

**PREA AUDIT REPORT     Interim    Final**  
**ADULT PRISONS & JAILS**

**Date of report:** March 25, 2016

<b>Auditor Information</b>			
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<b>Telephone number:</b> 954-818-5131			
<b>Date of facility visit:</b> 08/03/2016			
<b>Facility Information</b>			
<b>Facility name:</b> RIDOC Women's Facility			
<b>Facility physical address:</b> 40 Howard Avenue, Cranston, RI 02920			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 401-462-0787			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Carole Dwyer			
<b>Number of staff assigned to the facility in the last 12 months:</b> 110			
<b>Designed facility capacity:</b> 313			
<b>Current population of facility:</b> 122			
<b>Facility security levels/inmate custody levels:</b> Minimum, Medium and Work Release			
<b>Age range of the population:</b> 18-68			
<b>Name of PREA Compliance Manager:</b> Lynne Corry		<b>Title:</b> Deputy	
<b>Email address:</b> lynne.corry@doc.ri.gov		<b>Telephone number:</b> 401-462-3127	
<b>Agency Information</b>			
<b>Name of agency:</b> Rhode Island Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Rhode Island			
<b>Physical address:</b> 40 Howard Avenue, Cranston, RI 02920			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 041-462-2611			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Ashbel T. Wall II		<b>Title:</b> Director	
<b>Email address:</b> atwall@doc.ri.gov		<b>Telephone number:</b> 401-462-2611	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Jeff Renzi		<b>Title:</b> Assoc. Director/Research & Planning	
<b>Email address:</b> Jeffrey.renzi@doc.ri.gov		<b>Telephone number:</b> 401-462-0373	

## AUDIT FINDINGS

### NARRATIVE

Beginning on August 3, 2015 the Rhode Island Women's Facility received an on-site PREA audit. Prior to this date, the facility provided the auditor with a flash drive of information for review. The auditor completed a review of the documents and held a brief telephone conference with the facility to discuss a time line for the audit and additional items that would be needed. On the first day of the audit, the auditor met with Warden Carole Dwyer, Acting Deputy Warden Lynne Corry and the agency PREA Coordinator Jeff Renzi. The auditor reviewed the itinerary and obtained from the facility a list of staff and inmates/residents to select for interviews.

Following the meeting, the auditor toured both the Gloria McDonald building and the Bernadette Building. It is noted that both buildings had posted the PREA audit notice as well as other postings for reporting abuse in areas where both staff and inmates were able to view. The agency encourages reports of abuse to the RIDOC Special Investigations Unit, the RIDOC Office of Inspections and to the RI State Police (outside agency). All areas provided for sight separation from any male staff or had identified a gender specific post to provide privacy during showers, toileting or changing clothing.

The facility holds a maximum of 313 inmates/residents in two buildings, ages 18-68. This facility does not house youthful offenders. The Gloria McDonald building houses those inmates awaiting trial and medium security inmates. The Bernadette building houses inmates/residents who are minimum security or work release. All forensic examinations are conducted at the Rhode Island Hospital and there are 11 specialized investigators for responding to allegations of sexual abuse or sexual harassment.

There are 111 cameras installed at the Gloria McDonald building. One is not operational. There was one identified blind area in the storeroom where a mirror would suffice for supervision purposes. Due to cameras in the cells in segregation, this is a female only post.

There are 28 operations cameras in the Bernadette building. There were no identified blinds areas that are not supervised by staff.

Following the tour, the next two days were spent by the auditor reviewing documents and interviewing staff and inmates/residents. There were 14 specialized staff, 10 random staff and 10 random inmates.

The on-site audit was completed on August 4, 2015. Interviews with the Agency Head, PREA Coordinator, Human Resources and Investigations was held on August 5, 2015 at their main office building.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Rhode Island Department of Corrections Women's Facilities are dedicated to the protection of society by providing appropriate, safe, and humane control of female offenders and women awaiting trial and also by encouraging and assisting women, through treatment and educational programs, to become productive and law-abiding members of the community. They are dedicated to promoting the health and well-being of inmates and staff and encouraging positive interactions between staff and offenders. They respect the unique social, cultural, and gender-specific needs of female offenders and address those needs with opportunities to treat them.

There are two buildings within the Women's Facility. The Gloria McDonald Facility is for those awaiting trial and medium security. The Bernadette Building next door is for Minimum Security and Work Release.

The Gloria McDonald is a secure facility within a secure perimeter. There are 6 dorms - 4 for general population, 1 for segregation and 1 for medical. This is a four floor building. The facility hosts housing dorms, a kitchen, dining hall, recreation yards, chapel, laundry, barber, classroom, library, computer room, visitation, property, intake, medical/infirmery, dental, counselor offices, and administrative offices. Each of the dorms contain phone lines for use by inmates.

The Bernadette Building is a non-secure facility. There are 9 dorms. The facility hosts a laundry, library, game room, weight room, barber, quiet rooms, visitation/kids room, chapel, classrooms, counselor's offices, and an administration area. There is also a garden out front that residents tend. Phones are available for inmate use in this building as well.

## **SUMMARY OF AUDIT FINDINGS**

The on-site audit was completed on August 4, 2015. A meeting was held with the Agency PREA Coordinator, Warden and Deputy Warden to review those items that were identified as not meeting the requirements of the standard. The Warden was also made aware of some of the challenges that the agency needed to address during a brief meet and greet on August 7, 2015. The agency is committed to ensuring that all standards are met. The facility was able to provide some corrective action documentation prior to the writing of this report. Additional corrective action responses will be received during the corrective action plan.

During the 180 day corrective action period, the agency completed the following tasks: updated policies and standard operating procedures, upgraded database systems, conducted training, updated the inmate brochures in both English and Spanish and made changes to their phone systems to allow inmates complete access in reporting allegations of PREA violations. The approach by the agency was to thoroughly review all information and make changes that supported the safety of the inmates, as well as supported their personal mission to be compliant with all areas of PREA. They diligently worked to ensure that the auditor was provided with necessary information to make a determination of compliance with those standards where there were identified challenges.

It was a pleasure to work with this agency and the facility staff towards compliance of the Prison Rape Elimination Act.

Number of standards exceeded: 2

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

Policy 9.49  
Staff Interviews

The agency has a zero-tolerance policy that prohibits sexual misconduct between all inmates and staff, interns, contractors and other inmates. The policy outlines their approach to prevention, detection, reporting and response to all allegations of sexual misconduct. The policy includes definitions and strategies of the agency to prevent sexual abuse and sexual harassment. The facility organizational chart shows the position of the PREA Coordinator. The PREA Coordinator reports directly to the Assistant Director of Administration and indirectly to the Agency Director. The PREA Compliance Manager reports directly to the Warden. Both the PREA Agency Coordinator and the PREA Compliance Manager report sufficient time to attend to PREA duties with a variety of assistance from staff within the agency and within the facility. It is important to note that assistance was necessary due to this being the first audit. Both are familiar with PREA requirements and were well versed on the standards.

During the corrective action period, the agency provided the organizational chart for review.

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

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

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This standard is not applicable as they do not contract with other agencies for the confinement of inmates.

### **Standard 115.13 Supervision and monitoring**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

- Policy 9.49
- Female Only Post List (15 positions in 24 hours)
- Superior Officer Post Duties
- Review of post book
- Staff Interviews
- Inmate Interviews

The agency has a policy that identifies the staffing plan for each shift. The facility has a Post List. There are 15 dedicated gender specific posts. The staffing plan details normal operations staffing and minimum staffing. This staffing plan is signed by the Warden. The staffing plan identifies critical and non-critical positions. There are no deviations from the staffing plan due to the ability to close down non-critical positions if needed. There is an annual review of the staffing plan. Supervisory staff conduct unannounced rounds two times each shift and these are documented in the post book, and policy prohibits notification of staff regarding unannounced rounds. Interviews confirmed findings.

**Standard 115.14 Youthful inmates**

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

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Policy 12.26

This standard is not applicable as the facility does not house youthful offenders. However, there is an agency policy that prohibits sight, sound, or physical contact between youthful offenders and adult inmates.

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

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

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

Policy 9.49  
Camera Viewing Directive  
Staff Interviews  
Inmate Interviews

The agency policy prohibits cross-gender pat, strip and visual body cavity searches except in exigent circumstances. Male staff at the facility recently completed training on searching a transgender or intersex inmate in consideration of any emergency circumstance that may arrive. Searches by opposite gender staff are required to be documented, but there were no reports of this having occurred. An updated policy was provided, dated 11/12/15 which specifically details that searches are not conducted for the sole purpose of determining an inmate's gender, as well as all cross gender searches requiring both approval and documentation in the shift command report. Determination of genitalia is completed with medical staff. The facility does not restrict inmates from regularly scheduled activities as a result of not having female staff present for search purposes.

Policies and procedures provide for privacy of inmates/residents showering, toileting or changing clothing; including where cameras are present (gender specific posts). There are six (6) cameras identified that allow for observation of females, however there is a prohibition of viewing these cameras except in exigent circumstances and only by authorized positions.

This facility utilizes both signage and announcements of opposite gender staff in the housing area. If a male staff is required to announce, the sign outside of the unit will advise. A directive of the warden requires the male staff to make announcement and if he should fail, the female staff is to make the announcement. The directive also requires an announcement if one is unsure of whether or not a female staff is present. Policy prohibits the searching of transgender or intersex inmates outside of standard search policies. Interviews confirmed findings. Both the Warden and the Acting Deputy Warden are very serious about privacy issues at the facility.

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

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

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

The Big Word Contract, dated 12/1/11 - 12/31/16  
Policy 9.49  
Policy 18.22  
Supplemental DOC - 18.22  
Staff Interviews  
Inmate Interviews

The agency has a contract with The Big Word, a language communication solutions company, which provides interpretation as needed. For those inmates with disabilities in reading, seeing or hearing, the Supplemental 18.22 provides alternative methods of education - such as larger print for limited sight inmates, reading material for deaf inmates, and a provision for social workers to provide individualized education based on inmate needs. The PREA brochure is available in the two most common languages identified, English and Spanish.

Agency policy prohibits the use of inmate interpreters, inmate readers or other inmate assistance unless an emergency. It was noted that this facility also posts information in large font for those inmates who have difficulty reading the smaller print. Interviews confirmed findings.

### Standard 115.17 Hiring and promotion decisions

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

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Policy 93.3  
Policy 9.40  
Policy 9.49  
Staff Interviews  
Application Packet  
File Review

The agency has a policy that meets the requirements of the standard, including the hiring or promoting of a person who has engaged in sexual abuse in another institution, convicted of engaging or attempting to engage in sexual activity in the community, or civilly/administratively adjudicated to have engaged in sexual activity in an institution or in the community. The agency does consider sexual harassing behaviors prior to the hiring or promoting of staff or contractors. All employees, volunteers, and contractors receive a thorough background check prior to hire. Reference checks are also conducted. There are provisions for staff self-reporting any criminal activity. Material omissions regarding sexual misconduct, or the reporting of false information, is grounds for termination. Contractors and volunteers receive a 2 year background recheck. However, the agency currently has not conducted 5-year background checks for staff. This was based on an interpretation of the PRC which is believed to be an incorrect interpretation. This auditor has reached back out to the PRC for additional guidance.

During the corrective action period, the agency submitted a policy change to 9-23-3 (Security and Control: Access to ACI Facilities). This policy identifies that employee, contractor, interns/students, and volunteers Identification Badges expire at a minimum every 2 years and at a maximum every 5 years. In order to renew the Identification Badge, the agency must complete a background screening that consists of a Bureau of Criminal Identification (BCI) and a National Crime Information Center (NCIC) inquiry. Additionally, the policy identifies who is authorized to conduct the background screening. The Chief Inspector has confirmed that his office has begun completing these background checks as required to meet the guidelines of both the new policy and the PREA standards. A list is maintained that shows the completion of each background check and the results. The auditor reviewed a sample of the background screenings to confirm that they were completed.

### Standard 115.18 Upgrades to facilities and technologies

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

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This standard is N/A as there have been no upgrades at the facility. There is a surveillance plan that identifies needs with anticipated years of 2017 and 2018.

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

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

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Policy 9.49  
Policy 9.16  
RISP General Order 53B  
PREA Investigations MOU - RISP  
RIDOC PREA Investigations SOP

The agency Special Investigations Unit and Internal Affairs conducts all administrative investigations. The Rhode Island State Police conduct criminal investigations as per an MOU dated 10/9/2014, and has agreed to comply with the PREA standards. There is an evidence protocol used by the Rhode Island State Police for providing direction to evidence collection that meets the standard.

The RIDOC is working with a sexual assault center who provides training, education, legal services (SART), and will be present as requested at any forensic examination. The MOU with the rape crisis center is in process. A SANE/SAFE service provider conducts examinations at the facility or inmates are transported to Rhode Island Hospital. Interviews with the Investigators confirmed findings.

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

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

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

RIDOC PREA Investigations SOP  
Policy 9.49-1

The agency policy requires all criminal activities be reported to the Special Investigations Office and the Office of Inspections. If warranted, the Rhode Island State Police will also be notified for criminal investigations as well. The investigation policies are not yet available on the agency website. There were 9 allegations of sexual abuse/sexual harassment. All received an administrative investigation. None were referred for criminal investigation.

During the CAP, the agency updated their policies to provide for specific tasks regarding the notification and joint investigations with the Rhode Island State Police (RISP). The website allows access to Policy 9.49 which provides for a brief description of the notification and joint investigations, and references the Investigations SOP. The Investigations SOP is not made publically available due to confidential information within the policy.

### Standard 115.31 Employee training

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

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PREA Training for Uniform Staff  
PREA Training for Non-Uniform Staff  
PREA Training – Vulnerable Adult  
Policy 9.49  
Sign-in Sheets  
Staff Interviews

The agency has created PREA training for all staff in conjunction with a sexual assault center. The training meets all requirement except Child Abuse and Vulnerable Adult training. While the information is in the training, staff were not able to articulate their duties. While no youthful offenders are held at this program, the staff may work at other facilities and therefore all staff should receive this training. The training material details differences between females and males. All staff have received training as documented by the sign-in rosters. While policy details all areas of PREA required training, the policy does not address the frequency of training. During the corrective action period, the agency updated their training to include Vulnerable Adult Reporting for non-uniform and uniform staff, as well as contractors/vendors/volunteers. This training includes the requirement to report knowledge of sexual victimization to the state agency who accepts, and investigates, these calls. Additionally, the policy has been updated to show the frequency of training for all staff on PREA topics. All staff shall receive training every 2 years with refresher information being provided in alternate years. The facility provided to the auditor signed rosters to show documentation of staff having received appropriate refresher training as a result of the audit findings.

### Standard 115.32 Volunteer and contractor training

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

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PREA Training for Volunteers and Contractors  
Policy 9.49  
Sign-in Sheets  
Staff Interviews

The agency has created PREA training specifically for volunteers and contractors that is specific to their contact with inmates. The training details their responsibilities for reporting information that they may receive. A review of the rosters indicates that all volunteers and contractors of the agency have received the required PREA training.

### Standard 115.33 Inmate education

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

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Policy 1.11  
Policy 14.01  
Inmate Brochure  
PREA Video  
Women's Facility Inmate Rulebook  
Inmate Interviews  
Staff Interviews

The facility has an inmate education program that includes a brochure and video. This auditor reviewed the video and found that the contents meet the requirements of the standard. The brochure is provided when an inmate enters into the facility and the video is shown within the required time frames, usually while awaiting the paperwork process for intake. Standing inmates were provided the video in July 2015. All inmates reported receiving PREA education. The facility Rulebook contains a single page on PREA that details how to report. This information is provided in English and Spanish (most common LEP language). The agency provides other education for disabled or limited English proficient (reference standard 115.16). Each inmate is provided the brochure and Rule book on intake, as well as advised that a copy is available in the library. Interviews confirmed education. Friday is Orientation Day for all new inmates. During the corrective action period, the agency updated the PREA brochure with new contact information for reporting abuse, as well as information regarding Day One, as a contract had been finalized. This brochure is now placed throughout the facility in areas accessible to inmates. This brochure is now given out at intake.

### Standard 115.34 Specialized training: Investigations

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

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PREA Training for Non-Uniform Staff  
NIC - PREA Investigation Training  
RIDOC Investigators Training  
NIC Certificates  
Sign-in Rosters  
Staff Interviews

All investigators receive PREA training as required, both with the agency PREA training and the agency specialized training. Investigators have completed the NIC - PREA training for Investigations. This training meets all requirements of the standard. Additionally, all investigators complete the RIDOC training for Investigators which is a detailed presentation regarding their duties as an investigator beginning with receipt of information through evidence preservation and reporting requirements. A review of the sign-in rosters confirms all investigators have completed the training. Interviews confirmed education.

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

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

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PREA Training for Non-Uniform Staff  
PREA Training for Volunteers and Contractors  
Sign-in Rosters  
Staff Interviews

All medical and mental health care staff have received training that meets the requirements of the standard. This training is provided through either the PREA Training for Non-Uniform Staff or the PREA Training for Volunteers and Contractors, and, the PRC Specialized Training for PREA Medical and Mental Care Standards (4 Modules). Confirmation of training was made through the sign-in rosters. Staff interviews confirm education. Medical staff do not conduct forensic examinations.

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

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

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

INFACTS Intake Assessment  
Policy 9.33  
Policy 14.05

The agency uses the INFACTS Intake Assessment to complete the vulnerability/abusiveness screening. This system addresses all components except specifically addressing whether the inmate is LGBTI or gender non-conforming. This question is addressed in a form that the inmate completes privately and then signs. File reviews indicate that this is completed on intake and within 72 hours. There is no re-screening within 30 days though policy directs this. There is no re-screening or assessment of vulnerability/aggressiveness when new information is gathered. Policy prohibits discipline for not answering questions. Information is available to those identified with appropriate access being granted through the system (Warden, Deputy Warden, Lieutenants).

During the corrective action period, the agency provided an updated policy that requires 30 day reviews of an inmate's risk of victimization, as well as a review when new information is obtained. INFACTS now includes a 30-day review button that will prompt for a review within the 30 days, a PREA screen that allows for changes to be made, a comment section that allows for documentation of the 30-day review, a prompt when new information identifies an inmate's status change to victim or sexual aggressor, and a review log screen that will show documentation of each review.

### Standard 115.42 Use of screening information

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

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Policy 9.33  
SOP: Identification, Treatment and Management of Transgender Inmates  
Count Board  
Staff Interviews  
Computer File Reviews

INFACTS Assessment Screening identifies those as vulnerable or aggressive through a different color font (Red=predator; Blue=victim; Green=both victim and predator; and Black=not identified). This allows staff to reassign housing for the safety of the inmates while providing security measures for confidentiality. All inmates are initially assigned to a facility based upon birth gender. Policy, and practice, further state that evaluation of all information (medical, mental health, lifestyle, reassignment surgery, etc.) will be reviewed by medical personnel with a goal of ensuring the safety of the transgender or intersex inmate to diminish the possibility of sexual or physical assault and possible harassment. A review of the inmate's history of sexual assault and/or being sexually victimized is also conducted. These findings will be used for determination of placement. Placement in segregation would possibly be conducted during this assessment period. The policy does further state that documentation of placement in segregation shall include the basis of the concern and why no alternative means of housing is not currently available. Policy does not address a transgender or intersex inmate's own view regarding housing; nor does policy address semi-annual reassessments regarding programming and placement; however it is noted that this question is asked at intake and documented. Transgender and intersex inmates are provided the opportunity to shower separately upon request. The agency does not segregate LGBTI or gender non-conforming inmates without appropriate documentation.

During the corrective action period, the agency updated their policies to include the reassessment for both transgender and intersex at a minimum of twice per year. Additionally, INFACTS allows for staff to document an inmate's views regarding their own risk of placement in the facility for ease in conducting the assessment for placement. A copy of the policy and screenshots of the new system were provided to the auditor.

### Standard 115.43 Protective custody

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

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

Policy 12.01  
Policy 12.02  
Supplement 11.01  
Staff Interviews

Protective Custody is only used only when there is a need to protect an inmate from further harm and based on agency policy. When used regarding PREA allegations, the investigation is required to be completed within 24 hours. Each inmate placed in Protective Custody receives an individualized meeting to identify access to programming and services, to include visitation, recreation, programming, telephone, and work. All changes to normal activities is documented. Protective custody is usually no longer than 15 days, with 30-day reviews. There were no instances of the use of protective custody used in the past 12 months for inmates at risk of sexual victimization.

### Standard 115.51 Inmate reporting

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

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

Women's Facility Rulebook  
PREA Brochure  
PREA Video  
Staff Interviews  
Inmate Interviews

The Rulebook identifies the following reporting methods: telling any staff; calling SIU; RIDOC Office of Investigations, Rhode Island State Police, or filing a request slip to talk with an upper level staff person. All staff and residents interviewed were able to articulate these methods of reporting, including telling a friend or family member, or notifying their attorney of record. Staff is required to report any knowledge, information or suspicion to their immediate supervisor or to the SIU. The brochure was posted in each unit and provides the phone numbers for outside contacts. Upon the auditor's arrival and check of the phone system, the system did not allow a call to be made regarding PREA without the inmate's PIN number. Additionally, the phone numbers that were posted were not working. This was discussed with SIU, and was corrected. There is no reporting information for immigration inmates; however it is reported that they do not hold inmates solely for civil immigration purposes.

During the corrective action period, the brochure was updated with correct phone numbers as well as the phone system was updated for use

without the inmates PIN number for PREA calls. The facility provided photos of the updated posters with updated phone numbers for inmate viewing. They posted both English and Spanish posters at all phones. Posters were put in both Bernadette and McDonald buildings. Brochures now include phone numbers of inmates who wish to contact immigration.

### **Standard 115.52 Exhaustion of administrative remedies**

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

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

Policy 9.49  
Policy 1310  
Staff Interviews

While agency policy allows for allegations of sexual abuse or sexual misconduct to be filed through the grievance process, inmates are not advised of this process. Conversation with the Warden stated that if a grievance was received alleging sexual misconduct, that it would be referred to SIU as a report of sexual abuse or sexual harassment and would follow the requirements of policy 9.49. The agency policy, however, does meet the requirements of the standard regarding emergency grievances, time frames and notifications. The policy does not require an informal attempt at resolution. Tools for filing grievances are made available to inmates upon request. There were no grievances filed alleging sexual misconduct in the last 12 months.

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

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

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

Sexual Assault Awareness Brochure  
Inmate Interviews  
Staff Interviews

The agency is working with a local sexual assault center to provide services to inmates. There is a brochure available to all inmates that provides information to sexual assault and how to report. The brochure does not identify available services. Inmates were not aware of any services that are available.

During the corrective action period, the agency updated the inmate PREA brochure to include contact information and a narrative of services that are available from Day One, an agency that provides sexual abuse services in the state. The brochures were placed at the informational areas where inmates can pick these up at will. Additionally, the new brochure, with these services identified, are now handed out at intake.

While the facility does not detain solely due to immigration status, the PREA brochure was updated to include contact information. The removal of the inmates PIN number for calling to report abuse has afforded inmates privacy in calls.

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

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

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

Policy 9.49

Agency website: [www.doc.ri.gov/PREA/PREA.php](http://www.doc.ri.gov/PREA/PREA.php)

Staff Interviews

The agency has updated their PREA page with 4 ways for inmates to report allegations of sexual assault or sexual harassment. These include SIU, Office of Inspections, Rhode Island State Police and the Rhode Island Victim of Crime Hotline. Phone numbers are present on the website. Staff interviews confirm that they accept third-party reporting and are required to report these immediately through their chain of command.

### **Standard 115.61 Staff and agency reporting duties**

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

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

Policy 9.49

PREA Investigations SOP

Staff Interviews

All interviews confirm that staff are required to report all knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the Special Investigative Unit. This reporting also includes any information on retaliation or staff neglect. Policy mirrors the standard regarding reporting and confidentiality. Staff report being prohibited from notifying anyone outside of the reporting guidelines. No inmate reported an allegation that was not investigated.

During the corrective action period, the facility re-trained all staff on mandatory reporting requirements for abuse of Vulnerable Adults.

### **Standard 115.62 Agency protection duties**

PREA Audit Report

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

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

Policy 12.01  
File Review  
Staff Interviews

The agency is dedicated to ensuring that all inmates are provided a safe environment. Agency policy mirrors the standard and provides for immediate protection when advised. Interviews confirmed staff’s knowledge of the appropriate steps to be taken. The expectation is that an immediate response is taken. In the one allegation in the past 12 month the agency reported an immediate response – less than 2 hours.

**Standard 115.63 Reporting to other confinement facilities**

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

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

Policy 9.49  
Staff Interviews

The agency policy requires that allegations received from inmates regarding incidents at other facilities be documented and reported within 72 hours. There were no allegations received by this agency. The agency policy also requires receipt of similar incidents be reported immediately to the PREA Coordinator and an investigation would be conducted as if received by an inmate directly.

**Standard 115.64 Staff first responder duties**

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

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

## corrective actions taken by the facility.

PREA Investigations SOP  
Staff Interviews  
Inmate Interviews  
File Review

Policy was confirmed through staff interviews that require staff to separate the victim from a known perpetrator, to preserve and protect physical evidence, to contain the crime scene and to report to their immediate supervisor. There were 9 allegations of sexual abuse received in the past 12 months. Of these, only 1 was reported in a timely manner that allowed for the collection of physical evidence. All steps of the first responder duties were met. Staff interviews confirm their knowledge of first responder duties regarding evidence protection.

### Standard 115.65 Coordinated response

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

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

Rhode Island State Police MOU  
PREA Investigations SOP  
Staff Interviews

A Coordinated Response Plan is in place. It addresses the steps of the first responder, Superior Officer, medical transport, investigators and facility leadership. The plan is specific to the facility.

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

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

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

RIBCO Professional 201-2013 MOS  
RIBCO Pro Unit 203-2017 MOS

The agency utilizes bargaining unit staff through the Rhode Island Brotherhood of Correctional Officers. There is no current signed contract. The prior contract does not limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. There is no such restriction on the pending contract.

### Standard 115.67 Agency protection against retaliation

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

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

Policy 9.49  
Staff Interviews

The agency has a policy which addresses most of the components of the standard regarding monitoring victims, reporters, and those persons who provide information during an investigation. It does not address continued monitoring if indicated nor does it address periodic status checks. Policy requires retaliation monitoring to be completed by the Warden or designee. During the interviews it was apparent that there is no individual responsible for retaliation monitoring nor is there a system set up to complete this requirement. This was discussed with the facility and a review of their policy was conducted. Protection measures include housing changes or transfers, removal of staff or perpetrators from contact, and emotional support services.

During the corrective action period, the agency updated its' investigative computerized system to include areas for documenting retaliation monitoring and by whom. The system will prompt for updates indefinitely. Once the monitoring is no longer required, the agency will need to complete the Date Ended box.

### Standard 115.68 Post-allegation protective custody

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

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

Policy 12.01  
Policy 12.02  
Supplement 11.01  
Staff Interviews

Per policy, protective custody is only used when there is a need to protect an inmate from further harm. When used regarding PREA allegations, the investigation is required to be completed within 24 hours. Each inmate placed in Protective Custody receives an individualized meeting to identify access to services. Protective custody is usually no longer than 15 days, with 30-day reviews. There were no instances where protective custody was reportedly used. Staff interviews confirmed practices consistent with policy.

### Standard 115.71 Criminal and administrative agency investigations

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

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

Policy 9.49  
 Policy 5.01-5  
 PREA Investigations SOP  
 Rhode Island State Police MOU  
 Staff Interviews

There is an agency policy regarding administrative investigations. The policy requires immediate notification to the Special Investigative Unit (SIU). All investigators have completed appropriate training. The policy does not address all forms of evidence, interviews, and a review of prior complaints/reports of sexual abuse involving the suspected perpetrator. The policy does not address credibility assessments. The policy does not address administrative outcomes. The policy does not address retention of information. Interviews did confirm that investigators are aware of these requirements. Any allegation that implies a criminal offense is referred to the Rhode Island State Policy (RISP). The RISP MOU provides that the criminal investigation documents shall be shared with the RIDOC, along with updates as requested.

During the corrective action period, the agency updated the PREA Investigations SOP to include all missing items that were identified during the initial review of documents, to include a review of prior complaints/reports of sexual abuse involving the suspected perpetrator, credibility assessment, and administrative outcomes. Additionally, the agency updated the retention policy to include retention of PREA investigation files for both staff and inmates.

**Standard 115.72 Evidentiary standard for administrative investigations**

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

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

Staff Interviews

Interviews with investigators confirm no standard higher than a preponderance of the evidence is required when investigating allegations of sexual abuse or sexual harassment.

**Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy 9.49  
File review  
Staff Interviews

The agency policy provides for all requirements of the standard, including documented victim notification. There were no allegations of sexual abuse that were completed in the past 12 months. There were 9 other investigations that required inmate notification, and the notifications were observed within the files. An MOU with Rhode Island State Police allows for the obtaining of information for a criminal investigation.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

Policy 9.49  
Policy 3.14  
Staff Interviews

Policy notes that any sexual contact, abuse, or harassment of an inmate is grounds for staff disciplinary action, up to and including termination. All discipline is commensurate with the nature and circumstances of the acts committed. Terminations are reported to law enforcement, if criminal, and to relevant licensing bodies, if applicable. There have been no staff terminations, or resignations, as a result of sexual abuse or sexual harassment nor have any been reported to law enforcement. Interviews confirm practice.

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Policy 9.49  
Policy 9.40  
Staff Interviews

Both policies address criminal actions being forwarded to law enforcement and relevant licensing bodies. There have been no reported contractors or volunteers alleged to have engaged in sexual misconduct with an inmate. Policy requires no contact with inmates when allegations of sexual misconduct have been made and therefore the contractor or volunteer would be prohibited from entrance. Interviews confirm knowledge of policy and practice.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

Policy 9.49  
Policy 11.01  
Staff Interviews

The agency policy addresses disciplinary sanctions and the formal disciplinary process for Class 1 misconduct (sexual abuse, sexual harassment). This process does address mental health disabilities/illnesses as being a factor in determining disciplinary action. Agency policy does not allow for disciplinary actions when there is an allegation of sexual contact between inmate and staff if the staff consented to contact. Allegations made in good faith are not considered false reporting. Therapy and other interventions are offered if identified as a part of the mental health evaluation. The agency prohibits all sexual activity between inmates.

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

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

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

Policy 18.30  
Policy 18.59-6  
Staff Interviews  
Inmate Interview

Agency policy addresses referrals for mental health services when an inmate reports at orientation having been victimized or having perpetrated a sexual abuse prior to intake. These are required to be completed within 14 days. All information regarding sexual victimization or abusiveness is confidential and shared only within the medical and mental health staff. Staff interviews found that there is little understanding of informed consent requirements if the victimization occurred outside of an institutional setting.

During the corrective action period, the agency updated its' policy to include a requirement for the authorization to release information to be signed by an inmate before reporting incidents of sexual abuse that occurred outside of the institutional setting. Staff do have an understanding of the authorization to release requirements. It is noted that all policy changes result in immediate notification to staff of the new policy requirements.

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

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

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

Policy 9.49  
PREA Investigations SOP  
Staff Interviews

All interviews confirmed inmate access to emergency medical and mental health services. Agency policies only address medical services. Access to timely emergency contraception, STD prophylaxis, STD testing, and pregnancy related services are addressed in policy. All treatment to the victim is provided free of cost.

During the corrective action period, the agency updated its' policy regarding the provisions of crisis intervention services and behavioral health care requirements for victims or perpetrators. The policy also now addresses followup mental health care services.

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

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

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

Policy 9.49  
Staff Interviews

Agency policy addresses ongoing medical care for inmates but does not address ongoing medical health care. Staff interviews confirm both

medical and mental health services are made available through initial treatment, follow-up and treatment plans when necessary. All services are provided without cost to the victim, and include pregnancy testing and STD testing and treatment. There is no reference to a 60-day mental health evaluation of abusers in policy or during interviews.

During the corrective action period, the agency updated its' policies regarding the on-going medical and mental health care services available to both victims and perpetrators, of which the scope and services are of the professional judgement of the providers. The agency also updated their policy to include the provisions of a 60-day mental health evaluation for abusers.

### Standard 115.86 Sexual abuse incident reviews

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

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

Policy 9.49  
Staff Interviews

Agency policy addresses all components of the standards regarding sexual abuse incident reviews, including the 30 day requirement, attendees, and considerations for review. However, there is no system currently in place to conduct and document the incident reviews. This was confirmed with the Director.

During the corrective action period, the agency updated their investigations database to include specific areas for documenting the PREA Incident Review. There are four screens where information is required to be entered that includes participants as well as other required fields as per the standard. This is a comprehensive system that allows for all corrective action to be documented.

### Standard 115.87 Data collection

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

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

Policy 9.49  
Staff Interview

The agency policy addresses the collection of accurate, uniform data for every allegation of sexual abuse at its' facilities. The Planning & Research department is responsible for this task. Blank forms were provided for the auditor for review, so it is unknown if the agency maintains data as required by the DOJ-SSV.

During the corrective action period, the agency provided the DOJ-SSV for 2014. This information was used in the 2014 annual report that was also provided. The agency maintains investigative reports in order to accurately complete the DOJ-SSV.

**Standard 115.88 Data review for corrective action**

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

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

2014 Annual Report  
Staff Interview

The annual report was reviewed and it is available on the agency website. The report shows some 2012, 2013 and 2014 data. There is a brief comparison narrative but does not provide an assessment of the agency’s progress. The incident are not broken down by facility but only reported by agency. Corrective action is noted that was completed agency wide.

During the corrective action period, the agency updated their 2014 report to include specific data regarding any corrective actions taken at each facility under its’ direction. Additionally, there was narrative included to show facility specific data regarding the number of allegations.

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

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

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

Policy 9.49  
2014 Annual Report

The agency provides the annual report publicly through its' website. All personal identifiers are removed. Agency policy requires retention for ten (10) years.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

April 1, 2016

Auditor Signature

Date