners
 - If the occurrence of the abuse is reported as being over 120 hours, an evidentiary examination will be of little benefit; therefore, a medical examination and treatment will be completed at the institution.
 - 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
 - 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

- B. When an inmate reports being the victim of sexual abuse, a suicide risk assessment will be conducted by a mental health professional after the completion of any medical exams and/or security interviews. [Note: numbering duplicated with 'B' in original document].
- C. 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.
- D. The mental health professional will notify the OIC/designee and the MSM/designee regarding recommended ACTIONS such as a crisis prevention plan, suicide precautions, etc.
- E. Patients will be provided follow-up mental health services based on MH CODE and LOF outlined in the Mental Health Codes, Acuity and Levels of Service.
- F. The role of the mental health professional is to complete a mental health evaluation and suicide risk screening and provide appropriate treatment, not to collect evidence for a criminal investigation.

Per PREA Coordinator, Superintendent, and PCM interviews, WCCF offered Medical and Mental Health evaluation and, as recommended, treatment to all inmates who have been victimized by sexual abuse in any prison, lockup, or juvenile facility. Based upon interviews with the Healthcare providers, there were Duty Medical staff available onsite, and Mental Health staff available via partnership with Eastern Oregon Correctional Institution (EOCI). Both Medical and Mental Health services were available on a call basis, with Medical and Mental Health staff available during regular business hours. The facility's Health Care services staff understood their responsibility to offer Medical and Mental Health services in a timely fashion.

During the reporting period, per the PAQ, no (0) offenders who made sexual abuse allegations that met criteria for referral to Medical and/or Mental Health for intervention and/or supportive services under this provision. Per Medical and Mental Health interviews and auditor's review of investigatory documentation, the auditor judged this an accurate representation of the cases during the reporting period.

Standard 115.83b: As noted in 115.83a, ODOC Medical and Mental Health Service Policies, Medical and Mental Health evaluation and treatment included, as appropriate, follow-up services, and individualized treatment plans. Furthermore, #P-F-06.1 explicitly stated, "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". Continuity of care also aimed to ensure support services were in place for the victim upon the transfer to another facility.

Per interviews with WCCF Healthcare staff, when necessary, referrals would be initiated for continued care based upon the victims transfer to or placement at other facilities or upon their custodial release. As stated above, the facility's Health Care services staff understood their responsibility to offer Medical and Mental Health services in a timely fashion, including in such cases transfer occurred, to ensure continuity of care communication and carry treatment plans through to completion.

As no (0) cases met the criteria for Medical and Mental Health care of sexual abuse victims, there was no documentation related to transfer/release of individuals at WCCF during the reporting period that met criteria for this standard provision. However, it was clear that WCCF Healthcare providers recognized their responsibility that should a victim transfer or release to the community the Healthcare team shall connect the victim with appropriate medical services, and if applicable, and mental health, to include victim advocacy.

Standard 115.83c: The provision of Medical and Mental Health care, per ODOC Policy, was to be available to victims in custody with a service provision equivalent to the community standard of care. In addition, Policy 40.1.13, Section III. Policy, Part H.1.a Medical and Mental Care, stated, "Timely,

unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment", and Part H.2.a, stated, "Timely, unimpeded access to appropriate mental health evaluation services without financial cost as determined by the mental health treatment providers' professional judgment".

The Health Services Section Policy and Procedure #P-F-06.1 and Behavioral Health Services Clinical Practice MH-B-04 documented service provision to victims of sexual abuse, which the auditor judged consistent with community level of care. There were no (0) sexual abuse investigations that arose to the level of providing Medical and Mental Health services for in-custody sexual abuse. However, based upon interviews with offenders, as well as WCCF Medical practitioners, each stated services provided through WCCF Health Care to victims of sexual abuse would be consistent with the community level of care.

Standard 115.83d & e: Per ODOC Policy 40.1.13 and #P-F-06.1, ODOC offered inmate victims of sexually abusive vaginal penetration (occurring while incarcerated) pregnancy tests, as well as provided timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. PAQ documentation indicated WCCF has not housed any known female or transgender male (sex assigned at birth was female) offenders during the twelve (12) month review period. The audit team did not observe any female or transgender male offenders observed to be at the facility during the site review. Therefore, the auditor judged WCCF to have materially met the criterion for 115.83d & e as not applicable.

Standard 115.83f: As indicated in the previous standard 115.62, ODOC Policy 40.1.13 stipulated all WCCF referred all victims of sexual abuse for medical follow-up with Health Services. Per #P-F-06.1, health care staff (to include community facility SAFE/SANE providers) shall offer tests for sexually transmitted infections, as medically appropriate. Specifically, #P-F-06.1, Section. Procedure, Part I. stated, "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".

The community designated SANE contact provided information about forensic medical examination provision, including counseling and testing related to STIs, as well as prescribed follow-up for the facility upon the patient's return. WCCF Medical staff acknowledged and was able to explain their duty to support victims of sexual abuse and ensure they provided appropriate follow-up counseling associated with STIs, including provision of prophylaxis and referrals, as applicable. As noted, there were no (0) sexual abuse investigations which necessitated services as related to this provision.

Standard 115.83g: Per Policy 40.1.13 and #P-F-06.1, WCCF provided all treatment services to the victim, to include sexual abuse forensic medical examinations and associated follow-up care without cost to the victim. #P-F-06.1, Section. Procedure, Part B. explicitly stated, "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". WCCF would provide a victim of sexual abuse access to relevant services, to include, when applicable, forensic medical examination through the designated community health care facility, Lake County Hospital, and any WCCF Medical based treatment and/or follow-up care.

Throughout the reporting period there were no (0) sexual abuse allegations at WCCF necessitating a forensic medical examinations, as provided through a SANE contracted site, nor follow-up treatment, as provided at WCCF. Based upon interview with a SANE provider at the community health care facility and comprehensive review of investigation packages, the auditor confirmed this information. When speaking with a SANE provider from Lake County Hospital, as well as WCCF's Medical staff, each indicated that victims' who required services associated with sexual abuse treatment and follow-up

would receive these services without financial cost, regardless of the victim's willingness to cooperate in the investigation and/or name the alleged abuser.

Standard 115.83h: Per PREA Coordinator Memorandum, "MH-B-04 [error; MH-B-05] Transfer Screening outlines that mental health evaluations will be conducted on all known AIC-on-AIC abusers within 60 days of notification by the PREA Compliance Managers that a report has been substantiated following. It also states that AICs will be provided follow-up mental health services based on diagnosis and acuity as outline in the Mental Health Codes. The ODOC does not offer sex offender treatment". Notwithstanding, other treatment options are developed as assessed upon consultation with BHS providers.

ODOC MH-B-05, Section. Procedure, Part C. stated, "Response to the Client -On-Client Abuser:

1. An alleged client-on-client abuser will *not* be interviewed by a QMHP until it has been determined by the PCM that the allegation has been substantiated following an administrative or criminal finding.
2. A mental health evaluation to include a suicide risk screening will be completed by a QMHP for all client-on-client abusers within 60 days of learning that such abuse has been substantiated".

During interview with the PREA Coordinator and PCM, an assessment of this nature would generally not occur at WCCF, as offenders in such circumstances would typically have required placement at a higher level of security secondary to such offending behavior. That said contact with a mental health provider would occur in a timely fashion (often via EOCl partnership). Per PAQ, investigatory file review, and onsite information, WCCF had not placed referrals for Mental Health evaluation of known AIC-on-AIC abusers during the twelve (12) month review period.

No corrective action was required for this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022) towards making compliance determinations with the provisions of this standard.

Standard 115.86a: Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.86; dated: 3/23/2022), "When the PREA incident closes and it is unsubstantiated or substantiated

sexual abuse, the facility PREA Compliance Manager receives an email notifying them that they need to complete an incident review. The incident review is an automated form that is completed by the PREA Compliance Manager. The Superintendent and Agency PREA Coordinator also review and make comments. If the allegation is substantiated the Institutions Administrator also reviews. The automation began in October 2016”.

ODOC Policy 40.1.13, Section III. Policy, Part J. Data Collection and Review, delineated,

- “2. The facility shall conduct a sexual abuse incident review [SAIR] 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:
- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - b. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - d. Assess the adequacy of staffing levels in that area during different shifts;
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - f. Prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement and submit such report to the PREA Compliance Manager, Superintendent, Agency PREA Coordinator, and when the allegation is substantiated, Institutions Administrator.
 - g. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so”.

Per the PAQ, WCCF completed no (0) administrative and/or criminal investigations of sexual abuse during the reporting period for which a sexual abuse incident review was required (excluding one (1) unfounded case). However, WCCF overturned the ‘unfounded’ conclusion of the one (1) case to ‘unsubstantiated’ upon site-review, and a second case had arisen during the months between the reporting period and onsite review. Both of these cases had ‘unsubstantiated’ findings, which required completion of a sexual abuse incident review.

Documentation and investigation log review, as well as formal and informal interviews, suggested that two (2) required SAIRs was an accurate representation of WCCF’s sexual abuse incident review scheduling needs. The auditor received one (1) investigation that had the SAIR appropriately convened. However, at the time of the Interim Report, the SAIR for the case requiring resubmission remained outstanding.

- **Corrective Action:** Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with all signatures). This SAIR provided additional support that WCCF was aware of their obligation to 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, per Standard 115.a.

Standard 115.86b: As indicated above, Policy 40.1.13 mandated the local PREA Review Committee be convened every thirty (30) days, or as needed to review. ODOC Policy 40.1.13, Section III. Policy,

Part J. Data Collection and Review, delineated, “2.The facility shall 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation”.

The PCM completed documentation of the SAIR in the Offender Management System (OMS) on the Sexual Abuse Incident Review Form (CD 1677; 08-2015) that, per Policy, submitted as a report in each case for which the committee meets. WCCF utilized the CD 1677, which included, but was not necessarily limited to determinations made and any recommendations for improvement, as related to the completed PREA investigation. The auditor received one (1) CD 1677, which demonstrated WCCF completed a sexual abuse incident review within 30-days of closure of the administrative investigation (completed within 24 days). There was an additional SAIR required for the case requiring resubmission, as noted in 115.67a, which at the time of the Interim Report, remained outstanding. Notably, the case for this SAIR would be out-of-time compliance. However, the auditor understood why this case previously had no SAIR completed as it was originally deemed ‘unfounded; upon the case finding been overturned to ‘unsubstantiated’ the facility was required to complete a SAIR upon revision of the report.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with all signatures). The facility understood such reviews would ordinarily occur within 30 days of the conclusion of the sexual abuse investigation, per 115.86b.

There were no criminal investigations conducted during this period. Based upon documentation review, as well as formal and informal interviews conducted during the site review, the auditor judged the 30-day format to be an accurate representation of the WCCF’s standard Sexual Abuse Incident Review scheduling.

Standard 115.86c: Per Policy 40.1.13, Section III. Policy, Part J.2 Data Collection and Review the facility PREA Review Committee responsible to perform the sexual abuse incident review, which stated, in part, “The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners”. At WCCF, the attendees generally included the Superintendent, PCM/SART Liaison (SAL), designated Investigator, and Medical representative.

The facility PREA Review Committees conducted during the review period for the unsubstantiated PREA investigation, as received by the auditor, appeared to have involved participation from the majority of the aforementioned participants, as well as ODOC PREA Coordinator. However, names were not clearly documented on the SAIR Form.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor, which included the name of all parties present (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with all signatures). In addition, ODOC indicated having implemented an upcoming change to the associated SAIR form, which would require entry of names of all parties present during the SAIR meeting to ensure resolution of this issue in future.

Standard 115.86d: Per Policy 40.1.13, as indicated above in 115.86a, the SAIR Committee was required to consider all components of 115.86d and provide documentation of such. The committee review utilized a documented Sexual Abuse Incident Review Form (CD 1677), which included components, as related to 115.86d requirements:

- 1.) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

- 2.) 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;
- 3.) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4.) Assess the adequacy of staffing levels in that area during different shifts; and
- 5.) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The CD 1677 functionally served as a report of the SAIR Committee's findings including, but not necessarily limited to, determinations made pursuant to 115.86d1 through 115.86d5. The Committee then considered these findings, as listed above, to formulate any recommendations for improvement (115.86d6.), which they also listed on CD 1677. Upon conclusion of the SAIR Committee, the facility PCM/SART Liaison (SAL), and Superintendent (or designee) digitally review the form. They then forward the CD 1677 to the Agency PREA Coordinator, and in 'substantiated' cases to the Institutions Administrator for their review.

Based upon the auditor's review of the completed Sexual Abuse Review Form, the Committee gave consideration towards all of the aforementioned six items (115.86d1 through 115.86.d6). At the time of the Interim Report, as noted above, the SAIR for the case requiring resubmission remained outstanding.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with signatures), which complied with all required elements of 115.86d.

Specialized interviews with the WCCF Superintendent, PCM, and SAL, indicated the SAIR Committee reviewed sexual abuse incidents with priority, and ensured examination of the incident to determine if improvements could be implemented to prevent future occurrence.

Standard 115.86e: Per Policy 40.1.13 and CD 1677, the facility is responsible for implementation of all recommendations for improvement or provide documentation of reasons for not doing so. Policy 40.1.13, Section III. Policy, Part J.2.j Data Collection and Review, "The facility shall implement the recommendations for improvement or shall document its reasons for not doing so". The SAIR Committed listed recommendations on the CD 1677, which included queries of, "I. What, if any, corrective actions were determined or are recommended? What action was taken? If not all recommended corrective action was taken, why not?"

Based upon auditor's review of the CD 1677 provided, there were no (0) associated recommendations for improvement. At the time of the Interim Report, as noted above, the SAIR for the case requiring resubmission remained outstanding.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with signatures). There were no recommendations for corrective action identified.

As noted in 115.86d, upon completion of the SAIR Committee meeting, the facility submitted the CD 1677 to the PREA Coordinator for review. During interview, the Superintendent, PCM, and PREA Coordinator, were able to articulate their responsibilities as related to completion of the CD 1677, and requirement to implement recommended actions or document reasons for not doing so.

Based upon available evidence, the facility conducted a thorough sexual abuse incident review within appropriate timeframes at the conclusion of every investigation of sexual abuse, whether substantiated or unsubstantiated, unless the allegation was determined to be unfounded.

Corrective action was issued and completed for this standard.

115.86a:

At the time of the Interim Report, the SAIR for the case requiring resubmission remained outstanding.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with all signatures). This SAIR provided additional support that WCCF was aware of their obligation to 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, per Standard 115.a.

115.86b:

There was an additional SAIR required for the case requiring resubmission, as noted in 115.67a, which at the time of the Interim Report, remained outstanding. Notably, the case for this SAIR would be out-of-time compliance. However, the auditor understood why this case previously had no SAIR completed as it was originally deemed 'unfounded; upon the case finding been overturned to 'unsubstantiated' the facility was required to complete a SAIR upon revision of the report.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with all signatures). The facility understood such reviews would ordinarily occur within 30 days of the conclusion of the sexual abuse investigation, per 115.86b.

115.86c:

The facility PREA Review Committees conducted during the review period for the unsubstantiated PREA investigation, as received by the auditor, appeared to have involved participation from the majority of the aforementioned participants, as well as ODOC PREA Coordinator. However, names were not clearly documented on the SAIR Form.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor, which included the name of all parties present (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with all signatures). In addition, ODOC indicated having implemented an upcoming change to the associated SAIR form, which would require entry of names of all parties present during the SAIR meeting to ensure resolution of this issue in future.

115.86d:

At the time of the Interim Report, as noted above, the SAIR for the case requiring resubmission remained outstanding.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with signatures), which complied with all required elements of 115.86d.

115.86e:

At the time of the Interim Report, as noted above, the SAIR for the case requiring resubmission remained outstanding.

- Corrective Action: Upon completion of the identified case rewrite, WCCF completed the associated SAIR and provided a copy to the auditor (by email dated: 6/22/2022 without all signatures; email dated: 8/17/2022 with signatures). There were no recommendations for corrective action identified.

Of note: Though not identified as part of the CAP, one (1) of the PREA Investigations conducted and closed at WCCF during the CAP was associated with Sexual Abuse allegation. It met criteria associated for completion of a SAIR. ODOC submitted this SAIR to the auditor, and the SAIR was judged to comply with all applicable elements associated with 115.86.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed Policy outlining sexual abuse data collection and annual aggregated data report preparation contained within ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022); as well as examined the ODOC 2018, 2019 & 2020 Survey of Sexual Violence - State Prison Systems Summary Form (SSV-2) & Substantiated Incident Form (Adult; SSV-IA) towards making compliance determinations with the provisions of this standard.

Standard 115.87a: Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.87; dated: 3/23/2022), "(a-f) As outlined in the PREA Policy ODOC collects accurate, uniform data for all PREA allegations at its facilities using a standardized instrument and definitions outlined in the Survey of Sexual Violence. This database is a computerized system what will be available for review upon request. The PREA Coordinator aggregates this data at least annually for the Directors review, and then [it] is provided to the Department of Justice using the most recent SSV by the due date. ODOC does not contract with any private facility for the confinement of its AICs, but if it did the PREA Coordinator would collect aggregate data".

Per Policy 40.1.13, Section III. Policy, Part J.1 Data Collection and Review, "The department shall collect information related to the purposes outlined at the beginning of this policy; specifically, to gather data that will help DOC reduce the risk that sexual abuse and/or sexual harassment would occur within DOC facilities". ODOC Policy 40.1.13 provided definitions for sexual abuse and sexual harassment, as outlined in Standard 115.11. ODOC utilized the specified, standardized instrument (as noted by PREA Coordinator Memorandum) with a designated set of definitions to collect accurate and uniform data for every allegation of sexual abuse that occurred at the facilities under its direct control.

For each PREA allegation, Policy stipulated data collection and input of each incident into the ODOC-designated system. Part J.2.g, stated, "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 agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its AICs". Part J.2.i, further delineated, "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 conducted by the Department of Justice. Upon request, the Agency PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 or by the date requested".

During interviews, the PCM and PREA Coordinator were both aware of their respective duties and processes associated with the collection of accurate, uniform data for every PREA allegation of sexual abuse using a standardized instrument and set of definitions, as outlined in the Federal Survey of Sexual Violence (SSV). The PCM acknowledged part of their duties included continuous maintenance of a record of all sexual abuse allegations at the facility. The auditor received a log of all WCCF PREA allegations during the reporting period. The PCM also indicated responsibilities to upload associated data to the ODOC-designated electronic site. The PREA Coordinator expressed their oversight of data

collection, and aggregation of such information, to include annual submission of the applicable Department of Justice (DOJ) Survey of Sexual Violence (SSV) forms.

Standard 115.87b: Per Policy 40.1.13, Section III. Policy, Part J.2.i., “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 conducted by the Department of Justice. Upon request, the Agency PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 or by the date requested”.

As stated, the PREA Coordinator was responsible for development of an ODOC Survey of Sexual Violence report based upon all PREA incident-based data submitted by the Agency’s facilities. Per Policy 40.1.13, this report was generated on an annualized basis (by June 30th of each year), using the uniform definitions of sexual abuse, and federally mandated data.

During interviews and site review, the auditor confirmed with staff their participation in PREA data collection, at various levels, as required. The PCM understood their obligation to upload to the ODOC-supported system all PREA incident-based data as a necessary component for standardized data collection. The PREA Coordinator and Deputy Director Designee confirmed processing involved in completion of the SSV. During interview, the PREA Coordinator articulated their awareness of the report components. They also endorsed their responsibility to produce an incident-based, Agency-wide, aggregated sexual abuse data review on a yearly basis, with material redacted, as appropriate.

Per Policy 40.1.13, the PREA Coordinator aggregated the PREA allegation data received from each facility. The aggregated data was then prepared and documented annually into both an ODOC Agency-wide report and appropriate Survey of Sexual Violence Forms. The auditor reviewed the ODOC 2018, 2019, and 2020 Survey of Sexual Violence (SSV-2) – State Prison System Summary Forms and Substantiated Incident Forms (Adult; SSV-IA), which demonstrated annualized aggregation of Agency-wide sexual abuse allegation, incident-based data.

Standard 115.87c: The auditor reviewed the content comprising a PREA allegation report, which included, at minimum, the data necessary to respond to all questions from the most recent version of the Survey of Sexual Violence, as conducted by the Department of Justice. Specifically, per PREA Coordinator Memorandum, all PREA allegation reporting provided sufficient data to conform to the ODOC standardized instrument for data collection, as required for input within the Survey of Sexual Victimization (SSV-2) – State Prison System Summary and Substantiated Incident Form (Adult; SSV-IA) Forms.

ODOC produced both an Agency wide PREA Annual Report and a yearly Survey of Sexual Victimization report for submission to the Department of Justice (DOJ). The auditor reviewed the completed 2018, 2019, and 2020 SSV-2s – State Prison System Summary Forms and Substantiated Incident Forms (Adult; SSV-IA), which met requirements for this standard provision.

Standard 115.87d: The Agency maintained, reviewed, and collected data, as needed from all available sexual abuse incident-based documents, including reports, investigation files, and sexual abuse incident reviews. As part of the required sexual abuse, incident-related data upload by each facility, every allegation required inclusion of the initial report and investigatory file, as well as victim notification, retaliation monitoring, and CD 1677 (SAIR Form), as relevant.

As noted, the facility PCM was aware of their responsible for facility oversight to ensure all relevant data (to include incident-based documentation; as well as reports, investigation files, and SAIRs) was included with each PREA allegation uploaded to the centralized system. The ODOC PREA Unit received all available incident-based content, to include finalized reports, investigatory documents, and

SAIRs, upon facility submission into the ODOC-based system. During interview, the PCM and PREA Coordinator were both aware of their responsibility to ensure all PREA incidents contained the requisite information in the ODOC electronic, sexual abuse allegation database.

Standard 115.87e: ODOC Policy 40.1.13, Section III. Policy, Part J.2.h, “Section III. Policy, “...The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its AICs”. Therefore, ODOC Policy stipulated their responsibility to obtain equivalent incident-based and aggregated data from each private facility with which it held contracts for the confinement of its inmates. However, per PREA Coordinator Memorandum, “ODOC does not contract with any private facility for the confinement of its AICs, but if it did the PREA Coordinator would collect aggregate data”.

Upon query regarding contracting with Grant County Jail, per 115.12, and collection of relevant data (email dated: 7/11/2022), the PREA Coordinator clarified by email that they indeed contract with Grant County Jail. However, the Jail is not a ‘private facility’, and therefore, incident-based and aggregated data are collected accordingly by the Jail system.

Standard 115.87f: Agency Policy 40.1.13, Section III. Policy, Part J.2.i, stated, in part, “Upon request, the Agency PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 or by the date requested”.

Per interview with the PREA Coordinator, the agency, upon request, would provide all such data from the previous calendar year to the Department of Justice no later than June 30th. The auditor additionally based compliance determination for this provision upon review of three sets of SSV-2 summary forms provided by ODOC detailing the aggregated data submitted to the DOJ for the years 2018, 2019, and 2020.

No corrective action was required for this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC Policy 40.1.13 Prison Rape Elimination Act (Rev. 1/20/2022), as well as the agency external website with PREA annual report documentation, to include the 2018, 2019 & 2020 ODOC Annual PREA Reports towards compliance determinations with the provisions of this standard.

Standard 115.88a: Per Policy 40.1.13, Section III. Policy, Part J.2.h. Data Collection and Review, "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 agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its AICs. This data will be compiled in annual reports for submission to the Director. The Agency PREA Coordinator will prepare the annual report that will include:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis;
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole;
- (4) Including an assessment of the agency's progress in addressing sexual abuse by comparing the current year's data and corrective actions with those from prior years.

- (5) Ensuring the agency's report shall be approved by the agency head and made readily available to the public through its website; and
- (6) 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"

Per Policy, the Agency shall review all data collected and aggregated pursuant to standard 115.87. The Agency PREA Coordinator, annually, reviewed and analyzed incident-based data collected performing integration to create aggregated, de-identified data. The Agency utilized this processed data in order to assess and improve the effectiveness of its prevention, detection, and response policies, practices and training in the elimination of sexual abuse. Furthermore, these findings directed the Agency towards ensuring they were able to identify problem areas, implement corrective action on an ongoing basis, and prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

As stated, the PREA Coordinator held the responsibility to document the report as an examination of findings and corrective actions for each facility, including high-level summary and detailed facility analyses. They were then required to aggregate these findings and corrective actions into findings and corrective actions, as a whole, at the Agency level. The report, thereby, facilitated ODOC's ability to identify problem areas and take corrective actions on an ongoing basis.

During interview, the PREA Coordinator and Agency Head Designee acknowledged collection and utilization of facility level and Agency aggregated data, accordingly. Furthermore, they both supported ODOC's utilization of this information, on an ongoing basis, to address problem areas and take corrective actions.

Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.88; dated: 3/23/2022), "The attached PREA policy supports compliance with this standard. The Agency PREA Coordinator is responsible for the data review for corrective action. Attached you will find annual reports as supporting documentation and you will also find them on our website:

<http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>. The annual report for 2021 will be completed in conjunction with the SSV, which we have not received yet. Once complete it will be distributed to the auditors for review". The auditor reviewed the ODOC PREA annual reports from previous calendar years (to include 2018, 2019, & 2020), which identified agency and facility level issues with corresponding corrective action/strategic plans.

Standard 115.88b: Specifically, per Policy 40.1.13, analysis as related to the Agency's annual report included a comparison of the current focus year to the prior year(s) data, along with previous corrective actions implemented to address sexual abuse. Policy 40.1.13, Section III. Policy, Part. J.2.h.4. Data Collection and Review, stated, "The Agency PREA Coordinator will prepare the annual report that will include...(4) Including an assessment of the agency's progress in addressing sexual abuse by comparing the current year's data and corrective actions with those from prior years".

Thereby, ODOC had a mechanism in place to provide an assessment regarding their progress in addressing sexual abuse. The Agency utilized the report as a tool to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, and used comparison data corrective actions from previous years for analysis. Per the PREA Coordinator, this report production consistently occurred, on an ongoing, annual basis. The auditor's review of 2018, 2019, and 2020 ODOC PREA Annual Reports conformed to this standard provision.

Standard 115.88c: Per ODOC Policy, and based upon the auditor's review of 2018, 2019, and 2020 PREA Annual Reports, facility and agency level data was aggregated annually. Policy 40.1.13, Section

III. Policy, Part J.2.h.5. Data Collection and Review, stated, “The Agency PREA Coordinator will prepare the annual report that will include...(5) Ensuring the agency’s report shall be approved by the agency head and made readily available to the public through its website”. While the PREA Coordinator was responsible for gathering and aggregating data from each of ODOC’s facilities, as well as analyzing and collating the information into report format, the final report required approval of the Agency’s Head. Once approved the report was posted on the ODOC website and publicly available at <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>.

During interview the PREA Coordinator and Agency Head Designee were both aware of their responsibilities associated with the production of this report, annually, with the required components associated with 115.88. The Agency PREA Annual Reports were located on the ODOC PREA Resource page, under tab – Statistics and Reports. These reports were publicly viewable, as accessed by the auditor on the ODOC website, and available from 2016 through present (with record request for additional years indicated). The auditor reviewed prior years’ reports (2018, 2019, and 2020 PREA Annual Reports) on the Agency’s website, which conformed to this standard provision.

Standard 115.88d: Per Policy 40.1.13, Section III. Policy, Part J.2.h.6. Data Collection and Review, stated, “The Agency PREA Coordinator will prepare the annual report that will include...(6) 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”.

The PREA Coordinator, who held responsibility for generating this report, indicated during interview that the ODOC PREA Annual Report conformed to all provisions of standard 115.88, including solely providing de-identified data. The auditor reviewed the ODOC PREA Annual Reports from 2018, 2019, and 2020, and found all Reports appropriately de-identified, with no apparent redactions that would require notification of the material redacted for publication.

No corrective action was required for this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed ODOC website content of the PREA Annual Report publications (2018, 2019 & 2020) towards compliance determinations with the provisions of this standard.

Standard 115.89a: Per PREA Coordinator Memorandum (subject: Compliance with PREA Standard 115.89; dated: 3/23/2022), "PREA data is securely retained through lock and key or on our computerized database that is limited to need-to-know personnel". ODOC data collection and retention measures, as explained in 115.87 and 115.88, ensured that data collected pursuant to §115.87 (including both incident-based and aggregated), were retained securely in both paper files and electronic format.

Per 115.41, the PREA Coordinator and central office PREA Unit staff all have access and permission to grant OMS PREA-related information access. The PREA Coordinator and central office PREA Unit staff, who establish system access and approval, are the designated position controls. These identified individuals are the only ODOC staff who can grant additional staff access, based upon individual review and as related to job duty requirements. For access, the PREA Unit must receive submissions for control requests, providing detailed reasons to support the request. In the OMS, assigned roles received different levels of access. For example, SART members and classification staff receive different access permissions. Access to any PREA-related incident was restricted and confidential, limited only to staff with a 'need to know' and approved credentialed access.

During interview, the PREA Coordinator indicated that ODOC held all PREA allegation, incident-based and aggregate data, in the appropriate location of the OMS portal. Locally, the PCM reported facility data (i.e., investigatory files) was stored securely at WCCF behind lock and key, and each incident, along with any associated Corrective Actions, provided to Headquarters via the OMS-designated repository.

Standard 115.89b: Per PREA Coordinator Memorandum, "Aggregated data is available at <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>". ODOC has made aggregated sexual abuse data from directly controlled (and, as relevant, contracted) facilities readily available to the public.

ODOC utilized website publications as a means by which to disseminate aggregated data. During interview, the PREA Coordinator confirmed upload of this publication on an annual basis.

The auditor visited the ODOC and confirmed the website was publicly accessible at <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>. The auditor confirmed that appropriate reports associated with the Agency's PREA Annual Report publications were uploaded and available, the most recent of which was the 2021 Report (posted 07/06/2022).

Standard 115.89c: Per Agency Policy, and confirmed by the auditor's review of the 2018, 2019, and 2020 PREA Annual Reports, all personal identifiers had been appropriately removed before making aggregated sexual abuse data publicly available. During interview and Memorandum report, the PREA Coordinator confirmed personal identifier information redaction occurred prior to the publication of all ODOC PREA Annual Reports.

Pursuant to information from 115.88d, Policy 40.1.13, Section III. Policy, Part J.2.h.6. Data Collection and Review, stated, "The Agency PREA Coordinator will prepare the annual report that will include...(6) 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". The PREA Coordinator, who held responsibility for generating this report, indicated during interview that the ODOC PREA Annual Report conformed to all provisions of standard 115.88, including solely providing de-identified data. The auditor reviewed the ODOC PREA Annual Reports from 2018, 2019, and 2020, and found all Reports appropriately de-identified. The auditor's spot check review of additional annual reports available on the ODOC website indicated the removal of personal identifiers.

Standard 115.89d: Processes associated with case records retention in the PREA Coordinator Memorandum noted, "ODOC does not have a purge date; however, it would be available for at least ten years after the date of the initial collection". For ODOC, there is no Federal, State, or local law requiring data retention, otherwise.

Pursuant to Standard 115.71i, Per PREA Coordinator Memorandum (subject: Compliance with Standard 115.71; dated: 3/23/2022), "The agency does retain written reports and has no retention expiration date, however, retention would be no less than as long as the alleged abuser is incarcerated or employed by the agency, plus five years". Based upon this retention standard, the Agency held the responsibility to retain all written reports referenced in 115.71f & g for as long at the alleged abuser is incarcerated or employed at the Agency, plus five years. Furthermore, this fulfilled the requirements of 115.89d.

Per interview with the PREA Coordinator, ODOC data maintenance conformed to the standards, as described. While onsite, the auditor received viewable access to the OMS secured site by the PREA Coordinator, demonstrating the process by which ODOC retained records of PREA allegations and completed investigations.

No corrective action was required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☐ Yes ☐ No ☒ NA – COVID Protocol prohibitions
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The auditor reviewed the ODOC PREA Audit Announcement, and ODOC Agency publicly available website towards making compliance determinations with the provisions of this standard.

Standard 115.401a: WCCF was audited in September of 2018 (Final Report: 01/23/2019) during the previous Audit Cycle (Audit Cycle was 2018 through 2021). The auditor reviewed the ODOC website, which provided information regarding all PREA Audits conducted, demonstrating all facilities operated by the Agency had a PREA audit at least once every three (3) years in the previous audit cycle. The Agency currently had twelve (12) facilities listed as open on the ODOC website.

Standard 115.401b: ODOC was in the final year of the 2018 through 2021 audit cycle when the WCCF audit commenced. The Agency had ensured auditing of at least one-third of the facilities they operated during the current and prior audit cycles. Based upon the auditor's website review of the twelve (12) open facilities (Note: historically ODOC had fourteen (14) facilities, with two closed in 2021 and 2022), in the first cycle year four (4) facilities were audited, during the second year COVID protocol prohibited completion of audits, and in the third year five (5) audits were completed and posted. ODOC had already scheduled and conducted the remainder of the required audits for completion, with some having concluded 45-days after site review and others in the 'Interim Report/Corrective Action' phase. During interviews, the PREA Coordinator, Agency Head Designee and Superintendent all expressed their understanding of the importance for ODOC to maintain PREA Audit Cycle standards.

Standard 115.401h: During inspection of the physical plant, members of the WCCF executive team, including the PCM and Superintendent, as well as PREA Unit headquarters representatives escorted the audit team throughout the facility. The team received unfettered access throughout the institution. Specifically, WCCF neither barred nor deterred the auditors from entry to any facility areas, and WCCF granted access to all areas, including those to which offenders would or may have ability to be present alone or by escort, as well as those where staff would be present only. The audit team had the ability to ask questions privately of offenders and staff as they proceeded through the physical site inspection, as well as freely observe all areas without prohibition. At any time the audit team requested to backtrack or had questions related to an earlier point of the site inspection, the WCCF team readily provided return entry and inspection.

Standard 115.401i: The auditor's request for documentation pre-audit was generally timely. While onsite the auditor judged access to documentation and electronic files to be open and productive. If the audit team needed copies of electronic or paper documents for proof of practice, designated WCCF staff printed or uploaded and emailed the relevant documentation. Post-site review, the auditor requested additional information via the PREA Unit team, who emailed or mailed document copies, as appropriate, to ensure protection of confidentiality.

However, WCCF's provision of documentation post-audit documentation demonstrated difficulties with clarity, timeliness, and inclusion of comprehensive responses. At times, the auditor had to make

multiple requests for sufficient information (e.g., Sampling of hotline posters initially solely provided two pictures, which was an insufficient 'sample' to ensure compliance. The auditor placed additional requests for identified locations, such as Housing Unit postings, for acceptable proof of practice, which they later received). WCCF did not always organize documentation in comprehensively. Instead, the auditor received some remedial documentation for deficient items in incomplete fashion (e.g., missing names on requested lists, no dates provided). Furthermore, there was documentation requested pre-audit and onsite (i.e., rewrite and closure of investigatory case with associated SAIR; follow-up with identified AIC requiring translation) that WCCF did not appear to proactively resolve and/or supply timely to the auditor. As a result, upon issuance of the Interim Report, the auditor was unable to close particular deficient items (e.g., 115.86).

It appeared the PREA Unit Team provided proof of practice records in as clear and efficient manner, as possible, based upon what they had received. However, prior to issuance of the Interim Report, document production from WCCF was often either delayed or not generated, required multiple requests, and periodically failed to address appropriately the issue at hand. Again, solely prior to the issuance of the Interim Report, the auditor judged document preparation and delivery to be deficient, with apparent obstacles in organization, timeliness, and comprehensive completion of identified deficiencies.

- **Corrective Action:** Through the course of the Corrective Action Period (CAP), the auditor received documentation as provided by WCCF, in a thorough, organized and timely fashion. Upon issuance of the Interim Report, the auditor met with WCCF and the PREA Unit Team by videoconference to prioritize the management of deficiencies, such that WCCF was able to address and the auditor close pending items effectively and efficiently. The auditor was only required to hold one (1) meeting during the CAP, as WCCF continued independently to self-manage and hold meetings with the PREA Unit on a regular basis to manage CAPs and documentation needs. The expectation that WCCF proactively made progress towards full compliance with identified standard deficiencies, and provided relevant documentation/proof of practice, in a format, as identified above was met well above standard requirements.

Specifically, the auditor received documentation in a timely fashion. Whenever the auditor made a request information was provided within hours in a thorough and organized fashion. The PCM was exceptionally comprehensive in their disclosures related to all CAPs and proactive in ensuring the auditor had all necessary information to complete and close-out deficiencies. The Superintendent was thorough in follow-up. The team at WCCF engaged actively in the CAP process, such that even when CAP items were closed (e.g., 72-hour and 30-Day Screenings) the facility continued to monitor and send the auditor Proof of Practice. It was clear that both the PREA Unit and WCCF took the auditor's commentary related to this Standard seriously and implemented measures that were comprehensive to address all related concerns. Thereby the auditor was confident in their ability to ensure that identified CAPs had been not only implemented but had become institutionalized practices. As a result, the auditor was confidently able to judge this standard as not only having been met, but having substantially exceeded the requirements for this standard.

Standard 115.401m: The audit team was able to conduct interviews with each offender, as requested. The clinic interview rooms provided for offender interviews were soundproof and moderately visually confidential from other offenders, while easily accessible to inmate interviewees. The auditor judged the interview venue to have enhanced the environmental safety, by which offenders felt at greater ease to share PREA-related content during interviews. The WCCF staff ensured auditors did not have to wait between interviews, readily preparing AICs in advance for interviews. Furthermore, staff brought inmates for interview without question and did not appear, in any manner, to discourage participation. No offenders declined interview.

Standard 115.401n: During site review, the audit team observed posting of the auditor's attendance at the facility as uniformly accessible throughout the facility, which the facility posted ahead of the audit. WCCF had provided proof of practice by way of photographs taken at a variety of audit postings in relevant locations throughout the facility, which received by the auditor in an email on 3/29/2022. During the site review, audit team members saw the posting in all of the housing units and areas of high traffic for both AICs and staff (e.g., Front Entrance, Administration, and Visiting). The postings were in colored and bolded fonts, including larger lettering, and posted with visibility throughout the facility. Secondary to the posting, the auditor had received no (0) letters from incarcerated individuals at the point of the site audit. However, during the CAP, the auditor received one (1) letter from an AIC. The content of this letter will not be discussed in this report, such as not to identify this individual. However, based upon communications and documentation provided by the facility to the auditor the concerns raised by this individual had been thoroughly addressed via PREA-related processes (to include investigation, and retaliation monitoring).

Corrective action was issued and completed for this standard, by which this standard then both met and exceeded requirements of the standard.

It appeared the PREA Unit Team provided proof of practice records in as clear and efficient manner, as possible, based upon what they had received. However, prior to issuance of the Interim Report, document production from WCCF was often either delayed or not generated, required multiple requests, and periodically failed to address appropriately the issue at hand. Again, solely prior to the issuance of the Interim Report, the auditor judged document preparation and delivery to be deficient, with apparent obstacles in organization, timeliness, and comprehensive completion of identified deficiencies.

- **Corrective Action:** Through the course of the Corrective Action Period (CAP), the auditor received documentation as provided by WCCF, in a thorough, organized and timely fashion. Upon issuance of the Interim Report, the auditor met with WCCF and the PREA Unit Team by videoconference to prioritize the management of deficiencies, such that WCCF was able to address and the auditor close pending items effectively and efficiently. The auditor was only required to hold one (1) meeting during the CAP, as WCCF continued independently to self-manage and hold meetings with the PREA Unit on a regular basis to manage CAPs and documentation needs. The expectation that WCCF proactively made progress towards full compliance with identified standard deficiencies, and provided relevant documentation/proof of practice, in a format, as identified above was met well above standard requirements.

Specifically, the auditor received documentation in a timely fashion. Whenever the auditor made a request information was provided within hours in a thorough and organized fashion. The PCM was exceptionally comprehensive in their disclosures related to all CAPs and proactive in ensuring the auditor had all necessary information to complete and close-out deficiencies. The Superintendent was thorough in follow-up. The team at WCCF engaged actively in the CAP process, such that even when CAP items were closed (e.g., 72-hour and 30-Day Screenings) the facility continued to monitor and send the auditor Proof of Practice. It was clear that both the PREA Unit and WCCF took the auditor's commentary related to this Standard seriously and implemented measures that were comprehensive to address all related concerns. Thereby the auditor was confident in their ability to ensure that identified CAPs had been not only implemented but had become institutionalized practices. As a result, the auditor was confidently able to judge this standard as not only having been met, but having substantially exceeded the requirements for this standard.

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.

Standard 115.403a: The audit was able to locate the WCCF Final PREA Audit report during the previous audit cycle, and nine (9) ODOC facility audits completed during the prior three years on the ODOC publicly available website. For WCCF, the site review was conducted on September 25 – 27, 2018 for the prior PREA Audit with the Final report completed 1/23/2019. The auditor located the Final Report on the ODOC website, at [Department of Corrections : PREA Statistics and Reports : Prison Rape Elimination Act : State of Oregon](#). To access the report on the ODOC website, there was a tab to the PREA Statistics and Reports, which included copies of Final PREA Audit Reports. Deficiencies identified and brought into compliance during the previous review involved a return visit to the facility by the auditor of that review to confirm corrective action was not required. WCCF took corrective action, as documented in the Final Report for each of the following standards: 115.22, 115.71, and 115.73.

No corrective action was required for this standard.

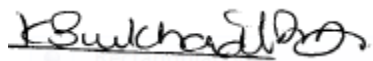
AUDITOR CERTIFICATION

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.



Auditor Signature

1/12/2023

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.