

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility:		Mill Creek Correctional Facility	
Physical address:		5465 Turner Rd. S.E., Salem, OR 97317	
Date report submitted:		June 30, 2016	
Auditor Information		Darin Baker	
Address:		PO BOX 7011 Carson City NV 89702	
Email:		drbaker@doc.nv.gov	
Telephone number:		(775)887-3274	
Date of facility visit:		April 17, 2016 through April 18, 2016	
Facility Information			
Facility mailing			
Address: <i>(if different from above)</i>			
Telephone number:		503-378-2600	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipality	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Shamroque Alvis	Title: Captain
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Agency Information			
Name of Agency:		Oregon Department of Corrections	
Governing authority or parent agency: <i>(If applicable)</i>			
Physical address:		2527 Center Street Salem, Oregon 97301-4667	
Mailing address: <i>(If Different from above)</i>			
Telephone number:		503-947-9950	
Agency Chief Executive Officer			
Name:		Colette S. Peters	Title: Director of the Oregon Dept. of Corrections
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AUDIT FINDINGS

NARRATIVE: On April 17, 2016 through April 18, 2016, the Mill Creek Correctional Facility (MCCF) located in Salem Oregon was audited according to the Prison Rape Elimination Act (PREA) federal standards. Darin Baker, a certified PREA auditor conducted the audit of MCCF with the assistance of Shannon Moyle. Darin Baker and the author of this report has over 11 years of experience working within a state correctional system. Ms. Moyle has over 27 years of classification experience working inside multiple correctional facilities and is also the PREA Compliance Manager at the facility where she works. Darin Baker conducted the policy and procedures review while Ms. Moyle assisted with the interviewing process of random and specialized inmate, staff interviews, and proof of practice reviews while on site at MCCF. This is the first National PREA audit for MCCF.

Prior to the on-site audit, discussions with the Oregon Department of Corrections (ODOC) PREA Coordinator Ericka Sage helped solidify how the ODOC would provide the pre-audit questionnaire and required documents needed for policy review prior to the onsite audit of MCCF. Six weeks prior to the onsite audit, this auditor had received MCCF's pre-audit questionnaire with documentation as requested. Documentation consisting of agency and facility policies, proof of practice, training logs and material were provided by Captain Alvis, MCCF's designated PREA compliance manager. Captain Alvis provided the documentation in a simple and systematic format making the policy review a simpler process. The auditor utilized both the pre-audit questionnaire and the compliance tool when reviewing policy.

MCCF was provided a poster with the auditor's name and address that was posted 6 weeks prior to the on-site audit. The poster advised inmates the date of the national audit and inmates could write the auditor regarding any PREA related issues and the correspondence would be treated like "legal mail". The notice to inmates was requested to be posted in all housing units. Approximately two weeks prior to the on-site audit, no inmates had written the auditor. MCCF was contacted and indicated the postings had been placed in all housing units and sent digital pictures of the auditor's premade sign in the housing units. During the on-site audit, the same postings were visible in both housing areas. Additionally, inmate interviews confirmed the posters had been placed on the bulletin boards were the auditor observed them and they had been posted for "quite some time" being consistent with the 6 week PREA auditing protocol. During the on-site audit, this auditor randomly asked both inmates and staff if they were aware if any inmates had written to the PREA auditor. No inmates or staff was aware of any inmates writing the auditor.

During the on-site audit, the audit team toured the entire facility and campus to include: every housing unit, bathrooms and showers, all programming areas, culinary, infirmary, maintenance buildings, connex boxes (shipping containers), green house, exercise yard, religious grounds, staff offices, and storage rooms. During the tour, inmates and staff members were interviewed at random. Specialized and random interviews were also conducted in offices on site with both inmates and staff as required by the PREA interview protocol in a confidential setting. A total of

25 inmates were interviewed by the audit team during the auditing process. Only select specialized interviews were conducted with inmates as those who have previously reported sexual abuse, limited English proficient, or disabled, would not qualify to be at MCCF based on the Oregon Department of Corrections classification process. An inmate who was perceived by this auditor to be part of the LGBTI was interviewed as a specialized interviewee. A total of 15 staff members were interviewed during the audit process to include specialized staff members including senior management, intake staff, behavioral management services staff, human resources staff, members of the sexual abuse incident review team, investigators, and random staff. Specialized agency interviews were conducted via telephone arrangement prior to the on-site audit as well as after.

At the conclusion of the auditing process of MCCF, documentation and information gained through the auditing process provided the auditor with the opportunity to have conclusive finding of the audit on how MCCF has implemented processes to prevent, detect, and respond to sexual victimization.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Mill Creek Correctional Facility (MCCF) is classified as a non-fenced minimum security prison that is part of the Oregon Department of Corrections sitting on 2500 acres. The facility according to the Oregon Department of Corrections website, is the second oldest prison in the Oregon Department of Corrections. On the day of the on-site audit MCCF had 271 inmates housed at the facility. MCCF reported on the pre-audit questionnaire having 52 staff members. MCCF can house approximately 290 male inmates in two dormitory style general population housing units. Each housing unit is staffed 24 hours a day, 7 days a week. During the onsite tour, there were limited visual obstructions allowing staff to view throughout the housing units. Both housing units had mirrors present that also help staff observe inmates in the housing units. The bathroom areas in both housing units had curtains for the inmates to use while either showering or using the toilets. Inmate interviews confirmed the staffing levels during the onsite audit were the same as any other day. Inmates also reported feeling safe in all areas of the facility.

The Mill Creek Correctional Center provides cognitive behavioral programs, education, and parenting programs to inmates. MCCF provides inmate labor for local and state agencies throughout the Willamette Valley. MCCF provides contact visiting for inmates and their families and friends. There is also a basic infirmary, band room for inmates to play instruments, exercise yard that includes weights, hand ball court, basketball, miniature golf course, and religious grounds area.

The Mill Creek Correctional Facility falls under the control of the Oregon State Prison and Superintendent Jeff Premo. MCCF is located in the same city (Salem) as the Oregon State Penitentiary and is in close proximity to the Santiam Correctional Facility that is also operated by the Oregon Department of Corrections.

SUMMARY OF AUDIT FINDINGS:

During the course of the on-site audit, the audit team was greeted with professional staff and was provided access to any location within the facility and campus grounds. Staff exhibited an understanding of the ODOC PREA policy and MCCF’s policies on how they have implemented PREA requirements into daily practice. 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. Staff members also were able to report ways to report confidentially if the situation arose.

ODOC agency policy and Institutional Operational Procedures have incorporated all the requirements from the PREA standards. During the course of reviewing inmates’ files while conducting the on-site audit, it was learned standard 115.41(f) was being done however they were being done on the same day. After discussion with the PCM, it was learned the ODOC had identified this during an ODOC internal audit the previous year. MCCF took corrective action stopping the practice and began separating the 72-hour risk assessment and the affirmative duty by staff to conduct the 30 day review with every inmate being transferred or admitted to MCCF.

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

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Standard

Number here: 115.11, Zero Tolerance of sexual abuse and sexual harassment; Prison Rape Elimination Act (PREA) coordinator

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

Auditor comments, including corrective actions needed if does not meet standard

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 Ms. Erika Sage, an agency wide upper level “PREA Coordinator”. MCCF has designated Captain Shamroque Alvis as the “PREA Compliance Manager”.

Agency flow charts support statements made by the coordinator and compliance manager indicating they have sufficient time to comply with the PREA requirements. Both Ms. Sage and Ms. Alvis are both Certified PREA auditors. During interviews with both, the amount of detail presented about the development of PREA in the ODOC and at MCCF was impressive. Both parties expressed having enough time and effort to complete the required tasks as the PREA Coordinator and PREA Compliance Manager.

RECOMMENDATION: None

Standard

Number here: 115.12 Contracting with other entities for the confinement of inmates.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.12 has two elements that a facility must meet for a finding of "meets standard".

The first element requires that contracts with private agencies or other entities include the entities obligation to adopt and comply with the PREA standards. ODOC has entered into 2 contracts and provided the contracts from Lane County and Grant County. A review of both contracts includes the PREA requirements. ODOC indicates both counties intend on becoming PREA compliant and language exists in the contracts if neither is compliant by the end of the first three-year audit cycle, ODOC would end the contract.

The second element requires that new contracts or contract renewals provide for agency contract monitoring to ensure the contractor is complying with the PREA standards. Agency interview with ODOC contract administrator confirmed a great understanding of the PREA requirements when contracting with outside agencies for the confinement of inmates and how the ODOC will monitor each contract for compliance.

"(a) Currently Oregon DOC has one (1) contract for the confinement of inmates related to this standard. EOCI compliance manager provided a copy of the contract IGA #4712, Amend #1 Grant County Rental Beds which was signed and agreed by all parties April, 2014, which reflects the amendment for PREA. Section 2.1 – COMPLIANCE WITH PREA. Sheriff shall adopt and comply with the Department of Justice Prison Rape Elimination Act (PREA) standards set forth in 28 CFR 115.5 et seq. Sheriff shall provide information concerning compliance with the PREA standards, upon request to ODOC. ODOC shall monitor the Agreement to ensure that the Sheriff is complying with the PREA standards. 4/7/16 Specialized interview Agency Contract Administrator was conducted with Jamie Bryman, Administrator, Office of Population Management, during the interview Ms. Bryman clarified and confirmed compliance with the standard. As of 4/7/16 ODOC has not requested for the temporary placement of an inmate at the Grant County Jail within the last twelve months. ODOC primarily will only request to place an inmate within the Grant County Jail for emergencies or exigent circumstances. Ms. Bryman further reported to the auditors, Grant County is working on compliance for PREA by completing policies and an pre internal audit. ODOC Contract Administrator and Grant County Sheriff are in frequent communication regarding PREA updates and compliance." Ms. Bryman was very knowledgeable on PREA and provided additional information on the interstate compact agreement to ensure ODOC only sends inmates to states whose Governor has signed assurance and are in compliance with PREA standards.

RECOMMENDATION: None

Standard

Number here: 115.13 Supervision and monitoring

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC provided agency policy, 40.2.8, 40.2.1 staff deployment system and a staffing standard in which MCCF adheres to. Additionally, ODOC had an Association of State Correctional Administrators (ASCA-contract #5013) conduct an assessment on behalf of 14 ODOC facilities to include MCCF in August of 2014 specific to the components of this standard. Agency policy 40.2.8 articulates how the staffing plan will be reviewed annually by the staff deployment manager. The policy states the staffing plan will be reviewed against the previous years for comparison and will consult annually with the PREA Coordinator. MCCF also provided ODOC policy 40.2.1, Staff Deployment System, which states posts shall be evaluated annually by the management staff and with the PREA Coordinator. ODOC phase 2 final report, reviewed each facility in ODOC, made staffing recommendations and reviewed camera's systems. After discussing staff deviations, it was learned the staffing levels do not deviate as ODOC has minimum standard and when the staffing level drops below additional staff are hired for overtime to cover the position that are vacant. MCCF reports sick leave, emergencies, early recall, maintenance, vacation leave, In-service (training) as the six most common reasons for hiring additional staff to cover for a shift. MCCF adopts ODOC policy 40.1.13 that requires supervisors, intermediate and higher level supervisors to conduct unannounced tours covering all three shifts and is documented by using a red pen. Staff are prohibited from alert other staff when the supervisors are conducting the unannounced rounds. During the interviewing process with staff, there was no indication staff were violating the agency policy, and supervisory staff indicated they would take corrective action if they become aware of staff violating policy. Proof of practice of the unannounced supervisor rounds were provided prior to the onsite audit. While on site, proof of practice was observed in unit logs, and through interviews with staff and inmates. Staff and inmate interviews were consistent with the frequency of the tours indicated on the supervisory logs. Lastly, while touring the housing units, the supervisory logs were located not at the officer's station but at each end of the housing unit forcing the supervisor to tour the entire housing unit.

RECOMMENDATION:

Standard**Number here: 115.14** Youthful inmates

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC does not house inmates under the age of 18 in their adult prisons. ODOC provided the steps a youthful inmate is admitted into the Oregon Youth Authority bypassing the ODOC's intake center, the Coffee Creek Correctional Center. ODOC also provided a letter written to all Sheriff's in Oregon educating them on the change in law allowing youthful offenders to be transported straight to the OYA instead of being taken the ODOC Coffee Creek Correctional Center intake center. The letter was dated May 1, 2014. A second letter was provided again to the Sheriff's and jail commanders throughout the state of Oregon advising of the change in ORS 137.124 and the intake process for youthful offenders. The letter was dated June 9, 2014. House bill 4037 was also provided to the auditor. During the tour of MCCF, there was no youthful offender or inmate under the age of 18. This conclusion was made after asking inmates and staff at random during the onsite tour.

RECOMMENDATION:**Standard****Number here: 115.15** Limits to cross-gender viewing and searches.

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

Auditor comments, including corrective actions needed if does not meet standard

MCCF adopts ODOC policy Rule 41, stating cross gender strip searches will be conducted by the same sex with the exception of a declared emergency, and when in an emergency moved to a more private area for the search. Agency policy 40.1.13 states all staff will be trained on how to conduct cross gender pat searches and pat searches of transgender and intersex inmates. A review of training materials confirms ODOC and MCCF are training staff on cross gender and pat searches of transgender and intersex inmates. Training logs for all staff at MCCF confirm compliance with the standard. Additionally, MCCF does not house female inmates at the facility. MCCF also adheres to ODOC policy Division 41 "searches-institutions" stating "The facility shall document all strip searches to include cross-gender and cross-gender visual body cavity searches". MCCF provided the cross gender pat and strip search log to auditor, which was blank, and consistent with zero (0) number of cross gender strip searches reported on the pre-audit questionnaire. Additionally, staff interviews confirmed knowledge of the training they received and understanding of agency policy. ODOC Rule 41 prohibits searching transgender and intersex inmates for the sole purpose of determining their genital status.

MCCF has incorporated ODOC policy 40.1.13 which has the elements of the standard allowing inmates to shower, use the toilets, and change without non-medical staff of the opposite gender viewing them. During the onsite audit documentation was provided on how MCCF provides privacy to inmates who are using the showers, toilets, and changing clothes utilizing the use of curtains. The curtains provide a barrier from any staff viewing.

MCCF provided an email from Michael Gower (Assistant Director-ODOC) educating all ODOC staff on the door bell implementation. Gower states, "Your institution will give you additional details on an implementation plan once they have the bells ordered." MCCF additionally provided emails that directed all staff at MCCF how to utilize the door bell system. The audit team observed female staff using the doorbell before entering the housing units. Interviews with inmates confirmed the door bell is used frequently and was not intrusive to those inmates who were sleeping.

RECOMMENDATION: None.

Standard

Number here: 115.16 Inmates with disabilities and inmates who are limited English proficient.

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

Auditor comments, including corrective actions needed if does not meet standard

Standard 115.16 has three elements that a facility must meet for a finding of "meets standard". 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, pamphlets in both English and Spanish, access to interpreters, and language line services, and TTY machines. During the interviewing process, answers provided by inmates were consistent with agency policy confirming the practice and education is being done meeting compliance of the required elements to the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.17 Hiring and promotion decisions.

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

Auditor comments, including corrective actions needed if does not meet standard

On April 27, 2016, PREA certified auditor Darin Baker conducted a telephonic interview with Daryl Borello, the Human Resource Director with the Oregon Department of Corrections. The interview with Mr. Borello was pre-scheduled and he was advised of the purpose of the interview. Mr. Borello's responses indicated a great understanding of the PREA requirements. Mr. Borello's was able to speak articulately too how the ODOC has implemented the PREA requirements into the recruitment, hiring, and promotional process.

Prior to conducting the telephonic interview with Mr. Borello and while on-site at the Mill Creek Correctional Facility located in Salem Oregon, Darin Baker and Shannon Moyle visited the Oregon Department of Corrections office where the background and human resource files are located to review proof of practice. Ms. Katrina Esquivel, a Background Investigator with the ODOC Human Resources Operations division met with the audit team providing applicant, current employee, and promotional employee files at random. The audit team reviewed employees and contractor backgrounds checks, and hiring practices from the Mill Creek Correctional Facility, Eastern Oregon Correctional Facility, Two Rivers Correctional Facility, South Fork Fire Camp, Warner Creek Correctional Facility and the Shutter Creek Correctional Institution. Esquivel was asked specific questions from the auditor specialized questions and other questions not on the HR-Administrative staff questions and responded showing impressive knowledge of the PREA standards and how they incorporate into the hiring practice.

The ODOC has policy 20.4.5 and on page 3, stating, "Hiring managers will complete a thorough reference and/or background checks on all final applicants prior to making an offer of employment. Hiring managers shall conduct employment reference checks, criminal background, enforce the PREA zero tolerance for sexual abuse and harassment, and other work-related background investigation on department (employees) applicants and new applicants to secure further information concerning the applicants and new applicants to secure further information concerning the applicant's qualifications and to verify statement contained in an application or a statement made in an interview."

ODOC policy 20.4.2 incorporates all the elements under 115.17(a&b).

ODOC does meet the criteria under 115.17(c). Documents were provided prior to arrival and met the elements of the standard. While on site Ms. Esquivel was able to show how the background investigations utilize the multiple processes to meet the standards. ODOC provided documentation implementing PREA hiring components on each job announcement. Secondly the ODOC puts several questions meeting the elements of the standard on the job application on "NEOGOV". ODOC then looks specifically at those PREA questions. During the process the background investigators will look at each PREA question and contact previous employers seeking specific information related to any sexual abuse or sexual harassment allegations against the applicant. Background investigator Esquivel added the background investigation includes contacting friends and family, and could include driving to an applicant's previous employment locations. The background investigation includes using the "LEDS" criminal data base and the "OGN" criminal database which is specific to the state of Oregon. In addition to the criminal data base systems, ODOC will utilize the "Contractors Data base" looking for any negative information about the potential contractor. ODOC also conducts an in person interview with the applicants again asking in person if the applicant has ever engaged in any sexual abuse or sexual harassment. ODOC also contacts previous confinement facilities upon learning the applicant was previously employed. Ms. Esquivel said each applicant receives approximately 30 hours of background investigation before being hired by the ODOC.

The ODOC also requires current security employees to sign the PREA acknowledgment form (CD 1623) every year advising employees of the agencies zero tolerance policy (40.1.13) and makes each employee sign the acknowledgment form. Non-security staff signs the PREA acknowledgment form every 3 years.

ODOC promotional applicants will also have a criminal background check (LEDS) completed prior to any promotional considerations.

ODOC policy 40.1.13 requires all employees to have background checks done at a minimum every five years. Agency policy also includes omissions of misconduct could include possible termination.

After reviewing policy and documentation before and while on-site, the ODOC exceeds standards based on the totality of investigation conducted into each applicant, contractor, and current employee.

RECOMMENDATION:

Standard

Number here: 115.18 Upgrades to facilities and technologies.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC policy 40.1.13 incorporates the elements of this standard. MCCF does have some video monitoring and any future upgrades to technology will incorporate PREA standards according to ODOC policy 40.1.13. Additionally, MCCF has made significant changes to the facility to help deter and detect incidents of sexual harassment and sexual abuse from occurring in areas identified as vulnerable. Such upgrades include adding signs to the interior clothing door limiting the amount of inmates allowed to 1 person only. Placing "Staff only" signs placed on doors where inmates are not allowed, adding mirrors in the Sergeant/Chaplains office, physical plants office, housing units, shower curtain rod and curtain added to both housing shower areas, and windows placed in doors throughout the facility further supported the agencies and facilities effort to prevent, deter, and detect sexual abuse and sexual harassment from occurring with the facility.

RECOMMENDATION: None

Standard

Number here: 115.21 Evidence protocol and forensic medical exams.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC has incorporated the elements of this standard in policy 70.1.3, 40.1.13, implementing a uniform evidence protocol. Policy 70.1.3 (Criminal evidence handling) explains the evidence protocol and how to handle, process, and provide security when dealing with evidence. MCCF utilizes the evidence protocol ODOC form CD 1621 for the use by all "Officer in Charge" or OIC in the event a possible sexual abuse allegation is made. Form CD 1621 is a checklist that assists the OIC in furtherance of obtaining useable

physical evidence and additional information regarding an allegation of sexual abuse for future usability in a criminal or administrative investigation. Form CD 1621 also refers back to agency policy 70.1.3 for additional information if needed by the OIC or other staff. Additionally, Health Services Section Policy and Procedure #P-B-05 helps solidify the response by medical staff in the event of a sexual assault allegation on how to assist in the gathering of physical evidence, access to additional treatment to include follow up services and referrals to other resources upon their release from custody.

MCCF does not house youthful inmates. All youthful inmates are housed in the Oregon Youth Authority.

MCCF would provide access to forensic medical exams at no cost to the victim. MCCF has two hospitals where victims can be taken for the forensic medical exam. Documentation provided explains at the Salem Hospital an emergency physician would conduct the medical examination and then a SANE nurse would conduct the forensic exam. The Silverton Hospital is the second option for taking an inmate victim of sexual assault and documentation provided states the emergency department would have a SANE or SAFE conduct the forensic exam however would wait for the Oregon State Police to utilize their sexual assault evidence collection kits. Both Hospitals have advocates available through local rape centers and would be available throughout the examination process. ODOC has negotiated a contract with Center for Hope and Safety Executed for the use of advocates. The Center for Hope and Safety was contacted by the auditor prior to the onsite audit confirming the existence of the contract and the service they provide for the ODOC. Additionally, ODOC previously sought and obtained an agency level victim advocate in 2014 who received advocate certification through the State of Oregon's Sexual Assault Training Institute. The audit team met with the agency level advocate who was very informative in providing additional details how the ODOC has sought and obtained training for staff members, and obtaining contracts with advocacy centers for inmate victims of sexual assaults. It was learned the agency level advocacy position was grant funded and the grant was near exhaustion and would not be renewed however the ODOC's agency advocate had secured and set processes in place to remain compliant with the standard when the advocacy position has ended.

MCCF did not have any victims of sexual assault thus there was no need for any forensic medical exams. Interviews with inmates and staff did not indicate any inmate had been the victim of sexual assault within the last year at MCCF. Agency investigation policy and PREA policy indicate the Oregon State Police would investigate an allegation of sexual assault and MCCF would remain informed of the status of the investigation by either contacting the Detective assigned to the investigation or through the ODOC's Inspector General's Office who serves as the liaison between the agency and State Police. ODOC states in 40.1.13, the facility would seek investigative details in order to inform the inmate of the outcome of the investigation.

RECOMMENDATIONS: None.

Standard

Number here: 115.22 Policies to ensure referrals for investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

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 agency 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 Inspector General's Offices Special Investigations Unit. 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 MCCF's policies and investigative practices. The MOU between Oregon State Police was provided and supports agency policy.

RECOMMENDATIONS: None

Standard

Number here: 115.31 Employee Training

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC developed multiple training mechanisms and trained all staff at MCCF 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 and requires the staff member to answer questions correctly before the staff member can move onto the next stage in the training. Documentation provided prior to the onsite audit was difficult to understand regarding each individual element of the standards however while onsite at the Two Rivers Correctional Institution (TRCI-also audited by this auditor) the audit team reviewed the ILearn system in the video form and all elements required by the standard are present meeting compliance. Training logs with scores were also provided to auditors showing the training had been given to all staff.

MCCF additionally provided staff with continued education through emails and staff briefing reports. Training is specific to the gender at the facility. MCCF reported zero staff transferring from another facility that would require retraining specific to the gender of inmates at MCCF. Staff members at MCCF have yearly training on PREA exceeding the element of the standard and electronic logs were provided as proof of practice. All new hire employees also have to read and sign the PREA acknowledgment statement CD 1623. Interviews with staff confirmed they had received the training and understanding of PREA.

RECOMMENDATION: None.

Standard**Number here: 115.32** Volunteer and contractor training.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC policy's 40.1.13, 100.1.1, and 100.1.2 with flow chart 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 based on the level of contact they have with inmates. Full time contractors receive the same amount of training as full time employees. Documentation provided to the auditors included signed acknowledgment forms of contractors and volunteers, the power point training on Boundaries for Volunteers and Contractors, and the PREA self-study guide for instructors. Additional documentation included the Visitor Authorization form CD 451 where visitors are informed of the agencies zero tolerance towards sexual abuse and sexual harassment. 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. Interviews with volunteers at MCCF confirmed they had received the PREA training and understood the agencies zero tolerance policy towards sexual abuse and sexual harassment.

RECOMMENDATION: None.

Standard**Number here: 115.33** Inmate Education

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

Auditor comments, including corrective actions needed if does not meet standard

Inmates upon intake 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 when they arrive at MCCF further explaining who and where to report. PREA posters were also available throughout the facility to include housing units, work areas, programming areas, and the exercise yard that included phone numbers and addresses of both the Inspector General's Office and the Governor's Office. MCCF reported 343 inmates being transferred within the previous 12 months. A review of ODOC's "AS 400" while onsite confirmed inmates had received the required comprehensive education within 30 days of arrival. Inmate education was only available to English speakers only. It was learned inmates with limited English proficiency or who have disabilities would not be classified to MCCF as there are other facilities within the ODOC that were more

appropriate and offer the same programs and work assignments as MCCF. 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.

RECOMMENDATION: None.

Standard

Number here: 115.34 Specialized training: investigations.

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

Auditor comments, including corrective actions needed if does not meet standard

Documentation provided shows investigative staff have received specialized training specific to confinement settings. Power Point "PREA Investigations Training for Investigators" was provided supporting training on how to conduct sexual abuse investigations in confinement, interviewing inmates who are sexual abuse victims and witnesses. The training also covers the emotional responses victims might express and fears of reporting sexual abuse. The training also covers proper usage of Miranda and Garrity. The training covers proper evidence collection for the use in administrative and criminal investigations to further substantiate the allegation. Proof of practice was provided that all Investigators with the Special Investigations Unit have completed the training along with other staff who would be involved in any sexual abuse investigations at the institutional level. Additionally, the Oregon State Police conduct the investigations while the SIU staff coordinate and act as the liaison between the Oregon Department of Corrections and the Oregon State Police. Interviews with SIU staff confirm an understanding of the training and their role in conducting sexual abuse investigations with the Oregon State Police and institutional staff.

RECOMMENDATIONS: None.

Standard

Number here: 115.35 Specialized training: medical and mental health care

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

Auditor comments, including corrective actions needed if does not meet standard

Documentation provided supports compliance with the standard as all medical staff and Behavioral Health Staff received specialized training specific to how to detect and access signs of sexual abuse and sexual harassment, how to collect and preserve evidence and how to respond to victims of sexual abuse and sexual harassment and the obligations to report suspicions of sexual abuse and harassment. Proof of practice provided included training logs of BHS and medical staff who have received the training. All

medical staff at MCCF has received the specialized training. The specialized training was provided and is given via online training. BHS policy PB04 BHS, "Response to sexual abuse" and #P-B-04 the Health Services Section Policy and Procedure further support compliance with the standard outlining how staff are to respond to incidents of sexual abuse and sexual harassment.

Inmates at MCCF who report being the victims of sexual abuse would have a designated SANE conduct the forensic medical examination at a local hospital and not at MCCF. Currently MCCF has two hospitals in which to take inmates for the forensic medical exam.

All medical and BHS staff have received the PREA training as required under 115.31 and 115.32.

RECOMMENDATIONS: None.

Standard

Number here: 115.41 Screening for risk of victimization and abusiveness.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC has policy 40.1.13 incorporating the elements of the standard stating, "Inmates will be assessed at the Intake Center and again within 72 hours of transfer to another facility to determine whether they meet specific criteria indicating either vulnerability to sexual abuse or a history of sexually abusive behavior." All inmates coming into the ODOC receive the risk assessment utilizing "CD 1625". Health Services staff will according to policy #P-E-02 query an inmate's abuse history and are asked "Have you ever been sexually abused?" And "Have you ever been sexually abusive to others?"

Inmates who are being transferred from the intake center are assessed again using the previous PREA assessment by talking with the inmate within 30 days of the transfer. A memo was provided by ODOC's PREA Coordinator stating the 30-day re-screen at intake is a new process and was developed from the PREA Resource Center's clarification starting 9/15/2015. During the on-site audit of MCCF the process was witnessed as the inmate is transferred and are assessed within 72 hours of arrival using agency form "CD 1619-Facility Transfer Screening Form" with all the required elements. Policy 40.1.13 also requires an inmate to be reassessed with 30 days of receiving any new information. Inmate file reviews while on site at MCCF confirmed inmates are assessed within 72hrs of arrival utilizing form CD 1625 within the required 72 hours and reassessed within 30 days. Inmate interviews also confirmed the inmates did recall being asked the questions upon arrival to the facility and upon admission to the ODOC.

Additionally, each facility receives a facility transfer report each day indicating inmates who are transferring to a facility and have been identified with PREA designators identified through the PREA risk assessment process. MCCF uses the information to make appropriate housing and programming assignments.

Policy 40.1.13 reflects inmates will not be disciplined for refusal or failure to disclose information during the intake screening. The agency and MCCF only provide information to staff that have a need to know and have security access in place to protect inmate information.

MCCF is a small facility however it was observed staff with a "need to know" PREA information had access to the information. There was no indication during the audit process information from the risk assessment was being shared to other inmates or staff who did not need to know. ODOC PREA policy 40.1.13 also articulated how the PREA information would be shared in order to protect the sensitive information.

Interviews with staff confirmed the risk assessments are done within 72 hours of arrival at MCCF and again within 30 days or based on any new information that bears on the inmates' risk of sexual victimization or abusiveness.

RECOMMENDATIONS:

Standard

Number here **115.42**: Use of screening information.

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

Auditor comments, including corrective actions needed if does not meet standard

MCCF has a housing unit staff member and housing assignments Captain who use the risk screening tool to review placement of inmates in order to keep separate the inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. ODOC PREA policy 40.1.13 incorporates the language from the standard.

ODOC PREA policy 40.1.13 incorporates the language from the standard requiring the agency to make individualized determinations about how to ensure the safety of each inmate. While on site at MCCF it was learned each inmate was pre-screened before transfer taking into consideration the elements of the standard. Proof of practice included a print out of the ODOC's "Offender Management System" with a list of PREA designators that included those identified as vulnerable and aggressive.

ODOC PREA policy 40.1.13 also incorporates subsection (c) when deciding the placement of transgender or intersex inmates to a male or female institution. Additionally, ODOC has the "Non-conforming Gender" rule 291-210-0010 which articulates rules to establish procedures for the identification, assessment, review, and management of inmates that present with nonconformity. ODOC also has developed a committee that meets and discusses on a case by case basis in determining the housing of transgender and intersex inmates. During the onsite audit of ODOC's intake center (CCCCF) the previous audit year, this auditor observed and interviewed transgender inmates confirming ODOC's compliance with the standards. While at MCCF, there were no transgender or intersex inmates housed at the facility. After discussion with the PREA Coordinator, inmates identified or perceived would be housed at other ODOC facilities that would better accommodate the needs of transgender and intersex inmates taking into consideration the safety of the inmate. MCCF does not offer specific programming that other ODOC facilities offer do not offer. MCCF may not necessarily exceed standards as they do not house transgender or intersex inmates however the agency as a whole exceeds standards based on the totality of meeting each component of the standard.

ODOC PREA policy 40.1.13 articulates each transgender or intersex inmate will be reassessed twice each year reviewing threats to safety of each transgender or intersex inmate. Additionally, the policy states each transgender and intersex inmate will be given serious consideration regarding their own views to safety. Documentation provided shows specific questions staff will ask transgender and intersex inmates when taking serious consideration for their safety.

Transgender and intersex inmates are not housed at MCCF. If transgender or intersex inmates were housed at MCCF, the showers would need to be modified to allow each inmate the opportunity to shower in a partitioned shower (i.e. three walls and a curtain) or would have to allow transgender or intersex inmates the opportunity to shower individually, separate from the other inmates, if requested by the inmate. MCCF's showers are the "gang showers" where inmates shower together with no partitions or barriers between the inmates. The showers did have a curtain blocking the view of all staff viewing inside the shower while allowing staff to view the head and feet of inmates maintaining compliance with standard 115.15.

Lastly, this auditor has conducted two audits in two consecutive years of ODOC facilities and at no point were there any indication ODOC houses LGBTI inmates in designated facilities. Also ODOC does not have any consent decree, legal settlement, or legal judgment, in which LGBTI inmates are to be housed in designated facilities.

RECOMMENDATION: None.

Standard

Number here: 115.43 Protective custody

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

Auditor comments, including corrective actions needed if does not meet standard

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. Policy, 291-046-0005 also mandates the placement of inmates within administrative segregation to shall be reviewed within 30 days. Agency form "CD 1482" provides documentation when any inmate is placed in protective custody. MCCF reported not having to place any inmate in administrative segregation due to any PREA allegations or incidents. Additionally, MCCF reported "zero (0)" as they did not have to place an inmate in segregation requiring an assessment if placed in segregation longer than 24 hours. MCCF reported "zero (0)" and did not have to conduct any 30 day reviews of inmates placed in segregation because they did not have any PREA related incidents within the 12 month period before the audit. During the on-site audit, interviews with the PREA compliance manager and command Lieutenant's confirmed knowledge of the requirements of the standard. Interviews with inmates while on-site also did not reveal any inmates being placed in segregation for any PREA related incidents. Documentation included form CD#1482 that further validates the MCCF's documentation process in the event any inmate would be placed in segregation for any reason. MCCF is compliant with the components of the standard.

RECOMMENDATION: None

Standard**Number here: 115.51** Inmate reporting

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC and MCCF have provided inmates with multiple ways to report privately sexual abuse or sexually harassment. Inmates at MCCF can call the Inspector General's PREA hotline by picking up the inmates' phones dialing "9" or contacting ODOC's PREA coordinator. They can also write the Governor's Office at State Capitol Room 160 in Salem Oregon and Governor's Office of Constituents Services that is outside the ODOC. Inmates can complete an inmate communication form "kite" and can drop them in any mailbox which does not require an inmates name thus remaining anonymous. Inmates' families may also contact the ODOC and MCCF reporting PREA incidents. Auditors contacted the Governor's Office and were informed inmates can remain anonymous if requested however they are obligated to report receiving reports of sexual abuse and sexual harassment and the reporting party is requesting to remain anonymous. Inmates advised auditors during the interview process, knowing about the various ways to report and anonymous if needed. PREA posters were visible throughout MCCF that include the various means to report sexual abuse and sexual harassment. The inmate handbook given to each inmate also provides ways inmates can report sexual abuse and sexual harassment with additional ways to report anonymously. Interviews with inmates and staff confirm any kite, can be submitted to any mailbox without a name and would still be read by staff and referred to the OIC.

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, and anonymous and third party reports utilizing form CD 1620. Staff has the ability to report sexual abuse and sexual harassment via the Inspector General's Hotline. Interviews with staff confirm they have the knowledge to report via the Inspector Generals' Hotline or via email and can report privately.

RECOMMENDATION: None

Standard**Number here: 115.52** Exhaustion of administrative remedies.

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

Auditor comments, including corrective actions needed if does not meet standard

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 nor does the policy require the inmate to use an informal grievance process attempting to resolve the allegation of sexual abuse with the accused staff member. ODOC policy allows an inmate to file a grievance of sexual abuse to other staff who is not the subject of sexual abuse allegation and also states the grievance alleging sexual abuse not be referred to the staff member accused of engaging in sexual abuse.

ODOC policy 291-109-0200 is consistent with the element (d) requiring a decision within 90 days of the inmate filing the grievance. MCCF reported zero (0) grievances within the previous 12 months alleging sexual abuse. MCCF did not need to reach a final outcome within 90 days or need to file extensions as they did not receive any grievances alleging sexual abuse. Interviews with the PREA Coordinator and PREA Compliance Manager confirmed they would notify the inmate in writing if they received a grievance of sexual abuse that required an extension and when a decision would need to be made by. ODOC policy prohibits the grievance coordinator referring a grievance alleging sexual abuse to a staff member who is the subject of the grievance.

ODOC policy 291-109-0200 allows third parties to assist in the process of seeking administrative remedies and also requires the agency to document an inmate's refusal for third party assistance. MCCF reported zero (0) grievances in which an inmate filed grievances and declined third-party assistance.

ODOC policy 291-109-0200 allows for inmates to file an emergency grievance that includes a process for staff to follow in the event of receiving an emergency grievance within 48 hours and reaching a final decision within 5 days. MCCF reported zero (0) emergency grievances alleging sexual abuse within the last 12 months thus not requiring MCCF to reach final decision within the 5 day requirement.

Agency policy 40.1.13 states inmates can be disciplined when an inmate files grievance of sexual abuse that has been determined to be made in bad faith by the investigator. MCCF had not disciplined any inmate for filing a grievance that was determined to have been made in good faith.

RECOMMENDATION:

Standard

Number here: 115.53 Inmate access to outside confidential support services.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC policy 40.1.13 requires the ODOC to provide inmates with mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations. The policy also states each facility shall enable reasonable communication between inmates and the organizations in as confidential manner as possible. Additionally, ODOC obtained grant funding and created 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. The DOC advocate also explains options, coping skills, grounding techniques, resource information, and provides referrals to inmates to outside resources for additional support.

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. MCCF provides the information in the following formats: pamphlets given to inmates, 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 prior to any interviewing process. Phone calls made to victim advocates are not recorded or are monitored by the ODOC.

ODOC victim advocate Michele Dodson was interviewed during the onsite audit and was very knowledgeable regarding the requirements of the standard. Dodson also reported the MOU (contract #5221) with the Center for Hope and Safety was created in 2015 to assist with compliance with the standard. This auditor contacted the Center for Hope and Safety confirming the agency does exist and provide the appropriate services to inmates upon request.

The contract with the Center for Hope and Safety was provided as proof of documentation meeting compliance with the standard.

RECOMMENDATION: None.

Standard

Number here: 115.54 Third-party reporting.

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

Auditor comments, including corrective actions needed if does not meet standard.

The ODOC provides information publically via the ODOC website and has a link in which 3rd parties can report allegations of sexual abuse and sexual harassment. ODOC has available on its website, phone numbers to contact the Inspector General's Hotline. MCCF 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". While onsite the auditors were shown signed employee forms (CD 1620) in which the employee signs acknowledging their obligation to report when an inmate is being sexually harassed or sexually abused. Inmate interviews confirmed knowledge of having the additional way to report incidents of sexual abuse and sexual harassment. Staff interviews also confirmed they had the affirmative duty to report any knowledge or suspicion an inmate is potentially being sexually victimized.

MCCF and ODOC are compliant with the standard.

RECOMMENDATION: None.

Standard**Number here: 115.61** Staff and agency reporting duties

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC has policy 40.1.13 and 70.1.4 incorporating the requirements of the standard. ODOC requires all staff to report according departmental procedures any knowledge or suspicion regarding an inmate being or potentially being the victim of sexual abuse and sexual harassment. Policy also requires staff to report staff negligence that may have contributed to an incident. Interviews with staff confirmed they had the obligation to report such incidents in an immediate manner to their supervisors. Additionally, when questioned if the allegation was against their supervisor who they would report the information too, staff responded with the appropriate response stating they would go over their supervisor to their supervisor or the Inspector General's Office.

Additionally, policy 40.1.13 incorporates all other elements required in this standard requiring staff to report any suspicion of retaliation against an inmate or staff member who report incidents of sexual abuse and sexual harassment. 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.

RECOMMENDATION:**Standard****Number here: 115.62** Agency protection duties

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

Auditor comments, including corrective actions needed if does not meet standard

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. MCCF reported they did not receive any reports (0) within the past 12 months indicating information an inmate was at risk of imminent sexual abuse.

RECOMMENDATION: None

Standard**Number here: 115.63** Reporting to other confinement facilities.

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

Auditor comments, including corrective actions needed if does not meet standard

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. Agency policy also requires the documentation of the notification. 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 as the emphasis is on the investigation of the allegation. MCCF reported receiving zero (0) reports of sexual abuse occurring at other facilities or had received reports that an inmate at MCCF had been victimized while housed at MCCF.

Agency policy 70.1.4 requires all allegations of sexual abuse or sexual harassment be investigated.

RECOMMENDATION: None.

Standard**Number here: 115.64** Staff first responder duties.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC's PREA policy 40.1.13 incorporates the elements of the standard. Additionally, MCCF has procedure 39 outlining the process for responding to, investigating and reviewing of allegations of sexual abuse. All staff at MCCF 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 (CD 1621) 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. MCCF also utilizes form "CD 1620" requiring staff to follow protocol by following specific questions from the form ensuring the victim is separated from the aggressor, and notifying the OIC and notifications to the OIC.

Based on MCCF's classification as a minimum security prison, all staff to include DOC employees, OCE employees, contract service providers, and volunteers are trained on their responsibilities of how to respond to an incident of sexual abuse and what actions to take to prevent the destruction of evidence and reporting obligations.

Interviews with staff confirmed the understanding of how to respond to an incident of sexual abuse and how to ensure the safety of the victim and to make sure the victim does not take any actions that could potentially destroy items of evidentiary value. Secondly, interviews with volunteers and BHS staff confirmed they had been trained and expressed the appropriate actions they would take in the event they became aware an inmate was sexually abused.

RECOMMENDATIONS: None

Standard

Number here: 115.65 Coordinated response.

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

Auditor comments, including corrective actions needed if does not meet standard

MCCF has developed written institutional plan "Oregon State Prison and Mill Creek Correctional Facility Procedure #39" to coordinate actions taken in response to an incident off sexual abuse. Interviews with staff confirm understanding and actions required. MCCF falls under the control of the Oregon State Prison and is the reason as why procedure 39 is written for both facilities. MCCF is compliant with the standard. Documentation provided such as the OIC checklist, PREA reporting flowchart, and Response and Notification flowchart support MCCF's compliance with the standard. Interviews with the operation Lieutenants and PCM confirm knowledge and understanding of the systems set up in the event of a incident of sexual abuse.

RECOMMENDATION: None.

Standard

Number here: 115.66 Preservation of ability to protect inmates from contact with abusers.

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

Auditor comments, including corrective actions needed if does not meet standard

Oregon does have collective bargaining however 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 also has the ability to move inmates throughout the state to further prevent an inmate from being retaliated against or further victimized.

RECOMMENDATION: None.

Standard**Number here 115.67** Agency protection against retaliation.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC policy 40.1.13 incorporates the requirements of the standard requiring the agency protect all inmates and staff who report sexual abuse and sexual harassment. MCCF has designating Lt. Ufford as the retaliation monitor. Agency policy also requires the retaliation monitor to continue passed 90 days if new information learned in which a staff member or inmate is experiencing retaliation.

ODOC has developed a PREA retaliation checklist CD 1709, one for staff and one for inmates. A excel spreadsheet was provided showing how MCCF would document the retaliation monitor. Interviews with the facility Superintendent, compliance manager, and SART members confirm an understanding of the requirements of the standard. MCCF reported zero (0) incidents of retaliation for the last 12 month period.

RECOMMENDATIONS: None.

Standard**Number here: 115.68** Post-allegation protective custody.

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

Auditor comments, including corrective actions needed if does not meet standard

Agency policy 40.1.13 prohibits placing inmates with a high risk of being sexual victimized any longer than 24 hours in segregated housing without conducting an assessment. Additionally, ORS 291-046-0005 governs the use of administrative segregation. MCCF has a process utilizing form "CD 1482" in which MCCF 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 OSP.

MCCF is compliant with the requirements of the standard.

RECOMMENDATIONS: None

Standard**Number here: 115.71** Criminal and administrative agency investigations

- Exceeds Standard (substantially exceed requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

ODOC has policy 70.1.4 and 40.1.13 incorporating the elements of the standard. Documentation included a flow chart further adding clarity on how the investigations are initiated and who is responsible for the investigation. The policies outline the responsibilities for responding and screening the allegations in a timely manner. Trained SART members respond immediately to an allegation of sexual abuse and utilize a checklist form "CD 1621" to assist in the gathering and preservation of evidence. 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.

MCCF will contact the State Police regional dispatch center and a case number will be assigned. The State Police will contact the on-call State investigator who will be in charge of investigating the sexual abuse allegation. MCCF 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 and SART members 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. Interviews also confirm each allegation is treated the same as the next allegation meaning each one will be investigated without prejudice of the inmates status.

MCCF reported zero (0) substantiated allegations of conduct that appear to be criminal and were referred for prosecution. This number has been consistent throughout the audit process and there was no indication any inmate was the victim of sexual abuse during the on-site audit. Additionally, required systems were in place in the event there is information indicating an inmate was the victim of sexual abuse.

While on-site at a separate ODOC prison, criminal investigative reports and administrative reports were made available to this auditor. Specific notes did articulate the investigations did look for contributing factors such as staffing levels, training of staff, and facility design barriers. Additionally, the PREA Coordinator was able to retrieve investigative reports upon request showing compliance with the standard.

Interviews with SIU staff and the PREA Coordinator confirmed the departure of an inmate or staff member will not be grounds for termination of an investigation and that the investigation would continue until the investigation has a resolution or when all resources are exhausted in the investigative process.

Based on all information available, MCCF is compliant with the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.72 Evidentiary standard for administrative investigations.

- Exceeds Standard (substantially exceed requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (required corrective action)

Auditor comments, including corrective actions needed if does not meet standard

ODOC has language in policy 40.1.13 stating "DOC shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Rule 291-105-0028 was also included stating, "(3) standard of proof: Rules violations9s) shall be found upon proof by a preponderance of the evidence. The term preponderance of the evidence means the greater weight of evidence (e.g., 51% vs. 49%). Is such evidence that when weighed with that opposed to it,has more convincing force and is more probably true and accurate." Interviews with the Agency PREA Coordinator and SIU investigators indicated this was the practice being followed for staff investigations.

RECOMMENDATIONS:

Standard
Number here: 115.73 Reporting to inmates.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC policy 40.1.13, incorporates the elements of the standard stating inmates will be informed of the outcome of sexual abuse. MCCF 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. While on site at other ODOC facilities, agency proof of documentation confirms compliance with the standard as form CD 1622 was utilized as notification to the inmate. Interviews with MCCF's PCM and ODOC PREA Coordinator confirms when OSP is investigating an allegation of sexual abuse, the PCM will continue to keep informed in the progress of the investigation to meet compliance with the standard.

MCCF reported zero (0) criminal or administrative investigations of alleged inmate sexual abuse that were completed in the past 12 months and zero (0) needing to be notified of the results of the investigation. MCCF also reported zero (0) investigations that were completed by the OSP within the last 12 months and zero (0) notifications to inmates whose allegations were investigated by the OSP.

RECOMMENDATION: None.

Standard
Number here: 115.76 Disciplinary sanctions for staff.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC policy 20.1.3 "Code of Conduct" incorporates the first elements of the standard. DOC policy 70.1.4 "Investigations" and 40.1.13 "PREA" and the PREA flow chart and "Progressive Discipline" help clarify how an employee would be held accountable through the administrative process to include termination for violating ODOC policies for engaging in sexual abuse and sexual harassment on an inmate. Policy 40.1.13 incorporates the last element of the standards as investigations of sexual abuse and sexual harassment that led to the termination of an employee will be referred to the applicable relevant licensing body.

MCCF reported (0) staff members having to be reported to relevant licensing bodies or staff who have been disciplined for violating the agencies PREA policy.

RECOMMENDATIONS: None

Standard

Number here: 115.77 Corrective actions for contractors and volunteers.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC requires all volunteers and contractors to read and sign acknowledging ODOC's zero tolerance policy (PREA acknowledgement statement 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. Policy 40.13 XI, E & F incorporate the elements of the standard taking appropriate actions to prohibiting volunteers and contractors contact with inmates who violate the agencies PREA policies. 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.

MCCF reported zero (0) contractors or volunteers had to be referred to relevant licensing bodies for violations of the agencies PREA policies.

RECOMMENDATIONS: None

Standard

Number here: 115.78 Disciplinary sanctions for inmates

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC has Rule 291-105-0015, an administrative disciplinary policy for "Prohibited inmate conduct and processing disciplinary actions" that incorporates the elements of the standard. 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 addressed 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. The "Major Violation Grid Inmates Misconduct History Scale" was also provided supporting compliance with the standard. MCCF also provided a "Display Misconduct Report" of an inmate showing compliance with the standard from outside the 12 months. MCCF reported zero (0) inmates being disciplined for engaging in sexual abuse. MCCF also reported zero (0) criminal findings of guilt for inmate on inmate sexual abuse within the 12 months prior to the audit.

ODOC does not offer therapy, counseling, or other interventions to inmates who are sexually abusive.

ODOC has PREA policy 40.1.13 with verbiage that allows inmates to be disciplined when an allegation has been found that a staff member did not consent to the behavior.

The agency does prohibit all sexual activity between inmates. Inmates can be disciplined under policy 291-105-0005 "Prohibited Inmate Conduct and Processing Disciplinary Actions" under rules of misconduct, "(m) 2.30 Non-assaultive Sexual Activity: An inmate commits Non assaultive Sexual Activity if he/she engages in sexual activity and the sexual activity is conducted without violence, threat of violence, coercion, or use of a weapon."

Interviews with staff confirm understanding of the standard when conducting disciplinary hearings of inmates of violations of sexual abuse and sexual harassment. MCCF is compliant with the standard.

RECOMMENDATIONS:

Standard

Number here: 115.81 Medical and mental health screenings; history of sexual abuse.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC's intake facility (Coffee Creek Correctional Center) utilizes form (CD 1625) "Intake Victimization screening tool" screening each inmate upon arrival at the intake facility but no later than 72 hours. Inmates who report experiencing sexual victimization are referred to BHS services immediately and will be seen within 7 days and not to exceed 30 days after the assessment. Inmates at the intake facility also are asked questions to identify those who have also been sexually abusive either in the community or during incarceration. Based on the results of the assessment, those inmates are referred for a mental health assessment within 14 days meeting compliance with the standard.

Upon transfer to MCCF, BHS utilizes the Health Services Policy and Procedure #P-E-02 "Receiving screening" when an inmate is received at the facility. "Receiving screening" is a "system of structured inquiry and observation to prevent newly received inmates who pose a threat to their own or others' health and safety from being admitted to the institution general population and to arrange for prompt attention to the inmate's health care needs".

MCCF also utilizes MH-E-03 "transfer screening" that is conducted by BHS staff. If during the transfer screening information is learned an inmate has been the victim of sexual abuse, BHS staff will utilize PBO5 "Protocol in Event of Sexual Abuse". The policy articulates how MCCF BHS staff will proceed in the event an inmate reports being sexually abused.

All information learned through the multiple processes is considered confidential and are utilized on a need to know basis within the ODOC. MH-H-02 "Confidentiality of Clinical Records and Information" supports ODOC's compliance with the standard as the policy articulates how information will be shared and the extent in which medical and mental health records are to be kept confidential.

BHS staff provides the limits of confidentiality to all inmates having them read and sign the "Informed Consent to Treatment". The informed consent to treatment form also comes in Spanish.

MCCF is compliant with the standard.

RECOMMENDATIONS: None

Standard

Number here: 115.82 Access to emergency medical and mental health services.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC has PREA policy 40.1.13 incorporates the elements of the standard stating, "Timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners professional judgment". Additionally, ODOC and MCCF have Health Services policy on procedure # P-B-05 (Procedure in the event of sexual assault) that again assists the facility in the event of an allegation of sexual abuse. Inmates at MCCF are given timely and unimpeded access to emergency medical treatment without financial cost. Inmates are provided information and access to sexually transmitted disease prophylaxis. In the event BHS staff are not available, the OIC will utilize the OIC checklist (CD 1621) to help keep the victim safe, make the appropriate notifications, and to preserve the crime scene.

Interviews with BHS staff, OIC, and PREA compliance manager confirm an understanding of agency policies and protocol pertaining to the standard. Documentation reviewed on-site confirms BHS staff document treatment plans.

RECOMMENDATION: None

Standard**Number here: 115.83** Ongoing medical and mental health care for sexual abuse victims and abusers.

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

Auditor comments, including corrective actions needed if does not meet standard

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. Evaluations and treatment for victims of sexual abuse are offered follow up services and documented in treatment plans and referrals are given to the inmate in the event the inmate leaves the custody of ODOC according to BHS policies MH-B-04 and MH-E-03 and 40.1.13.

MCCF houses male adults however ODOC has BHS policy P-B-05 articulates female inmates who have been the victims of vaginal abuse while incarcerated shall be offered pregnancy tests and is at no cost to the inmate regardless of their participation in the investigation. Mental health screening is conducted within 60 days of learning inmate on inmate sexual abuse has been substantiated.

While on-site at other ODOC facilities, 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. Interviews with the PCM and BHS staff at MCCF confirm an understanding the requirements of the standard. MCCF is compliant with the standard.

RECOMMENDATIONS: None.

Standard**Number here: 115.86** Sexual abuse incident reviews.

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

Auditor comments, including corrective actions needed if does not meet standard

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 within 30 days of completion of the investigation. MCCF reported zero (0) sexual incident abuse reviews being conducted within the last 12 months which is consistent with zero allegations of sexual abuse being reported by MCCF within the last 12 months. The incident review team at MCCF includes upper-level management, imedical and mental health staff, input from line supervisors, and investigators. The incident review team will utilize form CD 16774 and includes areas for the Superintendent to make recommendations. The incident review form incorporates 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, and form 1677 PREA Incident Review Form. Incident reviews from other ODOC facilities were reviewed meeting compliance with the standard.

Interviews with the PCM, Superintendent, BHS staff, and operational staff confirmed their understanding of the requirement of the sexual abuse incident reviews.

RECOMMENDATION: None.

Standard

Number here: 115.87 Data Collection

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC PREA Policy 40.1.13 incorporates the requirements of the standard. MCCF provided documents showing compliance with the standard. While interviewing the PREA Coordinator at the ODOC headquarters, the Survey of Sexual Victimization report was provided for 2014. Additionally ODOC provided the PREA summary of sexual assaults occurring between 2013-2014. Also, the PREA Incident case statistics for 2013-2014. The annual PREA report for both 2013 and 2014 were provided meeting compliance with the standard.

MCCF and ODOC is compliant with the standard.

RECOMMENDATIONS: None.

Standard

Number here: 115.88 Data review for corrective action.

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

Auditor comments, including corrective actions needed if does not meet standard

ODOC's PREA policy 40.1.13 incorporates the requirements of standard 115.87 in order to access and improve the effectiveness of sexual abuse prevention, detection, response policies and practices. ODOC and MCCF provided the PREA Annual Report 2014 and on page 4. The annual report signed by ODOC Director Collette Peters compares previous year's data and made recommendations, followed through with corrective action, and reported progress from this data. Upon review, the 2014 PREA Annual Report is available on the ODOC's website.

RECOMMENDATION:

Standard

Number here: 115.89 Data storage, publication, and destruction.

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

Auditor comments, including corrective actions needed if does not meet standard

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.

RECOMMENDATION:

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review



Auditor Signature

June 30, 2016

Date