



**DEPARTMENT OF CORRECTIONS**  
**Public Services**



<b>Title:</b>	<b>Use of Electronic Surveillance Devices</b>	<b>DOC Policy: 70.1.5</b>
<b>Effective:</b>	<b>2/15/07</b>	<b>Supercedes: N/A</b>
<b>Applicability:</b>	<b>All functional units, DOC/OCE employees, contractors and volunteers</b>	
<b>Directives Cross-Reference:</b>	<b>None</b>	
<b>Attachment:</b>	<b>Electronic Surveillance Request/Approval Form</b>	

**I. PURPOSE**

The purpose of this policy is to set forth criteria for the appropriate use of (hidden) electronic surveillance devices for investigative purposes.

**II. DEFINITIONS**

- A. **Department of Corrections (DOC) Employee:** Any person employed full-time, part-time or under temporary appointment of DOC.
- B. **Department of Corrections (DOC) Contractor:** Any person under contractual arrangement to provide services to the department; any person employed by private or public sector agencies who is serving under department sanctioned assignment to provide services or support to department programs.
- C. **Electronic Surveillance Devices:** Video and/or audio recording devices used in an investigation to monitor the activities of DOC inmates and/or DOC/OCE employee, contractors or volunteers that is not part of the security system of a DOC or OCE institution or facility.
- D. **Functional Unit Manager:** Any person within DOC who reports to the Director, Deputy Director, an Assistant Director, or an administrator and has responsibility for delivery of program services or the coordination of program operations.
- E. **Inmate:** Any person under the supervision of DOC who is not under parole, probation or post-prison supervision status.
- F. **Inspector General:** The Inspector General of the Oregon Department of Corrections.
- G. **Investigation:** A fact finding activity for the specific purpose of addressing complaints or allegations. Investigations may include, but are not limited to interviews, surveillance, review of electronic and paper records, correspondence and other information storage devices of an employee or inmate of DOC or an employee of Oregon Corrections Enterprises (OCE).

- H. **Special Investigations Unit:** All Inspectors and managers assigned to the Oregon Department of Corrections, Public Services Division Special Investigations Unit.
- I. **Oregon Corrections Enterprises (OCE) Contractor:** Any person under contractual agreement to provide services to OCE; any person employed by private or public sector agencies who is serving under OCE-sanctioned assignment to provide services or support to OCE programs.
- J. **Oregon Corrections Enterprises (OCE) Employee:** Any person employed full-time or part-time, or under temporary appointment by OCE.
- K. **Volunteer:** An approved person who donates time, knowledge, skills and effort to enhance the mission, activities and programs of the department. Volunteers serve at the pleasure of the department and are not considered employees.

### III. POLICY

#### A. Request/Approval Criteria

Requests for deployment of electronic surveillance devices shall be made after all other investigative means have failed or are deemed impractical. All requests must be made by application (see attached Electronic Surveillance Request/Approval form) and be approved by the proper authorities as indicated below. In addition to the approval criteria outlined in this policy, any deployment of electronic surveillance devices will be authorized only in areas where no reasonable expectation of privacy exists in accordance with applicable state and federal law.

##### 1. Use of Electronic Surveillance Devices on DOC Grounds

- a. Investigations involving the use of electronic surveillance devices inside of DOC institutions or facilities involving any person must be requested by a superintendent or functional unit manager. Such requests must be approved in advance by **all** approving authorities or designee(s) including superintendent or functional unit manager, Chief Investigator, Inspector General, Assistant Director and Director/Deputy Director as indicated on the Electronic Surveillance Request/Approval form.

##### 2. Use of Electronic Surveillance Devices off DOC Grounds

- a. Investigations conducted off DOC grounds will be limited in scope to administrative or criminal misconduct involving DOC/OCE employees, contractors or volunteers, DOC inmates and/or persons related to or otherwise connected to DOC inmate(s).

- b. Investigations involving the use of electronic surveillance devices off DOC grounds require coordination with the appropriate law enforcement agency in advance.
- c. Investigations involving the use of electronic surveillance devices off DOC grounds involving any person must be requested by a superintendent or functional unit manager. Such requests must be approved in advance by all approving authorities or designee(s) including superintendent or functional unit manager, Chief Investigator, Inspector General, Assistant Director and Director/Deputy Director as indicated on the Electronic Surveillance Request/Approval form.

**B. Deployment**

- 1. Electronic surveillance devices are an investigative tool, not part of an institution/facility security system, and are typically deployed in a location hidden from view.
- 2. Electronic surveillance devices may be authorized for use inside or outside of a DOC institution or facility in order to provide evidence of misconduct, criminal or administrative, or a breach of security. Setup, retrieval and maintenance of these devices as authorized, will be the responsibility of the *Special Investigations Unit*.
- 3. No other division or unit of the Oregon Department of Corrections may possess and/or utilize hidden electronic surveillance devices.
- 4. The length of time that an electronic surveillance device may be deployed shall not exceed 14 days. Additional deployment time may be authorized by the approving authorities when requested, in advance, by the superintendent or the functional unit manager and deemed necessary to the investigation.

**IV. IMPLEMENTATION**

This policy will be adopted immediately without further modification.

**Special Investigations Unit  
Electronic Surveillance Request/Approval**

**TO BE COMPLETED BY REQUESTING PARTY** Initial Request: \_\_\_\_\_ Request for Extension: \_\_\_\_\_

Facility/Location \_\_\_\_\_ Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Investigation \_\_\_\_\_

Inmate: \_\_\_\_\_ Employee: \_\_\_\_\_ Contractor/Volunteer: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ SID #: \_\_\_\_\_ Housing Unit: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contractor/Volunteer: \_\_\_\_\_

Work Location: \_\_\_\_\_ Shift: \_\_\_\_\_ Days Off: \_\_\_\_\_

Date(s) / Time(s) Deployment Requested: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

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**TO BE COMPLETED BY INVESTIGATOR** Initial Request: \_\_\_\_\_ Request for Extension: \_\_\_\_\_

Type of Investigation: \_\_\_\_\_ Ph # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Specific Location of Deployment: \_\_\_\_\_  
\_\_\_\_\_

Date(s) / Time(s) of Deployment: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_

Type of Equipment Deployed: \_\_\_\_\_  
\_\_\_\_\_

What other investigation regarding this case has occurred to date? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPROVALS**

Superintendent or  
Functional Unit Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector General: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Director: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_