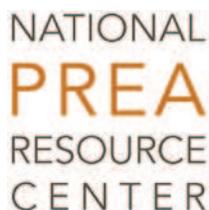


**PREA AUDIT REPORT    INTERIM    FINAL**

**ADULT PRISONS & JAILS**



<b>Auditor Information</b>			
<b>Auditor name:</b> Darin Baker			
<b>Address:</b> 5500 Snyder Ave. Bld 17 Carson City NV 89702			
<b>Email:</b> drbaker@doc.nv.gov			
<b>Telephone number:</b> 775-887-3274			
<b>Date of facility visit:</b> January 31, 2015 through February 02, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Coffee Creek Correctional Facility			
<b>Facility physical address:</b> 24499 SW Grahams Ferry Rd., Wilsonville, OR 97070			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 503-570-6421			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Heidi Steward			
<b>Number of staff assigned to the facility in the last 12 months:</b> 465-485			
<b>Designed facility capacity:</b> 1672			
<b>Current population of facility:</b> 1638			
<b>Facility security levels/inmate custody levels:</b> 1-5			
<b>Age range of the population:</b> 18 and above			
<b>Name of PREA Compliance Manager:</b> Alana Bruns		<b>Title:</b>	Captain/PREA CM
<b>Email address:</b> Alana.R.Bruns@doc.state.or.us		<b>Telephone number:</b>	503-570-6705
<b>Agency Information</b>			
<b>Name of agency:</b> Oregon Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 2575 Center Street Salem, Oregon 97301-4667			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 503-947-9950			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Collette S. Peters		<b>Title:</b>	Director
<b>Email address:</b> Colette.S.Peters@doc.state.or.us		<b>Telephone number:</b>	503-945-9090
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Ericka Sage		<b>Title:</b>	PREA Coordinator
<b>Email address:</b> Ericka.R.Sage@doc.state.or.us		<b>Telephone number:</b>	503-947-9950

## **AUDIT FINDINGS**

### **NARRATIVE**

On January 31, 2015 through February 02, 2015 an audit team composed of three certified USDOJ PREA auditors from the Nevada Department of Corrections (NDOC) conducted an audit at the Coffee Creek Correctional Facility (CCCF) located in Wilsonville, Oregon. Darin Baker, Kirk Widmar, and Deborah Striplin, all certified USDOJ certified PREA auditors with the NDOC were present during the three day on-site audit of the CCCF. Darin Baker was the lead auditor and author of both interim and final report.

Prior to the on-site audit, discussions between the auditors and the Oregon Department of Corrections (ODOC) PREA Coordinator Ericka Sage and CCCF PREA compliance manager Captain Alana Bruns provided an understanding of how the ODOC and CCCF have incorporated PREA standards into policy and daily operations. Documentation consisting of agency and facility policies, and proof of practice were provided prior to, and after the on-site audit. Specialized agency interviews were conducted via telephone arrangement prior to the on-site audit as well. CCCF posted the primary auditor's address in all the housing units 6 weeks prior to the on-site audit allowing inmates an opportunity to write to the auditor regarding any PREA related matters. As of the date of the PREA on-site audit, not one inmate wrote to the auditor. During the on-site audit, the auditor's posting was visible in all housing units and through multiple inmate interviews, it was learned the posting had been available to inmates for some time consistent with the 6 week PREA auditing protocol.

During the on-site audit, auditors toured the entire facility to include: every housing unit, all programming areas, maintenance buildings, and administrative offices. During the tour, inmates and staff members were interviewed at random. Specialized and random interviews were also conducted on site with both inmates and staff as required by the PREA interview protocol. A total of 65 inmates were interviewed by the three auditors during the auditing process to include those who were identified as part of the LGBTI community, limited English proficient, disabled, those who have reported sexual abuse within the last year, and random inmates. A total of 50 staff members were interviewed during the audit process to include specialized staff members including senior management, intake staff, behavioral health services staff, human resources staff, members of the sexual abuse incident review team, investigators, and random staff.

At the conclusion of the auditing process of CCCF, documentation and information gained through the auditing process provided the auditor with the opportunity to determine a conclusive finding of the audit on how CCCF has implement process to prevent, detect, and respond to sexual victimization.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Coffee Creek Correctional Facility is a multi-security facility composed of three separate institutions sharing 108 total acres. Heidi Steward, Superintendent, oversees all management and operations of the three facilities with Captain Alana Bruns being designated and overseeing the PREA compliance management for all three facilities. CCCF has a myriad of programs available to offenders to include: Life skills programs, Education services, Work based education, Behavioral and Mental Health Services, Treatment programs, Transition programs, Parenting and Family programs, Religious services, Cognitive Based programs, and Oregon Corrections Enterprises. Video monitoring is available in all three facilities with multiple staff who can view the cameras in "real time". The video monitoring system also has the capability to record and store adding to the prevention and detection of sexual victimization.

Coffee Creek Correctional Medium Facility is a medium security facility housing female inmates with the housing capacity of 713. The facility has an infirmary, mental health infirmary, disciplinary segregation unit, and intensive management unit. General population housing units provide "direct observation" of the tier and have little visual obstructions from staff to supervise the inmates. Showers have a three sided partitions with curtains providing privacy from cross-gender viewing. The disciplinary segregation unit also provides staff with the ability to view inmates with little visual obstructions. Showers also provide inmates with privacy by the use of a curtain and three sided partitions/walls.

Coffee Creek Correctional Minimum facility is a minimum security facility housing female inmates with a maximum capacity of 634. The facility has four general population dormitory housing units with two treatment units. The general population units allow the staff to view all inmates throughout the dormitory with little visual obstructions. Showers inside the dormitory also have three partitions/walls with a metal grade swinging door allowing inmates' privacy from cross-gender viewing. The treatment units allow for staff to view the room with little effort and the showers and toilets are located separately from the sleeping areas. The showers and toilets also have partitions/walls and curtains allowing the inmates to use each without cross-gender viewing.

Coffee Creek Intake Center is the intake center for the ODOC's male inmate population with a capacity of 432. Additionally, the intake center has 24 beds that can be utilized in the event an inmate needs separation from the general population. The intake center is short term housing for male offenders while they complete the intake process and are later transferred to other ODOC institutions. The housing unit is a direct observation unit allowing staff to supervise the inmate population without little visual obstructions. Showers have three sided partitions/walls with curtains allowing inmates to shower without cross-gender viewing.

## **SUMMARY OF AUDIT FINDINGS**

During the course of the on-site audit, the audit team was impressed with the level of professionalism displayed by staff and the level of understanding of how ODOC and CCCF have implemented PREA requirements into daily practice. The three facilities were clean and free from graffiti. The moral and demeanor exhibited by both staff and inmates appeared high and appropriate to the audit team despite being either incarcerated or working within a prison environment. Inmates who were interviewed all cooperated with the interview process expressed an understanding of PREA pertaining to the mechanisms in place on how and to whom they could report incidents of sexual abuse and sexual harassment. Staff interviewed during the auditing process also expressed an understanding of how to respond to an incident of sexual abuse and what they are mandated to report and if so choose, to and where to report confidentially.

Agency Regulations and Institutional Operational Procedures in general had the requirements of PREA, however some Agency Regulations and Operational Procedures needed revision to better capture a more accurate reflection of the requirements with the PREA standards. The revisions requested by the audit team did not make the ODOC go into a "corrective action period" but added clarity into agency and institutional policy pertaining to the standards.

At the conclusion of the audit, the audit team concluded CCCF is compliant with the PREA requirements based upon existing policy, practice, and review of documented materials.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable:

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Standard 115.11 has three elements that the facility must meet for a finding of “meets standard”.

The ODOC has a PREA policy “40.1.13” explaining the Zero Tolerance policy pertaining to sexual abuse and sexual harassment. ODOC has designated an agency upper level PREA Coordinator. CCCF has designated “PREA Compliance Manager”. Agency and facility flow charts support statements made by the coordinator and compliance manager indicating they have sufficient time to comply with the PREA requirements.

During the course of the audit, the audit team required various verbiage be added to PREA policy 40.1.13 which would have made this standard non-compliant. Required verbiage was added to the policy and was approved by both the audit team and the Director of ODOC making ODOC compliant with the standard.

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

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

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

The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. A Contract was provided showing compliance with this standard. The second element requires the agency to monitor the contracting entity to ensure compliance with PREA. The contract (Intergovernmental agreement# 4712) was reviewed which included an amendment, adding PREA language to the contract to include: compliance with DOJ PREA Act and the agency will provide information upon request, and ODOC will monitor to ensure the agency will comply with PREA standards.

### Standard 115.13 Supervision and monitoring

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

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

ODOC provided agency policy, 40.2.8, 40.2.1 staff deployment system and a staffing standard in which CCCF adheres to. Additionally ODOC had an Association of State Correctional Administrators (ASCA) study (contract #5013) conducted on behalf of 14 ODOC facilities to include CCCF in August of 2014 specific to the components of this standard. It was learned through the interview with the CCCF's compliance manager, staff were hired in locations where allegations had been made. CCCF hired (2) additional staff (1) for the culinary and (1) in the physical plant. CCCF has video monitoring throughout the three facilities and was also assessed during the ASCA audit with the PREA coordinator in August of 2014. During the on-site facility tour auditors observed assigned staff and supervisors were in the designated posts and this was consistent with documentation of shift rosters provided prior to the on-site audit. Lastly, the agency has a policy 40.1.13 requiring intermediate and higher level supervisors to conduct and document unannounced rounds to cover all three shifts. The policy also requires the rounds to be documented and staff is not to alert other staff of the unannounced rounds being conducted. Documentation was provided meeting the standard and during the tour housing logs were verified proving practice of the standard.

### Standard 115.14 Youthful inmates

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

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

CCCF and the ODOC reported they do not house juvenile offenders. Documentation provided supports no youthful offenders have been housed at CCCF. During the on-site audit, no youthful offenders were observed. Based upon these elements, CCCF has met standards specific to 115.14. Additional documentation was provided of a "House Bill 4037" which provides additional support ODOC will not house youthful offenders as they will be transferred to the Oregon Youth Authority. However, written in House Bill 4037 #8, the verbiage still allows youthful offenders to be housed outside of the Oregon Youth Authority on select criteria such as management issues or safety risks to other offenders. In this scenario, the youthful inmate still falls under the ODOC as the youthful inmate is under the custody of the ODOC. Also, according to ODOC Rule 52, youthful offenders will be transferred to the Oregon Youth Authority however will be processed through the ODOC's intake center. CCCF has provided a memo explaining how a youthful offender will be processed and held upon completion of being processed while inside CCCF. ODOC and CCCF provided documentation of youthful inmates who had been process through CCCF during 2014. The documentation included the dates and amount of time a youthful inmate was inside CCCF. The longest amount of time a youthful inmate spent inside CCCF was 2 hours and the youthful inmate is placed in a holding cell separate from adult inmates.

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

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

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

ODOC has a policy “Rule 41” that prohibits cross-gender strip searches or visual body cavity searches on inmates by staff except in exigent circumstances. Rule 41 also prohibits cross-gender pat or “frisk” searches on female inmates. During interviews with staff and inmates, both confirmed male staff does not conduct pat searches on female inmates. CCCF had in place during the audit, spreadsheet logs for staff to document in the event opposite genders completed strip searches. Three logs were visible in the R&D, visiting, and the disciplinary segregation unit. CCCF had incorporated a “doorbell” announcement which notifies inmates staff of the opposite gender are entering the housing unit. This enables the inmates to shower, perform bodily functions, and change clothing. Rule 41 also prohibits searching transgender and intersex inmates for the sole purpose of determining their genital status. Documentation provided to the auditors confirms staff have been trained on how to conduct cross-gender pat searches, searches on transgender and intersex inmates. Interviews with both inmates and staff confirm comprehension of the training.

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

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

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

Agency policy “40.1.13” states inmates shall be provided education in formats accessible to all inmates, including limited English proficient, deaf, visually impaired disabled. Documentation was provided in the following formats: video to include subtitles, transcripts, pamphlets in both English and Spanish, access to interpreters, and language line services, and TTY machines. During the interviewing process, answers provided by inmates in the specialized category were consistent with agency policy confirming the practice and education is being done meeting compliance of the required elements to the standard. During the course of the audit, it was learned ODOC had in practice of not using inmate interpreters however before the closure of the on-site audit, ODOC added additional wording to policy stating inmate interpreters will not be used however can be in exigent circumstances.

The audit team required additional verbiage be added to existing policy. ODOC and CCCF had in practice elements of (c) of not utilizing inmate interpreters with the exceptions of exigent circumstances however existing policy did not prohibit inmate interpreters from being used. Based upon the Directors approval of the changes to agency policy, no corrective action was needed.

### Standard 115.17 Hiring and promotion decisions

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

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

The agency conducts background checks for new employees, employees who are promoting and yearly for current employees as part of their yearly evaluation. ODOC has policy 20.4.2, 20.4.5, 20.5.15 and 40.1.13 that all have incorporated the elements of this standard. Agency interview with the Human Resources Chief Administrator confirmed the overall understanding and integration of the PREA standards into the ODOC policy and practice. While on site, random files checks were conducted at the agency level and also on-site at CCCF. Only one file was found incomplete (non-CCCF employee) and auditors required the agency to complete the background check on the deficient employee. At the conclusion of the audit, ODOC had completed the background check on the deficient file and ODOC provided documentation confirming the employee's background completion making ODOC compliant with the standard.

### Standard 115.18 Upgrades to facilities and technologies

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

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

ODOC policy 40.1.13 incorporates the elements of this standard. Additionally, CCCF added 11 cameras to the physical plant after reviewing PREA allegations to assist in the prevention and detection of sexual victimization among inmates. CCCF was impressive with the amount of cameras and ability for multiple staff to view the camera system in real time.

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

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

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

ODOC has incorporated the elements of this standard in policy 70.1.3, 40.1.13, implementing a uniform evidence protocol. Documentation provided included: OIC checklist, criminal evidence handling policy with flow chart support compliance with the element. Interviews with staff confirmed the use of a uniform protocol. A review of inmate files who have received forensic medical exams confirms inmates are not charged and the exams were performed by SANE/SAFE certified examiners. ODOC sought and obtained grant funding for a agency level victim advocate. ODOC has qualified victim advocates who have been screened for appropriateness as well as receiving the required training. A qualified staff member may assist at the facility if the investigative process occurs at the facility. Community based advocates will respond to the hospital. CCCF has provided inmates with mailing addresses and phone numbers (including toll free) of local, state, and national hot line numbers for outside victim advocates for emotional support services prior to hiring an agency level victim advocate. Interviews with community base administration of SANE Nurses were conducted further supporting compliance with the standard. Additionally, the Oregon State Police investigate all allegations of sexual abuse. An MOU between ODOC and the Oregon State Police was provided to the auditors.

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

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

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

ODOC has incorporated the elements of the standard into policy 40.1.13, 70.1.3, and 70.1.4 ensuring all allegations of sexual harassment and sexual abuse are investigated. Once an allegation of either sexual abuse or sexual harassment is received, the facility follows policy by determining whether the allegation is administrative or criminal. Criminal investigations will be referred to the Oregon State Police and administrative investigations will be handled by the ODOC’s Special Investigations Unit (SIU). ODOC’s website does indicate all allegations of sexual harassment and sexual abuse are investigated. Documentation provided included current policy, and investigation flowchart demonstrating how various allegations are investigated. Interviews with SIU Investigators, Superintendent, PREA Compliance Managers, Officer’s In Charge, Behavioral Health Staff (BHS) and line staff were conducted and all support an affirmative understanding of ODOC’s and CCCF’s policies and investigative practices.

### Standard 115.31 Employee training

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

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

ODOC and CCCF have developed and trained all staff on the 10 required components of this standard. Documentation of training included power points, lesson plan, and PREA scenarios. Training also has been given to staff using the ILearn computer system that requires the staff member to pass a test at the end of the training. CCCF additionally provides staff with continued education through emails and staff briefing reports. CCCF provides PREA related policies, procedures and training modules to staff available on their interdepartmental computer systems shared drive. Training logs with scores were also provided to auditors showing the training had been given to all staff. Training is specific to the gender at the facility as CCCF has both male and female inmates as well as transgender inmates. Staff who have transferred from other ODOC facilities to CCCF have received additional training on the dynamics specific to CCCF. Interviews with staff confirmed they had received the training. Only three staff members had not completed the training as two were on administrative leave and one was deployed with the United States Military.

FAQ clarification #15 under the General heading strictly limits the amount of time and situations a staff member could have contact with an inmate. It was discovered through the audit non-security staff were delayed in getting the required training until they were established in the ODOC system and would have access to the online training. The Auditor found this to be outside the allowance of FAQ #15 and requested the Agency Coordinator to establish a plan to get the training to the non-security staff prior to contact with the inmates. The Agency Coordinator integrated the required training topics into the recruitment process in a very proactive manner allowing the Agency to be found in full compliance with this standard. No corrective action is required.



### Standard 115.32 Volunteer and contractor training

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

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

ODOC policy 40.1.13 incorporates the elements of the standards requiring volunteers and contractors to receive PREA training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response policies. Documentation provided to the auditors included signed acknowledgment forms of contractors and volunteers. Interviews with volunteers and contractors confirmed they had received education about the ODOC’s Zero Tolerance policy pertaining to sexual harassment and sexual abuse of inmates. All volunteers and contractors received training based on their level on contact with inmates. CCCF also provided training to volunteers and contractors specific to personal boundaries and how to maintain safe healthy relationships with inmates.

### Standard 115.33 Inmate education

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

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

Coffee Creek is the intake center for the Oregon Department of Corrections. Inmate’s at intake (R&D) watch a PREA video explaining ODOC’s Zero Tolerance Policy and ways to report an incident of sexual harassment and sexual abuse. The video is also available in Spanish. Additionally inmates receive an intake handbook in either English or Spanish when they arrive at the facility further explaining who and where to report. PREA posters available in both English and Spanish were visible in the intake unit, housing units, programming areas, and work areas that included phone numbers and addresses of both the Inspector General’s Office and the Governor’s Office. Documentation provided during the audit process confirmed inmates had received the comprehensive training within 30 days. Inmate files were reviewed on site further confirming documentation of inmate participation of the education. Interviews with both R&D staff and inmates confirmed training is given at the time of intake, within 30 days, and those who have been at the facility longer than a year.

The audit team required verbiage be added to Policy 40.1.13, Inmate Education b. “allegations or suspicion of”. A draft was presented and approved by the auditor. The ODOC Director approved the PREA policy revision. With the implementation of the revised PREA policy 40.1.13, compliance with the standard has been met requiring no corrective action.

### Standard 115.34 Specialized training: Investigations

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

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

Documentation provided and interviews with SIU staff confirm specialized training is being done at CCCF. SART members also receive specialized training. A power point provided included specialized training specific to confinement settings, proper techniques of interviewing sexual abuse victims, proper use of Garrity and Miranda warnings, and proper evidence collection. The training is also available on the ILearn system. Oregon State Police investigate all sexual abuse allegations.

The audit team required verbiage changed to reflect “requiring” verses “offered” to Policy 40.1.13. A draft was presented and approved by the auditor needing no corrective action.

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

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

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

Training has been provided to the Behavioral Health Staff and medical staff at CCCF through the ILearn system and via power point. Training material provided includes how to detect and access signs of sexual harassment and sexual abuse, how to preserve physical evidence, and how to respond and how to report. Documentation included: PBO4 reporting form, #P-B-05 protocol in the event of sexual abuse, PREA policy 40.1.13, and rosters of health services staff who have completed the required training. Medical staff at CCCF do not conduct forensic medical exams. Interviews with medical staff confirm understanding of the training and CCCF’s policies pertaining to responding to an incident of sexual abuse.

The audit team required verbiage changed to reflect “requiring” verses “offered” to Policy 40.1.13. A draft was presented and approved by the auditor needing no corrective action.

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

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

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

ODOC has policy 40.1.13 incorporating the elements of the standard. All inmates at CCCF are accessed within 72 hours of arrival using agency form “CD 1625” with all the required elements. Inmates who are being transferred from the intake center are accessed again using the “Intake PREA IVST Follow up” prior to transfer to another facility. ODOC facilities upon receiving transfer inmates complete agency form “CD 1619-Facility Transfer Screening Form” within 72 hours of arrival at the new facility. Policy 40.1.13 also requires an inmate to be reassessed with 30 days of receiving any new information. Inmate file review while on site at CCCF confirmed inmates are accessed within 72hrs of arrival utilizing form CD 1625 within the required 72 hours. Inmate interviews also confirmed the inmates did recall being asked the questions upon arrival to the facility. ODOC provided auditors with a memo stating ODOC does not house inmates detained solely for civil immigration purposes. Policy 40.1.13 reflects inmates will not be disciplined for refusal or failure to disclose information during the intake screening. The agency and CCCF only provide information to staff that have a need to know and have security access in place to protect inmate information.

### Standard 115.42 Use of screening information

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

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

ODOC utilizes the risk assessment form 1625 and 1619 and when an inmate is determined to fall into the category of “sexually vulnerable” or “sexually aggressive” a designator is placed in ODOC’s Offender Management System (OMS). Staff at CCCF reviews any inmates who have designators for the determination of individualized placement in housing, bed, work, education, and program assignments for the safety of each inmate. ODOC has developed a Physical Gender Non Conformance committee that meets as needed in determining whether a placement of a transgender or intersex inmate would ensure the inmates health and safety. Transgender and intersex inmates in ODOC custody are reassessed twice each year per Agency policy 40.1.13 and CCCF supported compliance with the element with documentation of the bi-yearly assessments. Transgender and intersex inmates are given the opportunity to shower separately. Interviews with transgender inmates confirm compliance with the standard. CCCF does not place inmates who identify or are known to be part of the LGBTI community in designated housing units.

### Standard 115.43 Protective custody

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

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

ODOC policy 40.1.13 incorporates the elements of the standard mandating inmates will not be placed in involuntary segregation longer than 24 hours without an assessment being completed. Additional policies, 291-046-0005 also mandate the placement of inmates within the administrative segregation to include a review within 30 days. Agency form “CD 1482” provides documentation when any inmate is placed in protective custody. Documentation provided by CCCF is consistent with the elements of this standard.

### Standard 115.51 Inmate reporting

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

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

ODOC and CCCF have provided inmates with multiple ways to report privately any sexual abuse or sexually harassment. Inmates can utilize the inmate communication (kite), submitting grievances, or contacting the Inspector General's Hotline, and allowing inmates families the ability to report on behalf of an inmate. Inmates can report sexual abuse and sexual harassment to outside agency such as the Governor's Office of Constituent Services and requests to remain anonymous. Auditors contacted the Governor's Office and were informed inmates can remain anonymous if requested. Inmates advised auditors during the interview process, knowing about the various ways to report and anonymously if needed. ODOC does not house inmates solely for civil immigration and ODOC not required to comply with this element of the standard. Agency policy 40.1.13 requires staff to accept verbal, written, anonymous, and third party reports. Staff has the ability to report sexual abuse and sexual harassment via the Inspector General's Hot line. Interviews with staff confirm they have the knowledge to report via the Inspector Generals' Hot line and can report privately.

The audit team required verbiage be added to Policy 40.1.13.A inmate reporting 2.b. The verbiage was added to the policy and no corrective action was required.

### Standard 115.52 Exhaustion of administrative remedies

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

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

ODOC policy 401.1.13 and 291-109-200 incorporates all the elements of the standard. ODOC does not impose a time frames associated with inmates submitting allegations of sexual abuse. ODOC policy is consistent with the elements pertaining to responses to inmates. ODOC policy prohibits the grievance coordinator from referring a grievance alleging sexual abuse to a staff member who is the subject of the grievance.

The Auditor required verbiage should be added to Policy 40.1.13.A inmate reporting 6, to include verbiage such as "inmates can be disciplined when a grievance is filed in bad faith". A draft was presented and approved by the auditor. The ODOC Director approved the changes to policy and no corrective actions is required.

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

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

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

ODOC sought and obtained grant funding to be compliant with this difficult standard hiring an internal agency level victim advocate coordinator position. The position provides direct advocacy to inmates and coordinates efforts to develop MOU’s with local rape crises center for support services with confidential emotional support services related to sexual abuse which provide advocates for emotional support services related to sexual abuse. ODOC provides inmates mailing addresses and telephone numbers, including toll-free hotline numbers when available, of local, State, or national victim advocacy or rape crisis organizations. CCCF provides the information in the following formats: pamphlets given to inmates, “coffee talk” an inmate newsletter, and posters which were visible throughout the institution. Disclaimers are made to the extent in which the communications are confidential and possible obligations to report incidents of sexual abuse as required by local, state, and federal law.

### **Standard 115.54 Third-party reporting**

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

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

ODOC has multiple ways third party reports can be reported to ODOC and outside agencies pertaining to inmates being the victim of sexual abuse and sexual harassment. ODOC has available on its website, phone numbers to contact the Inspector General’s Hotline. CCCF has available in the visiting room pamphlets in both English and Spanish that provides visitors with phone numbers and addresses to write the agency and or outside the agency as well. ODOC policy 40.1.13 requires all ODOC employees to “shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any reports”. Inmate interviews confirmed knowledge of having the additional way to report incidents of sexual abuse and sexual harassment.

### Standard 115.61 Staff and agency reporting duties

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

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

ODOC policy 40.1.13 is the primary policy for meeting the elements of this standard. A standardized form (1620) was developed to assist staff with uniform reporting responsibility. Specific verbiage was absent in policy requiring “staff are required to report any knowledge or suspicion, or information regarding an incident of sexual abuse or sexual harassment”. Interviews with staff reported this was in policy and statements made by staff indicated they have the affirmative duty to report however this auditor was unable to find where the specific verbiage existed in policy. Staff interviews were consistent with agency policy with who has the right and need to know information pertaining to incidents of sexual abuse. Interviews with BHS and medical staff were also consistent with obligations to report information to include third party reports, anonymous and information related to sexual victimization of inmates.

The audit team required specific wording to include “knowledge and suspicion” of any information that could lead to the sexual victimization of an inmate be adopted into the PREA policy 40.1.13. A draft was approved by the auditor and ODOC Director. No corrective action is required.

### Standard 115.62 Agency protection duties

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

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

ODOC policy 40.1.13 states any new information received indicating an inmate is subject to immediate risk of sexual victimization shall initiate a new assessment to determine appropriate housing and programming. Staff interviews confirmed knowledge of steps to take to protect an inmate upon learning of potential sexual victimization. CCCF reported they did not receive any reports within the past 12 months in which they received information an inmate was at risk of imminent sexual abuse.

### Standard 115.63 Reporting to other confinement facilities

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

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

ODOC’s policy 40.1.13 incorporates the elements of the standard requiring the facility receiving a report an inmate was sexually abused while at another facility has the obligation to notify the facility where the sexual abuse occurred within 72 hours. Interviews with facility designee and PREA compliance manager confirm an understanding of the requirements to report information of sexual abuse to other facilities within 72 hours. CCCF provided documentation of notification to the other facilities within 72 hours supporting they are compliant with the standard. CCCF reported they have received 4 reports of inmates reporting being sexually abused while in other facilities.

### Standard 115.64 Staff first responder duties

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

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

ODOC’s PREA policy 40.1.13 incorporates the elements of the standard. Additionally, CCCF has procedure 39 outlining the process for responding to, investigating and reviewing of allegations of sexual abuse. All staff at CCCF are trained as “First Responders” and trained on the elements of the standard and policy 40.1.13. The “OIC” or Officer In Charge has a checklist designed for responding and investigating sexual abuse further explaining the process in ensuring the safety of the inmate, preserving and protecting possible evidence. Interviews with supervisory staff (OIC’s) confirm the practice of utilizing the OIC checklist when responding to an allegation of sexual abuse. Interviews with line staff confirm understanding of the elements as required in the standard for reporting and responding to a sexual abuse allegation. CCCF also utilizes form “CD 1620” requiring staff to follow protocol by answering questions from the form ensuring the victim is separated from the aggressor, and notifying the OIC.

### Standard 115.65 Coordinated response

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

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

CCCF has developed written institutional plan "CCCF Procedure #39" to coordinate actions taken in response to an incident of sexual abuse. Interviews with staff confirm understanding and actions required. CCCF is compliant with the standard.

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

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

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

Oregon does allow collective bargaining and after interviews with ODOC agency designee, the agreements in place do not limit ODOC from removing staff members who are potential sexual abusers from contact with inmates pending investigative outcomes. ODOC provided bargaining agreement 2013-2015 between ODOC and American Federation of State, County, and Municipal Employees Local 2376 and the "security bargaining unit" contract. A review of the contracts supports the agency designee's statement ODOC will not be limited in removing a staff member from an inmate in the event an allegation of either sexual abuse and sexual harassment is brought against a staff member.

### Standard 115.67 Agency protection against retaliation

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

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

ODOC policy 40.1.13 incorporates the requirements of the standard requiring the agency to protect all inmates and staff who report sexual abuse and sexual harassment by designating CCCF’s PREA compliance manager as the retaliation monitor. A review of documentation provided confirms CCCF complies with the second element of the standard by removing staff from areas and from the facility when an inmate has alleged an incident of sexual abuse or sexual harassment against the staff member. Facility trained “SART” members assist in conducting the periodic checks on inmates who report incidents of sexual abuse and sexual harassment. ODOC has developed a PREA retaliation checklist and CCCF provided documentation supporting the practice of the 90 day retaliation monitor complying with the standard. Interviews with the facility Superintendent, compliance manager, and SART members confirm an understanding of the requirements of the standard.

### Standard 115.68 Post-allegation protective custody

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

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

Agency policy 40.1.13 prohibits placing inmates with a high risk of being sexual victimized no longer than 24 hours in segregated housing. CCCF is required to conduct an assessment of all alternative means of separation from likely abusers. Additionally, ORS 291-046-0005 governs the use of administrative segregation. CCCF has a process utilizing form “CD 1482” in which CCCF staff complete when an inmate is placed in segregation. The staff member completing the form has to indicate why the inmate is being placed in segregation and no other reasonable alternative exists. Three signatures are needed to include the OIC, Asst. Superintendent, and Superintendent of CCCF.

### **Standard 115.71 Criminal and administrative agency investigations**

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

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

ODOC has policy 70.1.4 and 40.1.13 incorporating the elements of the standard. The policies outline the responsibilities for responding and screening to allegations in a timely manner. Trained SART members respond immediately to an allegation of sexual abuse and utilize a checklist form “CD 1621”. If the facility determines the incident appears criminal, the Oregon State Police (OSP) are notified. ODOC has an MOU in place with OSP for investigating sexual abuse investigations. CCCF utilizes the SART form to assist with element (f). ODOC maintains documentation of the abuser as long as the abuser is incarcerated plus five years. Interviews with SIU investigators corroborate agency policy that the SIU investigators will work with the OSP as the “liaison” between the ODOC and OSP. Documentation was provided of training rosters of SART members who conduct investigations.

### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

ODOC Rule 291-105-0028 included verbiage related to inmate discipline hearings confirming compliance with this standard. Interviews with the Agency PREA Coordinator and SIU investigators indicated this was the practice being followed for staff investigations.

The Auditor required verbiage be added to Policy 40.1.13.VIII Investigation 7, to include “preponderance of the evidence” pertaining to administrative investigations. A draft was presented and approved by the auditor and the ODOC Director. No corrective action is required.

### Standard 115.73 Reporting to inmates

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

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

ODOC policy 40.1.13, incorporates the elements of the standard. CCCF utilizes “CD 1622 PREA Reporting to Inmates” when notifying inmates at the outcome if the investigation was substantiated, unsubstantiated, or unfounded for sexual abuse investigations. CCCF provided documentation of three notifications (CD 1622) to inmates on the outcome of the investigation as required making CCCF compliant with the standard.

### Standard 115.76 Disciplinary sanctions for staff

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

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

ODOC policy 20.1.3 incorporates the first elements of the standard. HR Essentials sections E, “progressive discipline” is consistent with the third element. Redacted documents of staff that have been terminated and reported to relevant licensing bodies were provided supporting compliance with the standard.

### Standard 115.77 Corrective action for contractors and volunteers

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

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

ODOC requires all volunteers and contractors to read and sign acknowledging ODOC’s zero tolerance policy CD 1623. PREA policy 40.1.13 states all allegations of sexual abuse and sexual harassment to include allegations against volunteers and contractors will be investigated and referred to relevant licensing bodies. Interviews with agency designee and facility Superintendent reported having the ability to prevent volunteers and contractors from entering the facility supporting compliance with the element of this standard.

### Standard 115.78 Disciplinary sanctions for inmates

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

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

ODOC has Rule 291-105-0015, an administrative disciplinary policy for “Prohibited inmate conduct and processing disciplinary actions”. Within 291-105 hearings officers during disciplinary sanctions consider previous acts and are commensurate with the nature of the offense. Sexual harassment could also be address on various levels through the charges of Disrespect I-III. Rule 291-105 section 0026 also requires Hearing Officers to consult with BHS prior to conducting disciplinary hearings. Interviews with staff that conduct disciplinary hearings demonstrated knowledge of ODOC’s policy and the requirements of this standard. ODOC does not offer therapy, counseling, or other interventions to inmates who are sexually abusive.

The audit team required verbiage to added to policy 40.1.13, inmate reporting #6 to include such wording as “an inmate who reports in good faith based information about possible sexual abuse or sexual harassment or upon reasonable belief that an inmate was sexually abused or sexually harassed shall not be disciplined”. A draft was presented by ODOC PREA Coordinator and was approved by the auditor and by the ODOC Director. No corrective action is required.

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

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

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

CCCF is the intake center for the ODOC’s. Inmates after arrival at the facility receive the “inmate victimization screening tool- CD 1625” as required by 115.41 within 72 hours. Both inmates who report being victims of sexual abuse or when an inmate reports perpetrating sexual abuse are referred to the Behavioral Health Services (BHS) immediately. Based off the referrals, both perpetrators and victims are seen by BHS qualified medical staff within 14 days. BHS policy #MHE-E-02 supports compliance with the elements of the standard. Interviews with front line staff, BHS, and R&D staff confirm information learned through this process is confidential and only available to staff to make appropriate housing, programming, and education decisions to ensure the safety of each inmate. A review of documentation on-site to include medical and intake files confirms the practice inmates are offered services within 14 days. Prior to meeting with inmates, inmates sign a “Health Services Information Disclosure” (in both Spanish and English) notifying inmates of the limits of confidentiality. Interviews with inmates and BHS staff and reviews of medical files confirm inmates are notified of the limits to confidentiality.

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

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

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

CCCF has BHS staff available 24 hours a day 7 days a week either on-site or on-call. ODOC PREA policy 40.1.13 and Health Services Section Policy and Procedure #P-B-04 incorporate the elements of the standard. Inmates at CCCF are given timely and unimpeded access to emergency medical treatment without financial cost. Inmates are provided information and access to emergency contraception and sexually transmitted disease prophylaxis. CCCF BHS staff assists with the scheduling and transport of inmates to outside medical services. CCCF BHS staff follows up upon the inmates return to CCCF on medical recommendations to include follow up treatment and any medications. Interviews with BHS staff, OIC, and PREA compliance managers confirm an understanding of agency policies and protocol pertaining to the standard. Documentation reviewed on-site confirms BHS staff document treatment plans. Its the auditors opinion the level of medical services provided to inmates at CCCF exceeds standards based in comparing the lack of services available at minimum security facilities and smaller jails across the county.

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

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

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

ODOC PREA policy 40.1.13, Health Services Section Policy, and Procedure #P-B-05, and Behavioral Health Services Division Policy and Procedures # MH-B-04A incorporate the elements of the standard. Mental health screening is conducted within 60 days of learning inmate on inmate sexual abuse has been substantiated. Inmates receive treatment services at no cost regardless of their participation in the naming the perpetrator(s) of sexual abuse. Documentation provided supports compliance with agency protocol and elements of the standard. Interviews with inmates who have reported being victims of sexual abuse confirm access to follow up medical and mental health services and have not been charged financially for those services.

### **Standard 115.86 Sexual abuse incident reviews**

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

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

ODOC has in PREA Policy 40.1.13 requiring each facility to conduct incident reviews upon completion of a sexual abuse investigation that was determined to be substantiated. CCCF conducts incident reviews on both substantiated and unsubstantiated at the conclusion of a sexual abuse investigation. During the on-site audit, the audit team was allowed to observe an incident review take place. Upper-level management, medical and mental health staff, OIC, and Superintendent were all present during the incident review. The incident review incorporated all required elements of the standard. Recommendations from the review are sent to the Agency PREA Coordinator. Documentation provided included the DOC PREA compliance manager's guidelines, form 1677 PREA Incident Review Form, and redacted incident review.

### Standard 115.87 Data collection

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

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

ODOC PREA Policy 40.1.13 incorporates the requirements of the standard. CCCF provided documents showing compliance with the standard. ODOC has provided the 2013 PREA Annual Report, 2013 Survey of Sexual Victimization, and 2013 Sexual SSV incident reports with the required elements.

### Standard 115.88 Data review for corrective action

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

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

ODOC's PREA policy 40.1.13 incorporates the requirements of standard 115.87 in order to assess and improve the effectiveness of sexual abuse prevention, detection, response policies and practices. ODOC and CCCF provided the PREA Annual Report 2013 and on page 4, ODOC compares previous years data and made recommendations, followed through with corrective action, and reported progress from this data. Upon review, the 2013 PREA Annual Report is available on the ODOC's website.

**Standard 115.89 Data storage, publication, and destruction**

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

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

ODOC ensures that data collected is securely retained and maintained. Statistical data is available via web site; specific identifiers are redacted as required. ODOC retains incident-based and aggregated data for every private facility in which it contracts with for the confinement of inmates. A memo was provided by ODOC stating information gathered specific to this standard is never purged.

**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.

D.Baker

03/09/2015

\_\_\_\_\_  
Auditor Signature

\_\_\_\_\_  
Date