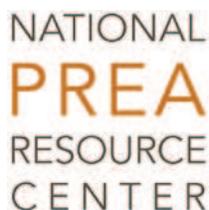


PREA AUDIT REPORT INTERIM FINAL

ADULT PRISONS & JAILS



Auditor Information			
Auditor name: Kirk Widmar			
Address: 5500 Snyder Ave. Bld 17 Carson City 89701			
Email: kwidmar@doc.nv.gov			
Telephone number: 775-887-3257			
Date of facility visit: January 26-27, 2015			
Facility Information			
Facility name: Deer Ridge Correctional Institution			
Facility physical address: 3920 E. Ashwood Road Madras, OR 97741			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 541-325-5999			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Tim Causey			
Number of staff assigned to the facility in the last 12 months: 185			
Designed facility capacity: 787			
Current population of facility: 757			
Facility security levels/inmate custody levels: Minimum 1-2			
Age range of the population: 39.9			
Name of PREA Compliance Manager: Michele Simmelink-Rask		Title:	Management
Email address: Michele.L.Simmelink-Rask@doc.state.or.us		Telephone number:	541-325-5224
Agency Information			
Name of agency: Oregon Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 2575 Center Street Salem, Oregon 97301-4667			
Mailing address: <i>(if different from above)</i>			
Telephone number: 503-947-9950			
Agency Chief Executive Officer			
Name: Collette S. Peters		Title:	Director
Email address: Colette.S.Peters@doc.state.or.us		Telephone number:	503-945-9090
Agency-Wide PREA Coordinator			
Name: Ericka Sage		Title:	PREA Coordinator
Email address: Ericka.R.Sage@doc.state.or.us		Telephone number:	503-947-9950

AUDIT FINDINGS

NARRATIVE

On January 26 and 27, 2015 at the request of the Oregon Department of Corrections (ODOC) a Prison Rape Elimination Act (PREA) audit was conducted at the Deer Ridge Correctional Institution (DRCI) in Madras, Oregon. The audit team consisted of 3 US Department of Justice certified PREA auditors from the Nevada Department of Corrections. Kirk Widmar, Deb Striplin, and Darin Baker conducted the audit with Kirk Widmar being the primary on-site auditor and report author. Prior to the arrival of the audit team approximately 50 hours were spent reviewing DRCI and the ODOC's policies related to the implementation and integration of the PREA Standards. This was primarily done via the PRE-Audit Questionnaire and supporting documentation sent to the audit team by the Agency PREA Coordinator and the PREA Compliance Manager assigned to DRCI. Also reviewed by the audit team were prior PREA National Audits and internal PREA audits conducted by the ODOC.

During the on-site audit the entire 787 bed minimum security complex was inspected along with the Physical Plant offices and Warehouse on the medium security side. Currently a new 1,228 bed medium security complex is not being used to house inmates and was not included as part of this audit process. It is anticipated not to house inmates during the current 3 year audit cycle.

On the morning of the 26th the auditor was able to meet with Superintendent Tim Causey and his executive team. Introductions and methodology was shared by the auditor with this group and the Agency Coordinator via conference call. Day One of the audit consisted of the tour of the institution and random interviews with staff and inmates. The auditor was able to interview 45 random staff covering all 3 shifts and 20 random inmate interviews. Day Two of the audit consisted of the required specialized staff and inmate interviews, file and data base review, and out briefing with the DRCI executive team and ODOC leadership via video and conference call. Most Agency level specialized interviews as well outside rape crisis centers and outside confidential reporting contacts were completed via conference call prior to the audit team arrival to Oregon.

The DRCI staff presented themselves in a professional manner and were not hesitant to engage the auditor with questions and answers. Staff from the various disciplines represented at DRCI have a clear understanding of their role in the preventions, detection, and responding to sexual harassment and abuse. Inmates interviewed demonstrated an understanding of their rights to be free from sexual harassment and abuse. The inmates were able to explain various ways they could report both within the department and outside the department.

The following report is the Final Report and will outline by Standard the findings of the auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS

DRCI Minimum is one of the ODOC newest institutions and at the time of audit had a population of approximately 757 inmates with 185 ODOC staff assigned. The footprint consists of 7 buildings which house Administration, Culinary, Programs, Education, Health Services (HS), Behavioral Health Services (BHS), Religious Services, Gym, and Inmate Housing Units. During the tour the entire complex was noted to be very clean and in good working order. Security cameras were found throughout the institution with ongoing plans to expand this type of monitoring. The open dorm style of the housing units allowed for good transparencies and monitoring of the inmate population. Showers and toilets had appropriate levels of privacy screens in place and the effective use of a doorbell to announce opposite gender staff had been installed in all housing units.

Unique characteristics of DRCI include a large population of inmates receiving BHS treatment to include medications in the minimum security setting. A significant dedication of job skills, education, and life skills programming is available to the inmates giving them the opportunity to be better prepared to reintegrate into the community. A full time Health Services as well as medically necessary dental services are also located at the minimum institution.

SUMMARY OF AUDIT FINDINGS

For the purpose of this Final Report for Deer Ridge Correctional Institution the Auditor found 40 standards being met and 3 standards noted as Exceeds. DRCI and the ODOC worked very hard on correcting the minor concerns of the auditor. They were able to make changes to Policy 40.1.13 and do so prior to the completions of the Interim report. As required by the USDOJ these areas will be noted in the various standards, however there is no finding of corrective action needed. The overall experience of the audit demonstrated to the auditor DRCI and the ODOC are committed to the protection of the inmate population from incidents of sexual abuse and harassment. The ODOC is a professional organization and is diligent in meeting the expectations of the PREA Standards.

The ability to meet the standards is no simple task and the staff of DRCI and the ODOC are to be commended for their arduous efforts in this achievement. It is with great pleasure the auditor is able to find Deer Ridge Correctional Institution and the Oregon Department of Corrections in Full Compliance in meeting the 43 required standards for this audit cycle year.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

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 3 elements required to meet this Standard. ODOC clearly present a Zero tolerance policy and has outlined the agency’s approach to prevention, detection, and responding to incidents of Sexual Harassment or Abuse. This is primarily spelled out in the agency’s DOC policy 40.1.13. The ODOC currently employs an agency wide PREA Coordinator Ericka Sage. Her interview as well as the overall implementation of PREA to the ODOC indicates she has the time and authority to develop implement and oversee the agency’s efforts to comply with the PREA Standards. DRCI has assigned Michele Simmelink-Rask as the institution’s PREA Compliance Manager. Her position is part of the DRCI executive team and as indicated in her interview she has been given enough time to oversee the implementation of PREA at DRCI.

Requirement: The audit team has required verbiage be added to the DOC policy 40.1.13 related to various Standards. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.12 has two elements required to meet this Standard. Samples of contracts reviewed and interviews with Contract administrators support ODOC compliance with this Standard.

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.

Standard 115.13 has four elements required to meet this Standard. Interviews with Agency Head designee Leonard Williamson, Agency Coordinator Ericka Sage, DRCI Superintendent Tim Causey DRCI PCM Michele Simmelink-Rask all supported meeting the requirements of this standard. Policies 40.2.8 as well as external and internal staffing analysis were also provided to support compliance. Daily shift rosters further supported adherence to policy. Shift Command for all three shifts were interviewed and are conducting unannounced tours. Documentation from unit log books supported tours being completed. Line staff interviews also further supported tours being done.

Requirement presented to DRCI executive team by the auditor is to develop a plan to extend the tour requirements to the Warehouse and Physical Plant areas. The auditor reviewed the procedure and found this plan to be in full compliance with this Standard. It is recommended this procedure be share with other facilities as it is an excellent guide to meeting this 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.

Standard 115.14 has three elements required to meet this standard. ODOC provided documentation in the form of a joint letter to all Sheriffs with the Oregon Youth Authority indicating inmates under the age of 18 should not be transported to or housed within the ODOC. Furthermore House Bill 4037 was passed to modify Oregon law to further support ODOC's efforts. DRCI was able to generate an inmate roster for 2014 indicating no inmates under the age of 18 were housed at DRCI.

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.

Standard 115.15 has six elements required to meet this standard. Policy review of Rule 041, Nonconforming gender Division 210, and DOC Policy 40.1.13 all contained verbiage in support of this standard. Training curriculum for pat searches as well as specific to transgender inmates and training rosters were provided to the auditor. Interviews with staff supported an understanding of the ODOC policies. Cross gender announcements are being made via a door bell chime in each of the housing unit. Inmates and staff interviewed identified this was the only use for the bell. Bathroom shower and toilets all had appropriate privacy screens and staff interview indicated cross gender strip search are not allowed.

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.

Standard 115.16 has three elements required to meet this standard. Several documents were provided to the auditor in support of this standard. Contact information and Instruction on how to use outside interrupter services have been established. Differential pay is also used for staff with multiple language skills. During tour signage and information pamphlets in Spanish were observed. Interviews with limited English proficient and inmates with disabilities (blind) were conducted. These interviews supported ODOC and DRCI are making appropriate efforts in educating inmates with various needs. An addition interview was conducted with a bi-lingual (English/Spanish) inmate indicating the translation used for pamphlets and signage was appropriate and an accurate translation.

Requirement: the audit team has required verbiage be added to policy 40.1.13 related to the third element 115.16c. A draft was presented and approved by the auditor. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.17 has eight elements required to meet this standard. DOC Policy 20.4.5, 20.4.2, 50.1.4, 90.2.6, and 20.5.15 all have adopted language meeting the elements of this standard. Questionnaires related to element (f) and samples of completed backgrounds were provided. Interview with Agency HR administrator Daryl Borello supported the overall understanding and integration of the PREA standards into ODOC policy and practice. Related to element (e) ODOC current practice exceeds the requirements of this element as backgrounds are done on a yearly basis as part of an employee’s evaluation.

Requirement: During the random review by the audit team of employee background investigation files one DRCI employee file was found to be deficient. This employee had been placed on a hiring waiting list for a significant amount of time. Upon hiring this employee the background and LEADS were not completed. The audit team working with the Agency Coordinator required this to be completed. Proof of background and LEADS have been received by the auditor and this employee was found to be in good standing.

This file was found to be the exception and not normal practice, therefore with the requirement from the auditor being met this standard has been determined to “meet 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.

Standard 115.18 has two elements required to meet this standard. Policy 40.1.13 clearly requires considerations of the elements of this standard when making improvement to facilities and technology. DRCI provided purchase requests for cameras as well as work orders for improvement to lighting and installation of the opposite gender announcement chime. The auditor also agrees with DRCI assessment of the need for cameras in the dining, kitchen, and canteen areas. The interview with Superintendent Tim Causey also supported his understanding of the requirements of this standard.

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.

Standard 115.21 has eight elements required to meet this standard. Oregon State Police have ultimate jurisdiction when investigating sexual abuse and assault cases within the ODOC. DRCI provided a copy of the MOU between OSP and ODOC. Also Policy 70.1.3, 40.1.13 HS-P-B-05, MH-B-04 outline the ODOC response for evidence protocol, forensic medical examination, and victim advocacy. Lists of the locations statewide that provide forensic medical exams were provided to the auditor. Interviews with community base administration of SANE Nurses were conducted further supporting ODOC’s efforts in complying with this standard. The interviews with Facility SART members further supported compliance with this standard. Attempts to secure Victim Advocacy from the community were provided via meeting minutes. Nationwide this is an ongoing issue for many departments; However ODOC has created a dedicated position for this very purpose at the Agency level. Training and position justification documents were reviewed. It is the opinion of the auditor these efforts exceed the requirements set forth in this standard.

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.

Standard 115.22 has 5 elements required to meet this standard. Policy 40.1.13, 70.1.3, and 70.1.4 show the integration of this standard into ODOC policy. An Investigation Decision flowchart was also provided to demonstrate how various allegations are investigated. Interviews with SIU Investigators, PCM, Shift Commander, Line Staff, HS Staff, BHS Staff and Superintendent demonstrative the knowledge of the policies and requirement to refer all allegations for investigations. Samples of investigations were also provided.

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.

Standard 115.31 has four elements required to meet this standard. Lesson plans with power point, online training, and class rosters were provided for DRCI staff. Upon review of the training topics covered it was determined by the auditor requirements for current security and non-security has been met. New hire security staff training covered in the ODOC academy also was found to be compliant with this standard. Non- security staff receives the required training as part of the recruitment process. Interviews with several staff from various disciplines further supported training had been completed and understood.

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.

Standard 115.32 has three elements required to meet this Standard. The auditor was able to review the lesson plan along with the PowerPoint used to train Volunteers and Contractors. Exhibit D Agency Training Requirements outlines the zero tolerance and mandatory reporting obligations of volunteers and contractors. Interviews conducted during the DRCI audit of contractors were found to support the requirements of this standard. Verbiage found in Policy 40.1.13 along with Memorandums and email directives further supported the ongoing efforts of ODOC to be compliant with this standard.

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.

Standard 115.33 has six elements required to meet this standard. Policy 40.1.13 outlines the requirement for inmates to be trained. Posters, handbooks, and videos are used to meet this standard. Follow up announcement in the form of newsletters to the inmate populations were also being made as new information comes forward. Examples of case notes documenting when inmates were being trained were also provided to the auditor. Interviews with several inmates also supported they were being educated. Information in Spanish as well as staff reading the material to the inmates ensured a greater understanding by the various types of inmates housed at DRCI.

Requirement: Auditor wanted verbiage added to Policy 40.1.13 Inmate Education b. “allegations or suspicion of”. A draft was presented and approved by the auditor. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.34 has four elements required to meet this standard. Policy 40.1.13 governs the requirement for specialized training for investigators. Lesson plan and PowerPoint used meet the requirements of the standard. Training rosters indicated applicable staff have completed the training. Interviews with Investigators supported their knowledge and understanding related to conducting investigations of sexual abuse. Oregon State Police are the primary investigators into criminal acts and a good working relationship between DRCI and OSP appears to exist. ODOC SIU Investigators are the primary investigators for matters related to administrative violations.

Requirement: Auditor wanted verbiage changed to reflect “requiring” verses “offered” to Policy 40.1.13. A draft was presented and approved by the auditor. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.35 has four elements required to meet this standard. The auditor was able to review lesson plan and screen shots of online training. Student rosters were also provided indicating 100% completion. The requirements of element (a) were covered in this training. Interviews with BHS and HS staff at DRCI indicated ODOC staff do not conduct forensic medical exams. BHS and HS staff interviews went very well with a clear indication they understood policy and training provided to them.

Requirement: Auditor wanted verbiage changed to reflect “requiring” verses “offered” to Policy 40.1.13. A draft was presented and approved by the auditor. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.41 has nine elements required to meet this standard. Samples of both the intake and transfer victimization screening tool (form #1625 and 1619) were provided to the auditor and found to be in with the requirements of this standard compliant. Documentation and interview with the Agency Coordinator indicated inmates for the sole purpose of civil immigration are not housed within the ODOC. Policy 40.1.13 governs the use of the screening tool to include six month reviews with transgender and intersex inmates. Interviews with intake staff and BHS staff further supported the use of the screening tool in a manner compliant with the standard. Interviews with random inmates and those that have reported during screening also supported ODOC use of the screening tool. Samples of completed screening tools were also reviewed by the auditor for inmates housed at DRCI.

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.

Standard 115.42 has seven elements required to meet this standard. Policy 40.1.13 and Rule 291-210 are the primary policies used to meet this standard. The Offender Management System (OMS) data base is used to monitor inmates to ensure work, housing, and programming assignments do not place inmates at risk for victimization. Showers at DRCI are individual stalls with privacy screens meeting the requirements of element (f). Interviews with transgender inmates supported ODOC’s efforts to meet element (e). There is no evidence to support during the entire audit of the four facilities that ODOC houses LGBTI inmates in a manner contrary to the requirements of element (g).

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.

Standard 115.43 has five elements required to meet this standard. Policy 40.1.13 and Rule 291-046 are the primary policies used to meet this standard. Interviews with staff assigned to the segregation unit demonstrated knowledge of the policy related to victims of sexual abuse. Tour of the unit did not identify any victims of sexual abuse being placed in involuntary segregation. Interviews with inmates that had reported sexual abuse supported DRCI efforts in meeting compliance with 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.

Standard 115.51 has four elements required to meet this standard. Interviews with inmates demonstrated knowledge of multiple ways to report. Posters and well as automated prompts on the inmate phone system were witnessed during the tour. Contact information for the Governor’s office was displayed meeting element (b). Staff interviews demonstrated understanding of obligations to accept inmate reports in compliance of element (c). A review of the ODOC website showed information related to third party reporting as well as requirements of element (d).

Requirement: The Auditor required verbiage be added to Policy 40.1.13.A inmate reporting 2.b. A draft was presented and approved by the auditor. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.52 has seven elements required to meet this standard. Rule 291-109 and Policy 40.1.13 are the primary policies that govern the inmate communication and grievance review system related to this standard. Verbiage to support the elements of this standard have been integrated into the ODOC policies. Interviews with inmates did not produce any contrary information related to the handling of inmate grievances. Interviews with the grievance coordinator demonstrated an understanding of the requirements of this standard and the ODOC policy.

Requirement: The Auditor required verbiage should be added to Policy 40.1.13.A inmate reporting 6. A draft was presented and approved by the auditor. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.53 has three elements required to meet this standard. The Auditor recognizes the difficulty in establishing outside victim advocacy for inmate victims due to the conflict of funding within the DOJ. ODOC was able to present documentation provided to the inmates with various contacts for support. This information was also available to inmates’ families via visiting rooms and online. Interviews with inmates indicated they understood the various ways to seek support. The ODOC recognizing the difficulty to maintain outside support has established through grant funding at this time, a full time Victim Advocate within the central administration, Office of the Inspector General. This person has received training equal to that of community standards and is expected to provide service throughout the ODOC. The auditor has identified these efforts above the requirements of the standard and therefore has indicated exceeds standards for this audit cycle.

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.

Standard 115.54 has one element required to meet this standard. DRCI provided printed materials for the public, inmates, and staff to uses as third party reporters. Online instructions and contact information is provided. Interviews with staff and inmates demonstrated knowledge in various ways to report including third- party.

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.

Standard 115.61 has five elements required to meet this standard. 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. Interviews with staff, Officer in Charge, PCM, and Superintendent all supported the mandatory reporting requirements of this standard. Examples of reports were reviewed by the auditor.

Requirement: The Auditor required verbiage should be added to Policy 40.1.13.B Staff reporting 1. A draft was presented and approved by the auditor. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.62 has one element required to meet this standard. Interviews with line staff as well as command staff supported the knowledge and authority to take immediate action. DRCI supplied Procedure 30 as part the immediate response policy to the auditor.

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.

Standard 115.63 has four elements required to meet this standard. Policy 40.1.13 is the primary authority followed to meet this standard. Interview with PCM demonstrated knowledge of the requirements of this standard. Interview with Agency Coordinator also supported compliance with this standard. Examples from the Agency of how the notification process works were shared with the auditor.

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.

Standard 115.64 has two elements required to meet this standard. Policy 40.1.13 is the primary policy used to comply with the elements of this standard. DRCI has developed Procedure #30 to further enhance their efforts. A uniform department wide response checklist has also been developed (form 1621) to ensure the elements of this standard are met. Interview with security and non-security staff also supported an understanding of responsibility when acting as a first responder.

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.

Standard 115.65 has one element required to meet this element. Interviews with Agency Designee, Superintendent, Agency Coordinator, PCM and Investigators demonstrated compliance with this standard. Agency Flowcharts for reporting, response, and notifications all demonstrated a coordinated facility and agency response. A review of complete investigations demonstrated successful use of the agency's coordinated efforts.

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.

Standard 115.66 has two elements required to meet this standard. ODOC has two collective bargaining agreements. Both agreements were presented to the auditor for review. The auditor did not find any provision of the agreement that would prevent the ODOC from protecting inmates from possible staff abuse. Interviews with Agency Designee and Superintendent as well as line staff that are members of the Collective Bargaining unit did not provide any contrary information related to ODOC's ability to meet this standard.

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.

Standard 115.67 has 6 elements required to meet this standard. Policy 40.1.13 is the primary authority in meeting the requirements of this standard. Interviews with PCM and SART members responsible for monitoring against retaliation did explain how and ways to ensure retaliation is not occurring. Examples of inmates that are being monitored were reviewed by the auditor. The use of the OMS data base to assist in monitoring also gives ODOC an agency wide overview of the inmate population. Interviews with inmates being monitored also supported ODOC's efforts in meeting this 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.

Standard 115.68 has one element required to meet this standard. Rule 291-046 and Policy 40.1.13 are the primary authority for meeting the requirements of this standard as well as standard 115.43. DRCI does not have protective custody housing and there was no evidence during tour or interviews with staff assigned to segregation that indicates ODOC uses this housing in a manner contrary to the requirements of this standard.

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.

Standard 115.71 has twelve elements required to meet this standard. Policy 70.1.4 and 40.1.13 are the primary authority in meeting this standard. Oregon State Police (OSP) conducts the criminal investigations within the ODOC. The Memorandum of Understanding (MOU) with OSP was provided to the auditor for review and found to meet the requirements of this standard. Interviews with facility investigators and SIU investigators demonstrated knowledge of conducting interviews, collections of evidence and other specialized training as required in standard 115.34. SIU Investigators work closely with OSP to stay informed of the progress of an investigation. Examples of investigations were reviewed by the auditor and found to be compliant with this standard. Policy requires administrative investigations be completed regardless of separations of service of the accused staff.

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.

Standard 115.72 has one element required to meet this standard. Rule 291-105 included verbiage related to inmate discipline hearings compliant with this standard. Interviews with the Agency Coordinator and SIU investigators indicated this was the practice being followed for staff investigations.

Requirement: The Auditor required verbiage should be added to Policy 40.1.13.VIII Investigation 7. A draft was presented and approved by the auditor. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.73 has six elements required to meet this standard. Policy 40.1.13 is the primary authority outlining ODOC's compliance with this standard. Form CD1622 is used to document the reporting to inmates as required by this standard. Examples of reports to inmates were provided and determined to meet the requirements of this 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.

Standard 115.76 has four elements required to meet this standard. Policy 20.1.2, 20.1.3, and 40.1.13 outline the ODOC's compliance with this standard. These policies were review and found to meet the four elements. Example of redacted ODOC personnel action forms were reviewed and found to support the enforcement of these policies. Oregon Revised Statute 163.452 Custodial Sexual Misconduct also supports the ODOC's efforts in meeting this 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.

Standard 115.77 has two elements required to meet this standard. Policy 20.1.13, 40.1.13, and 70.1.4 all outline the ODOC's authority and ability to take corrective action against a contractor or volunteer for violations of ODOC's zero tolerance policy. Form CD 1623 documents a contractor or volunteer acknowledgement of the zero tolerance and Policy 40.1.13. Interview with the Superintendent indicated they could immediately take action and prohibit contact between contractors or volunteers and inmates if a violation is reported.

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.

Standard 115.78 has seven elements required to meet this standard. Rule 291-105 and Policy 40.1.13 are the primary authority used to meet this standard. In review of Rule 291-105, ODOC has an established formal disciplinary process for the inmate population. Sanctions for inmate on inmate sexual abuse or attempts of such actions can be addressed through this process. Sexual harassment could also be address on various levels through the charges of Disrespect I-III. Rule 291-105 also contained a violation sanction grid for Hearing Officers to use to apply sanction in a uniform manner considering the requirements of the elements of this standard. 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.

Requirement: The Auditor required verbiage should be added to Policy 40.1.13.A inmate reporting 6. A draft was presented and approved by the auditor. This verbiage was place in Policy 40.1.13 is support of standard 115.52, but will also support the requirements of element (e) this standard. The ODOC Policy Review Committee approved and implementation the changes required. This Standard as well as others impacted by the update will be in full compliance.

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.

Standard 115.81 has five elements required to meet this standard. Policy 40.1.13, MH-E-02, MH-E-03, PE-02, PB-05 are used as the primary authority to meeting the five elements of this standard. Interviews with BHS staff and HS staff supported understanding of these policies. Interviews with inmates that had reported sexual abuse indicated they had been offered BHS and appropriate health services. MH-H-02 specifically addresses the requirements of element (e). It was noted by the Auditor that a significant amount of resources have been put into place related to meeting the BHS and HS driven standards.

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.

Standard 115.82 has four elements required to meet this standard. Policy 40.1.13, P-B-04, and P-B-05 are the primary authority to meeting this standard. Interviews with HS and BHS staff indicated they can provide care and develop treatment plans based on their professional judgment and equivalent to that of community standards. The tour of the medical facility at DRCI also supported the physical ability to provide this standard of care. Inmate victims of sexual abuse while incarcerated are provided treatment services without financial cost as outlined in Policy 40.1.13. Policy 40.1.13 also requires inmates be provided information in a timely manner in compliance with element (c).

The auditor recognizing the difficulty in exceeding in this standard has determined that although a standard of care is now uniformly recognized across the county, DRCI and ODOC provide services exceeding that typically found in the minimum security setting. The HS and BHS services provided at DRCI are more commonly found in a medium security setting with a population twice the size. It is for this reason the auditor has determined DRCI "exceeds standards" for standard 115.82.

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.

Standard 115.83 has eight elements required to meet this standard. Policy 40.1.13, MH-B-04, and P-B-05 are the primary authority in ODOC’s efforts in meeting this standard. DRCI is a male inmate population and therefore certain elements of this standard do not apply. Interviews with HS and BHS staff demonstrated their ability to continue ongoing treatment as needed. Examples of treatment files were reviewed and found to be compliant with this standard. Interviews with inmates during the ODOC audit supported the department’s efforts to in meeting the requirements of this standard.

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.

Standard 115.86 has five elements required to meet this standard. DRCI provided Form #1677 PREA incident review which was found to meet the requirements of element (d). A DRCI PREA tracking form was provided which tracked the incidents from report date to Incident review. Information and explanation was found to be compliant with this standard. The PREA Compliance Manager guidelines gave clear instructions on how and when to conduct an Incident review. Interviews with members of the incident review team demonstrated their knowledge of how and what needs to be considered during the review. Examples of completed reviews were provided. While part of the audit team at Coffee Creek Correctional Facility (CCCF) we were able to observe an Incident review being conducted. Form 1677 was used and the incident review was conducted in a manner as outlined by the Compliance Manager Guidelines.

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.

Standard 115.87 has six elements required to meet this standard. Policy 40.1.13 is the primary authority in meeting compliance with this standard. The 2013 Annual report was provided to the auditor. This report was broken down by institution for inmate on inmate and staff on inmate sexual abuse with respective finding of investigation. This report addressed all the required elements of this standard. Also included for the auditor to review was the BJS SSV-1A and BJS SSV-2 reports that were submitted to the Department of Justice. Interviews conducted with the Agency Coordinator and the PCM demonstrated knowledge on how the ODOC collects uniform data from every allegation of sexual abuse in a manner compliant with this standard.

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.

Standard 115.88 has four elements required to meet this standard. The ODOC’s 2013 PREA annual report breaks down the aggregated data by institution. Also found in this report were the recommendations for improvement to training, policies, physical plant, and surveillance technology. The report also had a total of three years comparison data for each institution and the department as a whole. The auditor was able to access this same report on the ODOC’s public 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.

Standard 115.89 has four elements required to meet this standard. Policy 40.1.13 is the primary authority that spells out the ODOC’s efforts in complying with this standard. The Agency Coordinator provided documentation indicating this type of data is stored electronically and therefore maintained in compliance with element (d).

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.

Kirk Widmar

March 6, 2015

Auditor Signature

Date