

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: March 21, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: 07/27/2016 – 07/28/2016			
Facility Information			
Facility name: Maximum Security			
Facility physical address: 1375 Pontiac Avenue, Cranston, RI 02920			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 401-462-2054			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Matthew Kettle			
Number of staff assigned to the facility in the last 12 months: 160			
Designed facility capacity: 460			
Current population of facility: 429			
Facility security levels/inmate custody levels: Maximum			
Age range of the population: 18+			
Name of PREA Compliance Manager: Jeffrey Aceto		Title: Deputy Warden	
Email address: Jeffrey.Aceto@doc.ri.gov		Telephone number: 401-462-1639	
Agency Information			
Name of agency: Rhode Island Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Rhode Island			
Physical address: 40 Howard Avenue, Cranston, RI 02920			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 401-462-2611			
Agency Chief Executive Officer			
Name: Ashbel T. Wall II		Title: Director	
Email address: AT.Wall@doc.ri.gov		Telephone number: 401-462-2611	
Agency-Wide PREA Coordinator			
Name: Jeff Renzi		Title: Assoc. Director/Research & Planning	
Email address: Jeff.Renzi@doc.ri.gov		Telephone number: 401-462-0373	

AUDIT FINDINGS

NARRATIVE

The Rhode Island Department of Corrections Maximum Security Facility received an on-site PREA Audit on July 27-28, 2016 by DOJ Certified PREA Auditor Bobbi Pohlman-Rodgers. Prior to the on-site audit, the facility provided to this auditor a completed Pre-Audit Questionnaire and flash drive with required documents, including policy, procedures, and state law references. A review of these documents was completed. The current and outgoing PREA Coordinator, Jeff Renzi, was contacted for additional information that would be necessary on the first day of the audit, which included inmate rosters, staff rosters for the two days, a list of inmates identified as Limited English Proficient, LGBTI, prior victimization, current allegations and disabled.

On July 27, 2016, this auditor conducted an entrance meeting that included Warden Matthew Kettle, PREA Compliance Manager and Deputy Warden Jeff Aceto, Central Office Warden Donna Collins, current PREA Auditor Jeff Renzi, and the newly appointed PREA Coordinator Heather Daglieri. The discussion centered on the audit process, review of documents, interim reports, corrective action plans, and the final PREA report.

Upon conclusion of the entrance meeting, the auditor toured the facility. The tour included all areas of the facility, paying special attention to areas where inmates shower, toilet, and change clothing. The tour is noted in the Facility Characteristic section of this report.

Upon completion of the tour, the auditor utilized provided rosters for the selection of interviewees which included specialized staff, random staff, and random inmates. This auditor interviewed 9 specialized positions which included the PREA Compliance Manager, Upper Level Management, Medical, Volunteers, Intake Staff, Segregation Staff, staff who monitor for Retaliation, a staff who participates on the Incident Review process, and a First Responder. The Warden and Mental Health staff are shared between the High Security Center and the Maximum Security facility and the interviews were conducted during the High Security Center on-site audit. Ten random inmate interviews were conducted and included an inmate who reported a victimization, a Limited English Proficient inmate, and an inmate who reported being gay. Additionally, an inmate who sent a letter to the auditor prior to the on-site was interviewed. And 10 random staff were interviewed, at a minimum two from each shift.

The auditor conducted additional interviews with agency staff in anticipation of completing four facility PREA Audits. These included the Agency Director, Assistance Director of Institutions and Operations, outgoing PREA Coordinator, incoming PREA Coordinator, Office of Inspections Chief, Special Investigations Chief, Training Director, Intake Captain, and Human Resources Director either on July 29, 2016 or August 5, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Maximum Security facility (Max) is an impressive building with architectural features from 1878 when it first was opened. The oldest prison in the state, it is modeled on the Auburn system (contract labor), consolidating all inmate cells into one main building. The facility was originally designed to house 252 inmates. However a growth in the population resulted in an addition added in 1924 that consisted of two cellblocks and 198 cells. This addition became known as “steel city”. Once housing both persons awaiting trial and sentenced inmates, this facility now houses only maximum security inmates.

The mission of Max is to provide custody, control and security during the process of confining those persons sentenced under the provisions of a duly appointed court of law. Staff provide correctional treatment, training, care and supervision commensurate with custody grade and category necessary to return each inmate to society as an effective member of that community and as a useful citizen with improved attitude and motivation. It is the belief that each inmate is responsible to seek out and take advantage of those programs offered within Max.

Programming includes educational and vocational programs such as Adult Basic Education (ABE), General Educational Development (GED), English as a Second Language (ESL), remedial reading, barbering license, and visual arts and computer literacy provided by the Community College of Rhode Island. Rehabilitation programming includes anger management, cognitive self-change, domestic violence groups, resolving conflict, practicing peace, Narcotics Anonymous, Alcoholics Anonymous, victims impact, criminal addictive thinking, health classes, parenting classes, sex offender treatment, and life skills to name a few. Religious services are provided throughout the year.

Max employs over 230 inmates, approximately 59% of its total population. Inmates perform a variety of functions to help maintain the institution. Approximately 190 inmates work in areas such as the kitchen, laundry, barber shop, library, and as porters within the housing units and recreational areas. Inmates also work in Industries, which includes a print shop, carpenter shop and laundry.

Surrounded by a wall with observation towers, cupola, and a double chain-link security fence equipped with an electronic intrusion detection system to prevent and detect movement, the facility is divided into six housing areas, one segregation unit, kitchen/dining area, recreation yard, education/gym building, and an industrial area. The inmate population at Max is now comprised of inmates serving long sentences for a variety of offenses along with those serving shorter sentences who have been transferred from other facilities for serious discipline and/or behavioral problems.

Administration is alongside the main prison entrance and includes the Warden’s Office, the Deputy Warden’s Office, Policy Office, Administrative Office, and RIBCO office. The entrance to the prison contains a waiting area, lockers and metal detector. This is the lobby that leads to the secure entrance for staff or the visitation area for visitors.

Once entering the secure entrance, one reaches the “Rear Hall”. Visually this would be the wheel with two spokes. The two spokes are the housing units. The North is known as “Hope” and the South is known as “Aquidneck” and signs are above these doors. The rear hall is three stories high. The bottom level has the operations office, holding cell, committing (intake) office, control center office, staff breakroom/attorney room, discharge planning, dining hall, and Captain’s Office. The second level of the rear hall contains counselor offices, barber shop, parole room, inmate bathroom, and storage room. With the exception of the parole room where there is limited sight supervision from the hallway, all rooms are supervised through large windows. The third level is no longer in use; however it formerly served as the indoor gymnasium. During the corrective action period, the facility installed a mirror in the parole room to improve sight supervision.

The dining hall is utilized for a variety of activities and is the entrance for the kitchen area. There is an inmate Mailbox for USPS, and boxes for both counselor requests and store orders. The room is large and also contains a balcony area that allows for staff to oversee and supervise the area. Staff supervision is enhanced by 4 cameras. The kitchen is one large area with 1 camera. The view of the camera does not include the Kitchen Rack Storage area or the dry goods room. During the Corrective Action Period, the facility installed two mirrors – Kitchen Rack Storage and dry goods room – to enhance sight supervision of the areas.

The Visitation Room contains 1 camera and is a large open room with an officer station. PREA information is posted in both PREA Audit Report

English and Spanish. There are no bathrooms for either visitors or inmates. There is an attorney room, no contact room with 5 phones, and a strip search room that contains a camera.

Medical is located just inside the South housing entrance, or spoke. This area contains a holding cell for inmate waiting, medical offices, dental office, medical exam rooms, mental health counselor office, investigator office, urinalysis room, and Lieutenant Office. All of the areas within have windows to allow for supervision; however three windows are blocked. The facility installed a mirror in the dental office to improve supervision during the Corrective Action Period. The other areas require special keys to access and these can only be obtained through the key watch system – which limits the access to the area. There are 10 wet cells for inmate placement for medical or mental health holding. One of the cells has camera coverage. The shower for the medical cells does not provide privacy if female staff are present. Camera viewing was addressed during the Corrective Action Period. In addition, during the corrective action period, the facility mandated the use of shower shorts by inmates while showering to provide privacy.

Outside recreation is conducted in a large area within the center of the prison that contains two basketball courts, bocce ball court, 18 phones, port-a-potty, and picnic tables. There is also a garden that is worked by inmates. Flowers and vegetables are grown here with volunteers.

There are two industries at this prison. The Print shop is responsible for the state's printing needs. There is a bathroom and change room that offer privacy. While inmate are in the area, there is a security staff and shop supervisor in the area. A utility staff moves between the print show and the carpenter/laundry shop. The Carpentry shop completes state orders for furniture for RI universities and hospitals. There is a toilet area that does not offer privacy from staff workers; however a screen was put into place to provide inmates privacy during the Corrective Action Period. There is also a laundry area where inmate laundry is done. A staff person, an industry supervisor and a utility worker provide supervision of these areas.

Education is offered in a detached building. GED, ABE, and some college courses are conducted for inmate educational purposes. There is both a reading library and a law library. A chapel, art room, and 3 classrooms complete this building. All rooms have large windows that allow for inmate supervision.

Hope 1 is a general population unit with 3 tiers of 26 single inmate wet cells. This unit is formerly the Providence Jail. There is a pipe chase on each tier that is secured. The day room contains a few tables and 2 phones. The showers and changing areas do not provide any privacy from staff viewing. PREA posters in both English and Spanish were available, as well as the PREA audit notice. During the Corrective Action Period, the facility mandated the use of shower shorts and privacy dividers for inmates to address privacy concerns.

Hope 2 is a general population unit with 3 tiers of 16 single inmate wet cells. There is a pipe chase on each tier that is secured. The back day room contains 1 phone and 1 shower and is not used. The front day room contains a few tables and 2 phones. There are two showers and a changing area that do not provide any privacy from staff viewing. PREA posters in both English and Spanish were available, as well as the PREA audit notice. During the Corrective Action Period, the facility mandated the use of shower shorts and privacy dividers for inmates to address privacy concerns.

Aquidneck 1 is a general population unit with 3 tiers of 13 single inmate wet cells. There are tables and three phones within the day room. The showers and changing areas for this unit are shared with Aquidneck 2 and offer no privacy from staff viewing. PREA posters in both English and Spanish were available, as well as the PREA audit notice. During the Corrective Action Period, the facility mandated the use of shower shorts and privacy dividers for inmates to address privacy concerns.

Aquidneck 2 is a general population unit with 3 tiers of 13 single inmate wet cells. There are tables and four phones within the day room. The showers and changing areas for this unit are shared with Aquidneck 1 and offer no privacy from staff viewing. PREA posters in both English and Spanish were available, as well as the PREA audit notice. During the Corrective Action Period, the facility mandated the use of shower shorts and privacy dividers for inmates to address privacy concerns.

Prudence 1 is a general population unit with 3 tiers of 33 single inmate wet cells. There are tables and four phones in the day room. The showers and changing areas for this unit do not offer privacy from staff viewing. PREA posters in both English and Spanish were available, as well as the PREA audit notice.

Prudence 2 is a general population unit with 3 tiers of 33 single inmate wet cells. There are tables and four phones in the dayroom. The showers and changing areas for this unit do not offer privacy from staff viewing. PREA posters in both English and Spanish were available, as well as the PREA audit notice. During the Corrective Action Period, the facility mandated the use of shower shorts and privacy dividers for inmates to address privacy concerns.

Disciplinary confinement provides for 13 single inmate wet cells on each of the three tiers. There is one phone available.

During the tour, the auditor noticed that each unit contains PREA posters and the notice of the upcoming audit posted for inmate viewing. Phones are present, or accessible, in each module and all phones allow the calling of the Rhode Island State Police, RIDOC Special Investigation Unit, RIDOC Office of Inspections, and the Victims Crime Center of RI at no cost to inmates and require no inmate pin number. This allows anonymous reporting to both internal and external sources. Inmates have access to grievance forms and a mail box.

There are 81 analog cameras present. An upgrade of the camera system is to commence in August 2016, which will include the elimination of the existing camera system and replaced with a new IP camera system. It will include 200 cameras strategically located throughout the facility to improve security viewing to all vital and pertinent areas of the facility. The system upgrade and installation is slated for completion October, 2017 at a cost of approximately \$1.85 million. Cameras are viewable in the main control center, Captain's office, Lieutenant's Office, Warden's office and the Deputy Warden's office. There is a memo dated May 3, 2016 that requires cameras should not be focused on an area in which inmates are likely to be undressed or toileting, such as showers, bathrooms, and individual cells, and that the cameras should only be monitored by officers or nonmedical administrators of the same gender as the inmates.

SUMMARY OF AUDIT FINDINGS

While the facility audit concluded on July 28, 2016, the audit process concluded on August 5, 2016 with a final meeting with agency staff that included the Assistant Director of Institutions and Operations, Central Office Warden, the outgoing PREA Coordinator, and the incoming PREA Coordinator. A review of the facility challenges and the agency challenges were discussed.

Agency specific challenges to meet standards are noted in the following standards: 115.16, 115.17, 115.21, 115.31, 115.33, 115.41, 115.42, 115.67, 115.71, and 115.81. Facility specific challenges to meet standards are noted in the following standards: 115.11, 115.13, 115.15, 115.35, 115.53, 115.65, and 115.86.

During the Corrective Action Period, the agency and facility responded to each of the standards where compliance could not be found. After a review of all submitted documentation, this auditor has determined the facility is in compliance with all PREA standards.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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.

RIDOC Policy 9.49 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, is the agency's zero-tolerance policy that prohibits sexual misconduct between all inmates and staff, interns, contractors and other inmates. This policy outlines their approach to prevention, detection, reporting and response to all allegations of sexual misconduct. The policy includes references to the following policies, procedures or state laws: RIDOC 1.13 – Limited English Proficiency; RIDOC 3.05 Sexual Harassment; RIDOC 3.14 Code of Ethics and Conduct; RIDOC 4.03 Orientation and Entrance-Level Training for Non-Correctional Officer Employees, Volunteers, DOC 11.01 Code of Inmate Discipline; RIDOC 13.10 Inmate Grievance Procedure; RIDOC 18.30 Receiving Screening and mental Health Evaluation of New Commitments; RIDOC 18.59 Confidentiality of Inmate Health Information to Include Electronic Medical Record (EMR) and Paper Documents; PREA investigations SOP; RIGL 11-25-24 Correctional employees – Sexual relations with inmates – Felony; RIGL 11-37-3.1 Duty to report sexual assault; RIGL 11-37-3.3 Failure to report – Penalty.

The Associate Director of Planning and Research, Jeff Renzi, was the Agency-wide PREA Coordinator at the time of the Pre-Audit Questionnaires. He reports to the Assistant Director of Administration and indirectly to the Agency Director. Beginning mid-July, the agency has employed a new PREA Coordinator, Heather Daglieri. Ms. Daglieri comes to the agency from the RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. She is an attorney and has a strong commitment to ensuring the RIDOC complies with PREA Standards. Ms. Daglieri will report to the Central Warden and indirectly to the Assistant Director of Institutions and Operations.

The outgoing PREA Coordinator reports that they have been very focused on compliance with issues brought up during the 2015 audits by this auditor, as well as the mock audit conducted in 2015 by the PREA Resource Center. He reports that approximately 75% of his work week has been focused on PREA compliance including after audit corrective action plans, construction and policy changes. There are 6 PREA Compliance Managers, one at each facility. Actions or processes undertaken to achieve compliance include systems review, policy changes and two work groups created. A new computer system that will be used to track Incident Reports is being tested, which will include areas to document retaliation monitoring and incident reviews.

The incoming PREA Coordinator has stressed a strong proactive process for PREA compliance moving forward. This is a dedicated position and her focus will be on PREA compliance throughout the agency. She attends the monthly Warden meetings, and will be setting up monthly PREA Compliance Manager Meetings, as well as standing meetings with the Chief of the Office of Inspections and the Chief of the Special Investigations Unit, which will allow her to remain updated on all internal and external investigations. It is noted that she has completed the National Institute of Corrections, "PREA: Coordinators' Roles and Responsibilities" and "PREA: Audit Process and Instrument Review".

The Deputy Warden is the Facility PREA Compliance Manager, when he took on this duty in March of 2016. He reports that other than PREA duties, he is responsible as the Deputy Warden, ADA Coordinator, and LEP monitor. He reported that he has received no formal training for the role as PREA Compliance Manager. He reports having coordinated the facilities efforts toward compliance through a newsletter, memos, bi-weekly inmate orientation, posters and stickers. With the exception of introducing inmate orientation, he reported having implemented no specific processes toward compliance at this point.

CAP: Provide training to the Facility PREA Compliance Manager on duties, expectations, and procedures for actions or implementation of processes towards compliance with PREA standards.

Response: The Agency PREA Coordinator created a training for all Facility PREA Compliance Managers. This training covers responsibilities, PREA policy, Retaliation Monitoring, and Incident Reviews. All Facility PREA Compliance Managers attended a training on December 8, 2016 and proof of training was provided. Additionally, the Agency PREA Coordinator established monthly PREA meetings to occur on the 1st Wednesday of each month. This meeting will be used to identify PREA compliance related issues, discuss ongoing efforts towards compliance with the PREA standards, and work together with the PREA Coordinator to ensure a coordinated and consistent approach to PREA compliance throughout all RIDOC facilities.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires that an annual review of the staffing plan shall be conducted by the Warden and the PREA Coordinator. This review shall require taking into effect any generally accepted detention and correctional practices; any judicial findings of inadequacy; any finding of inadequacy from Federal investigative agencies and internal or external oversight bodies; all components of the facility’s physical plant; composition of inmate population; number and placement of supervisory staff; institutional programs occurring on a particular shift; applicable State or local laws, regulations or standards; and prevalence of substantiated or unsubstantiated incidents of sexual misconduct. The policy requires documentation and justification of deviations from the plan.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires that unannounced rounds be conducted by facility supervisors, and that staff is prohibited from notifying other staff when these rounds are being conducted.

RIDOC Policy 3.02 “Involuntary Mandatory Overtime”, effective date 5/29/2012, provides for the circumstances in which overtime may be ordered and provides for a uniform, fair and consistent procedure for administering involuntary mandatory overtime. In the event of a staff shortage, the facility must offer overtime to those off-duty employees who are regularly assigned to the shift on which overtime occurs; after which it may be offered to employees on the preceding shift; after which it is offered to employees on subsequent shifts; after which it is offered to off-duty employees regularly assigned to the facility; and lastly offered on a rotating basis to personnel regularly assigned to other facilities under RIDOC control. Involuntary mandatory overtime is ordered on a rotating basis to employees who are regularly assigned to the facility by reverse seniority from a rotating list. Exceptions to this include ordering an employee who has just completed a double shift (except in major emergencies) or an employee who completed an 8 hour shift at an outside hospital post.

RIDOC Policy 9.05-2 “Institutional Log Book System”, effective date 10/22/2007, requires that the Warden establish a special log book(s) to monitor unusual situation that are not covered by traditional log book procedures, to include staff work stoppage.

The staffing at the facility is based upon position. There are 2 Captains, 9 Lieutenants, and 128 correctional staff. The facility reviews and

petitions for changes in post titles or additional staff based on need. While the staffing plan is reviewed weekly, the last documented review was conducted on January 6, 2016. There have been on deviations of staffing due to the process of voluntary and involuntary mandatory overtime described above; however the most common reasons for voluntary or involuntary mandatory overtime include employee absences due to sick, vacation, or personal time; employee training; posts created due to construction; and administrative leave due to discipline, specialized training, investigations or specific duties outside of the facility. Any changes are documented on the Shift Report and these were reviewed by the auditor.

Unannounced rounds are conducted by policy on every shift by facility supervisors. This was verified through log book entries. Additionally, the Warden and Deputy Warden conduct random rounds throughout the week which are not always documented. During conversations with staff who conduct these rounds, it was determined that these rounds do not differ from previously conducted rounds for security purposes, and as such are not documented as unannounced rounds for the purposes of compliance with PREA standards. Staff have received no training on what they are to be aware of and that rounds should include all areas of the facility. It was also noted that the following areas are of concern due to limited sight supervision: kitchen rack storage, Lt. Office (window), parole room, dry goods, SIU Office (window) and dental room.

CAP: Provide guidelines for unannounced rounds to include purpose of rounds and areas to be checked. Ensure documentation identifies the type of round being conducted. Provide to the auditor a copy of the guidelines and documentation of training for staff conducting unannounced rounds.

Response: The PREA Coordinator created the Unannounced PREA Rounds training that includes the standard, the agency policy, who is responsible, what areas are to be checked, video monitoring checks and storage of documents. Training was conducted on January 11, 2017 and a copy of the signed roster was provided to the auditor. Samples of unannounced rounds were provided and documented on the RIDOC PREA Unannounced Rounds Log.

Standard 115.14 Youthful inmates

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

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

RIDOC Policy 12.26-4 "Special Management of Juvenile Offenders", effective date 2/16/2015, addresses the housing and management of juvenile offenders in the adult system. The prohibition of placing juvenile offenders with adult inmates. No juvenile offender will be accepted by RIDOC unless accompanied by a Waiver of Jurisdiction. Juvenile offenders are immediately placed into Protective Custody, are prohibited from being placed in a holding cell, dorm room or housing unit with adult inmates. Housing shall be single cell or double cell with another juvenile offender. Access to showers are through a separate schedule allowing juvenile offenders to complete showers without adult inmates present. Outside of housing, staff are required to either ensure sight/sound separation from adult inmates or to provide direct staff supervision of the juvenile offender. If only isolation is available for housing, the policy requires that education and exercise may not be denied. Other programming and work opportunities may be available.

Max does not house youthful inmates, the High Security Center (HSC) is where youthful inmates would be housed if admitted to the Rhode Island Department of Corrections. As such, this standard is N/A for this facility.

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.

RIDOC Policy 9.14-7 “Detecting and Confiscating Contraband on or in the Possession of Inmates/Detainees (Including frisk, strip and body cavity searches) or in Inmate Transport Vehicles, effective date 1/25/2016, addresses both strip searches and body cavity searches. Strip searches shall be conducted by two staff of the same gender as the inmate, except in an emergency. Emergency situations require Shift Commander approval and documentation of the search in the Shift Command Report. Body cavity searches are only authorized by a Court Order or the consent of an inmate. These are only permitted to be conducted at an offsite medical facility and by a medical professional.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to be trained on procedures ensuring inmate supervision during showers, performing bodily functions, and changing clothing. All staff of the opposite gender of the inmate housing unit shall announce (knock and enter) themselves when entering a housing unit.

RIDOC Standard Operating Procedure “Identification, Treatment and Management of Transgender Inmates” requires that all determinations for housing of transgender or intersex inmates is determined on a case-by-case basis and includes the following factors: the inmates own view of safety, current genitalia status, partial or complete sex reassignment surgery, removal of augmentation of breasts, and removal of testicles. The final determination of gender shall be by the Medical Program Director/designee. Placement and programming will be reassessed two times per year at a minimum to review any threats to safety experienced by the inmate. Searches of transgender or intersex inmates is addressed in this policy. Staff are prohibited from searching a transgender or intersex inmates as a form of harassment or to determine the inmate’s genital status.

Due to the age and original design of this facility, all showers do not provide privacy from cross gender staff viewing. The design is similar to a bath house where there is a large tiled area and four tall posts, each with four heads, is located in the middle of the floor. There are no stall type features where curtains or doors could easily be installed. Additionally, due to the tiers in the housing units, viewing from above would not hinder sight of inmates showering.

Cameras are located in the housing units and are directed towards the shower area; however, a video review found that these are just far enough that genitalia are not clearly seen. During a video review, the auditor noted that inmates leave their towel and clothing on tables located in the dayroom where the showers are located at the rear. Inmates walk undressed to the tables to get their towels and to dress. While reviewing the video, one inmate continued to walk around undressed talking with other inmates. This specific video review was in response to a letter received from an inmate who reported his cell is located on the first floor near the showers and he was subjected to this behavior daily. Additionally, the auditor noted that the following areas did not provide inmate privacy: gymnasium bathroom, education bathroom, industries bathroom, and the strip search room (camera positioning). While there is a memo dated May 3, 2016 that requires cameras should not be focused on an areas in which inmates are likely to be undressed or toileting, such as showers, bathrooms, and individual cells, and that the cameras should only be monitored by officers or nonmedical administrators of the same gender as the inmates, the strip search room has a camera that shows inmates undressing.

Inmate interviews and some staff interviews confirmed that cross-gender staff do not announce their presence each time they enter when the housing unit is gender specific. The facility does utilize placards as a visual reminder for inmates who may not hear or were not present when the initial announcement advised that a female staff was present.

CAP: Address privacy concerns in the housing shower areas. Provide the auditor with a resolution, including discussion with PREA Resource Center staff. Implement procedures for the reviewing of live video monitoring to prevent cross-gender staff from viewing inmates during strip searches, except in exigent circumstances. Address cameras in the strip search room and the memo dated May 3, 2016 for privacy of inmates during a strip search. Provide training on the requirement of cross-gender staffing announcing their presence each time they enter a housing unit that is gender specific. Provide the auditor with proof of training.

Response: During the Corrective Action Period, the PREA Coordinator and this auditor had telecommunication with PREA Resource Center regarding the use of shower shorts as a method of privacy as major construction would not be able to be completed during the Corrective Action Period. As a result of this communication, the facility has implemented the mandatory use of shower shorts in the housing and medical cells, effective February 21, 2017. Each inmate was provided two pairs of orange shorts for this purpose. As new inmates arrive, these shorts will be provided as a part of the approved clothing. For inmates who do not wish to utilize the shorts, they will

be provided a private area to shower 3x per week and this will be documented. Additionally, privacy dividers will be put up each day for inmate's to change, allowing further privacy. Supplemental Policy 9.49-3 "Maximum Security Inmate Shower Shorts" was created and became effective February 21, 2017.

The Warden updated SOP Suicide Prevention (January 19, 2017) to note that cameras are to be used to supplement a physical visual check of inmates on Suicide Prevention. Additionally, a memo dated January 26, 2017 was sent to all staff that addresses inmate privacy and monitoring of all video feed – specifically that certain cameras should never be watched or routinely pulled up by staff of the opposite gender. These areas included the Hospital, Shower Areas, Changing Areas, Search Areas, Toilet Areas, and Strip Room.

A memo was sent to all inmates on February 16, 2017 and was posted for inmate viewing. All staff were provided training at roll call from February 16, 2017 through February 21, 2017 regarding the new shower policy and the requirement to announce their presence each time they enter a housing area if they are of opposite gender as the inmates (Knock and Announce). Proof of training was provided to the auditor.

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.

RIDOC Policy 18.22 "Inmates and Visitors with Special Needs", effective date 8/18/2008, identifies the Associate Director of Health Care Services is the ADA (Americans with Disabilities Act) Coordinator and is responsible for coordinating and monitoring activities and procedures related to special accommodations and access to programs for inmates. The Deputy Warden in each facility is designated as the Facility ADA Coordinator and is responsible for coordinating, monitoring, and ensuring access to programs and services for inmates within the individual facility. This policy requires TDD (Telecommunications Devices for the Deaf) equipment, or comparable equipment, be available for inmates with hearing or speech disabilities, as well as to those with hearing or speech disabilities on an inmates' approved visitor list. Additionally, telephones are required to have volume controls for inmates with hearing impairments.

RIDOC Policy 9.49 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, requires the provision of services of Limited English Proficient inmates, and prohibits the use of inmate interpreters, inmate readers or other inmate assistance except in situations where a delay in obtaining an effective interpreter could compromise an inmate safety, delay for first responder duties, or in the investigation of an inmates' allegations. RIDOC has a contract that began on 1/14/2013 with Dorcas International Institute of Rhode Island for the provision of interpreting and translation services. This contract, originally for one year, is in its' their extension and currently ends on 12/31/2016. Dorcas International Institution is a non-profit agency who provides Pinpoint Translation Services that covers fluent interpretation and translation in more than 60 languages. Services include documentation translation, over-the-phone translation, and conference call translation.

RIDOC Policy 14.1-3 "Intake/Committing Process", effective date 6/13/2016, requires that all intake staff begin the identification of Limited English Proficient inmates.

RIDOC Policy 1.13-1 "Limited English Proficiency (LEP) Individuals", effective date 2/16/2015, identifies that a Departmental LEP Coordinator is identified to oversee and direct language services, including applicable contracts and provides meaningful access for LEP person to the services and benefits of all programs and activities. This person is to maintain contracts, identify training needs to facility LEP Monitors and staff, and implement a system for receiving and responding to complaints by staff, inmates or other of ineffective language assistance measures. Each Warden is responsible for identifying a facility LEP Monitor who is responsible for the coordination of all LEP services in the facility. The LEP Monitor is responsible for being familiar with resources both internal and contracted vendors, serve as the point of contact for the provision of services by disseminating necessary information to applicable staff and assisting staff in scheduling needed services, ensures signage is available both in English and Spanish, work with the LEP Coordinator to identify needs and strategies for meeting those needs, and ensuring that data on all interactions with LEP persons is maintained and provided to the LEP Coordinator. This policy also requires staff to make all efforts to identify an individual's primary language through materials provided by the contracted vendor which ask an individual to point to their language. These materials are made available on the RIDOC intranet.

There is a dedicated Limited English Proficiency Monitor at the facility. There are certified staff throughout the agency that can be called

upon to provide interpretation when needed, including American Sign Language. The facility identifies LEP inmates and disabled inmates at admission. However, there is limited resources for LEP material in a language other than English as well as no systems to identify LEP reading capabilities or to identify reading disabilities for English speaking inmates.

CAP: Ensure that all facility PREA documents for inmates is available in Spanish (the main LEP language), provide a system to ensure that the material is available to LEP inmates, and provide these documents to the auditor as proof of completion. Create a system to identify inmates with reading disabilities as well as LEP inmates who can speak and understand English verbally, but cannot read English. Provide to the auditor the procedures for identification of systems to address reading disabilities. Provide proof of training for commitment staff.

Response: The agency has updated the inmate database, INFACETS, to include whether an inmate is Limited English Proficient, the language an inmate is fluent in, if the inmate has reading disabilities, or if the inmate has verbal understanding disabilities. This information is available to any staff and ensures that information is provided in a manner that is understood by an inmate. Staff training was completed in January, 2017. Educational materials were also updated. The PREA DVD shown at intake has been updated to include English, Spanish and Hmong (all with subtitles) and is now available in audio recording in English, Spanish, Chinese and Portuguese. The RIDOC PREA brochure is available in both audio recording (English and Spanish), as well as a written transcript (English, Spanish, Chinese, and Portuguese). The Day One guide is now available in audio recording (English and Spanish). And the PREA Page in the RIDOC Rulebook has been updated to include both English and Spanish.

Standard 115.17 Hiring and promotion decisions

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

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

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, prohibits the hiring of any person who has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the sexual activity. This policy also addresses the employee affirmative duty to report and that all material omissions or the provision of materially false information is grounds for termination. This information is captured in the PREA Policy, #9.49 DOC that is titled “PREA Supplemental Questionnaire” that asks all three questions and requires an applicant or employee signature and date.

RIDOC Policy 3.14-3 “Code of Ethics and Conduct”, effective date 1/11/2016, prohibits the hire or promotion of any person who has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the sexual activity. This policy also requires that the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The RIDOC also imposes upon employees a continuing affirmative duty to disclose any such misconduct.

RIDOC Policy 3.06-3 “Selection, Retention, and Promotion”, effective date 3/12/2007, requires that all applicants (current employee or non-employee) for open positions will have a background, BCI, and NCIC check.

RIDOC Policy 3.32 “Pre-Employment Background Investigations” effective date 11/9/2015, requires all job applicants receive a background investigation to verify information, authenticate qualifications and confirm character.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires a background check at hire for all employees, contractors and volunteers. Contractors and volunteers shall receive a background check every two years. As well, this policy addresses the providing of information regarding substantiated sexual abuse or substantiated sexual harassment to prospective employers.

Policy requires that all request are submitted to the Office of Human Resources who has the authority to provide this information.

RIDOC Policy 9-23-2 “Security and Control: Access to ACI Facilities”, effective date 4/24/2006, identifies that employees, contractors, interns/students, and volunteers Identification Badges expire at a minimum every 2 years and at a maximum every 5 years. The pending policy states that in order to renew the Identification Badge, RIDOC 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.

RIDOC Policy 9.40-5 “Procedure for Contractors at Institutional Facilities” requires emergency contractors to have an on-site background check and to be accompanied by a correctional officer.

RIDOC Policy 3.31 “Employment References”, effective date 11/15/2010, requires that all requests for employment references, other than the employee’s name, dates of employment, job title, descriptions of the jobs performed, and salary or wage rate, must be accompanied by an Employee Reference Release. This policy also requires that only the Office of Human Resources may respond to reference requests.

During an interview with the Human Resources Coordinator, it was confirmed that all applicants and employees are required to complete the “PREA Supplemental Questionnaire” which addresses prior sexual misconduct. During an interview with the Office of Inspections Chief his department is responsible for the background screenings at hire and every 5 years for staff, as well as for contractors and volunteers. This process began in 2015 and is still being completed. The party responsible for these backgrounds has been systematically conducting these as quickly as possible to complete all staff backgrounds. A review of background screenings of the staff interviewed during the audit found that all have had a background screening in the past 5 years. Any remaining backgrounds are slated to be completed by the end of August, 2016. A review of a volunteer record found that a background had been conducted in 2015.

CAP: Provide to the auditor the finalized and signed policy 9-23-2.

Response: RIDOC Policy 9-23-3 “Security and Control: Access to ACI Facilities” was finalized and went into effect on January 30, 2017. The policy was distributed to all staff on January 27, 2017.

Standard 115.18 Upgrades to facilities and technologies

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

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

There has been no upgrades to the facility or to the camera system. The camera system is slated to be upgraded in August 2016. The Warden provided documentation showing that new cameras will be installed and that the determination of locations of these cameras was based upon a number of factors, including facility operations, inmate movement, individual blind spots, location of inmate activities, location of civilian staff, locations of egress and access, perimeter, review of past incidents, areas of limited activity and for individual cells for self-injurious inmates.

Standard 115.21 Evidence protocol and forensic medical examinations

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

- Does Not Meet Standard (requires corrective action)

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

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, states that the Special Investigations Unit (SIU) conducts inmate-on-inmate administrative investigations and the Office of Inspections (OI) conducts staff-on-inmate administrative investigations. The RIDOC does not conduct criminal investigations. The Rhode Island State Police conducts criminal investigations as per an MOU dated 03/31/2015. Rhode Island State Police General Order 53B “Collection and Preservation of Evidence” was provided.

RIDOC Standard Operating Procedure (SOP) “PREA Investigations” requires administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and investigations be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

RIDOC Policy 9.16-1 “Procedure for Protecting, Gathering, and Preserving Evidence”, effective date 9/25/2006, details guidelines for the systematic protection, acquisition, and preservation of evidence at the scene or, or associated with, any crime committed within the facilities of the RIDOC. This policy include the notification of incidents, first responder duties, posting of staff to guard the area, addresses unauthorized personnel access, diagram of scene, report gathering, photographing, methods of preservation of a variety of evidence, preservation kits, evidence locker, evidence logs, transfer of evidence, destroying evidence, and evidence that is of value or identified as contraband.

Day One is the state’s Rape Crisis Center. They are located in Providence, Rhode Island. They are the one agency in Rhode Island that is specifically organized to deal with issues of sexual assault as a community concern. They provide treatment, intervention, education, advocacy, and prevention series to all citizens of Rhode Island. Inmates are transported to the Rhode Island Hospital where Day One has an office and immediately responds to sexual abuse cases. Additionally, they will provide advocates as necessary and by request of the inmate.

A contractual agreement between Day One and the RIDOC provides for the following services: Referral/case management services; Informational and referral services for sexual assault victims, families, secondary families; ongoing training for DOC staff; Answer questions victims may have concerning victim information and notification; refer and act as liaison for victim with access to services; Victim Advocacy; Crisis Intervention, and Safety Planning. The effective period of this contract is February 1, 2014 through February 28, 2017.

A second contractual agreement between Day One and both the RIDOC and the RI Department of Children, Youth, and Families provides that Day One will develop educational curricula for male and female inmates for compliance with PREA Standard 115.33, conduct presentations of adult and female education criteria at RIDOC intake facilities, develop and print PREA Informational Brochures for inmates, develop educational curriculum for RIDOC that is specific to law enforcement with emphases on training RISP, RIDOC Special Investigations Unit and the RIDOC Office of Inspectors for compliance with PREA Standard 115.34, conduct training that is specific to law enforcement to RISP, RIDOC Special Investigations Unit, and the RIDOC Office of Inspectors, and development of education curricula for RIDOC that is specific to prosecution with emphasis on a coordinated response to sexual abuse and sexual harassment that is compliant with PREA Standard 115.65. The effective period of this contract is November 1, 2015 through June 20, 2017.

There is an MOU with the Rhode Island State Police, effective March 26, 2015, that requests compliance with PREA Standards, allows for inmates to contact the Rhode Island State Police directly, confirms that a victim advocate may be present during examinations, and that the Rhode Island State Police will conduct investigations received from all parties, including third parties and anonymous reports. Additionally, there are two Rhode Island State Police detectives within the Rhode Island Department of Corrections Administrative Building who have an excellent working relationship with both the Office of Inspections and the Special Investigations Unit investigators.

There are four investigators in the Office of Inspection. All four are former law enforcement and have completed the National Institute of Corrections “PREA: Investigating Sexual Abuse in a Confinement Setting” course. There are eight investigators in the Special Investigations Unit. These are former correctional staff and have completed the National Institute of Corrections “PREA: Investigating Sexual Abuse in a Confinement Setting” course.

A discussion with the Chief of the Special Investigations Unit and the Chief of the Office of Inspections found that both are fact finders and provide an investigation into all allegations of sexual abuse or sexual harassment, with the Rhode Island State Police being notified of any criminal activity. All investigations are documented and all physical and tangible evidence is collected. However, it is clear through conversation, and a review of a sample of investigative reports, that they do not address whether staff actions or failures to act contributed to the abuse alleged. The investigators provide a verbal report with a description of the evidence and investigative facts and findings to the Wardens who would then address staff actions of failures to act. While this is reportedly being done, it is not documented in a report and

thus does not meet the requirements of the standard.

There were three allegations of sexual abuse, none were reported within a timeframe to collect forensic evidence.

CAP: Create procedures to ensure that administrative investigations are appropriately conducted and documented. Provide the auditor with a copy of the procedures and samples of administrative investigations.

Response: The agency has adapted a system to ensure that administrative investigations are completed as required. The Office of Investigations shall complete the administrative investigation, ensuring that a review is conducted addressing staff actions or staffs failure to act contributed to any abuse. A memo was provided to the auditor from the PREA Coordinator, dated December 20, 2016 and proof of staff training was provided.

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 Standard Operating Procedure “Procedure for Response to Allegations of Inmate Sexual Violence and Staff Misconduct/Harassment towards Inmates” states that all allegations of sexual misconduct shall be reported to the Warden, the Special Investigations Unit and the Office of Inspections. The Special Investigations Unit or Office of Inspections investigator shall notify the Clinical Director, Psychologist and the Rhode Island State Police. 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 due to confidential information within the policy.

There is an MOU with the Rhode Island State Police, effective March 26, 2015, that requests compliance with PREA Standards, allows for inmates to contact the Rhode Island State Police directly, confirms that a victim advocate may be present during examinations, and that the Rhode Island State Police will conduct investigations received from all parties, including third parties and anonymous reports. Additionally, there are two Rhode Island State Police detectives within the Rhode Island Department of Corrections Administrative Building who have an excellent working relationship with both the Office of Inspections and the Special Investigations Unit investigators.

It was clear through polices and interviews that all allegations of sexual abuse and sexual harassment are referred for investigation. Special Investigations Unit conducts inmate-on-inmate investigations and the Office of Inspections conducts staff-on-inmate investigations. The Rhode Island State Police is contacted when possible criminal behavior is identified. Warden, PREA Compliance Manager, PREA Coordinator, Office of Inspections Chief, and Special Investigations Chief confirmed all allegations are taken seriously and immediate notification is made for investigation.

There were three allegations of sexual abuse in the past 12 months. Of these, two were unfounded and one was unsubstantiated. All were investigated by the Special Investigations Unit. None were identified as criminal and therefore were not referred for criminal investigation or prosecution.

Standard 115.31 Employee training

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

- Does Not Meet Standard (requires corrective action)

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

The agency has created PREA training for all staff in conjunction with a sexual assault center. Included in the training is information on the following topics: the zero-tolerance policy, how staff are to fulfill their responsibilities under the agency PREA policy, inmates rights to be free from sexual abuse and sexual harassment, staff and inmates right to be free from retaliation for reporting sexual misconduct, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, effective communication including communication with lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates, and how to comply with relevant laws relating to mandatory reporting to outside authorities. The training material details the differences between males and female inmates within the one training. Per a prior conversation with the Warden at the women’s prison, all new staff complete a training specifically for the uniqueness of female inmates.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff training every other year, with refresher information in the alternative years.

This auditor met with the Training Director who reported that PREA training is provided during the academy and every two years. She provided proof of training for all staff interviewed, with the exception of the medical staff. Non-uniform staff will receive PREA training at the facility prior to their in-service training. With few exceptions due to FMLA or long-term disability, all staff have completed the training within the 2 year period. All staff will again receive PREA training during the 2016 in-service training, a 40 hour training required for all staff. Refresher training is provided to staff through policy change notifications, as well as at the individual facility during briefings.

Interviews with staff found that they are not aware of Child Abuse or Elder Abuse Reporting Laws.

CAP: Provide facility specific refresher training on Child Abuse and Elder Abuse Reporting Laws. Provide a copy of the training and proof of staff training to the auditor. Provide proof of standard PREA training for medical staff.

Response: The facility conducted roll call training with all staff on the requirements for Child Abuse and Elder Abuse Reporting, as per RIGL § 40-11.3 and RIGL § 42-66-8. Documentation of the training was provided to the auditor, along with the narrative that was read to staff.

Standard 115.32 Volunteer and contractor training

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

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

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires that all contractors, volunteers and interns complete PREA training upon approval to enter into the facilities. RIDOC Policy 9.40-5 “Procedure for Contractors at Institutional Facilities” requires emergency contractors to have an on-site background check and to be accompanied by a correctional officer.

The agency has created PREA training for all contractors, volunteers, and interns that mirrors the security staff training. Included in the training is information on the following topics: the zero-tolerance policy, how staff are to fulfill their responsibilities under the agency PREA policy, inmates rights to be free from sexual abuse and sexual harassment, staff and inmates right to be free from retaliation for

reporting sexual misconduct, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, effective communication including communication with lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates, and how to comply with relevant laws relating to mandatory reporting to outside authorities. The training material details the differences between males and female inmates within the one training.

A file review of a volunteer showed that the volunteer has completed necessary training and this is documented.

Standard 115.33 Inmate education

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

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

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires a comprehensive training for inmates in order to emphasize the importance of preventing sexual misconduct towards inmates, and to promote awareness of the serious impact of sexual victimization within the correctional setting. This policy requires that during the intake and commitment process, inmates shall receive information explaining RIDOC’s zero tolerance mandate regarding sexual misconduct and how to report such incidents or suspicions through verbal instruction or video presentation. This information shall include the right to be free from sexual misconduct, the right to be free from retaliation for reporting such incidents, and the policy and procedure for responding to such incidents. The PREA Manager is responsible to ensure that inmates receive this training on intake or transfer, as well as for ensuring that inmates incarcerated before the program began are provided the same education.

RIDOC Policy 14.1-3 “Intake/Committing Process”, effective date 6/13/2016, requires that all inmates are provided the Inmate Rulebook and the PREA brochure/information. This policy requires that all inmates are provided the Inmate Rulebook and the PREA brochure/information. It is noted that PREA information is within the first few pages of the Inmate Rulebook as well. This is completed at the intake facility: Anthony P. Trivisono Intake Service Center (ISC) for males and the Gloria DiSandro McDonald (GM) Building for females. PREA information is within the first few pages of the Inmate Rulebook and includes information regarding reporting to staff verbally and through notes, as well as free phone access to the Special Investigations Unit and Rhode Island State Police. The PREA Brochure describes sexual misconduct and provide the reporting options that include telling a staff or calling the Special Investigations Unit, Inspectors Office, or the Rhode Island State Policy. The PREA video is required to be shown to the inmate upon the inmate’s arrival at their housing facility (Women’s, Intake Service Center, Maximum, High, Medium, or Minimum). Inmates are typically moved to their permanent housing within 30 days.

RIDOC provides PREA education in the following formats: English, Spanish (most common LEP language), deaf, limited in reading skills, visually impaired, and otherwise disabled as identified. However, the Rule Book is not provided in Spanish as of yet.

Inmate PREA education is documented in the inmate database (INFACTS), showing the date that the inmate completed PREA education. However, this information is from Intake. Upon transfer, no inmate education is provided upon admission. Inmates who were placed at the facility prior to the implementation of PREA education reported no PREA education. However, this was verified to be inaccurate as all inmates received comprehensive education from Day One in 2012. Additionally, this facility is conducting bi-weekly orientation that includes PREA information and a PREA video. The auditor sat in the orientation class on the first day of the audit and observed the Warden and Facility PREA Compliance Manager clearly discussing their commitment to providing a safe place for inmates, how to report sexual abuse or sexual harassment, and that a chain of command reporting is not required. The video was approximately 15 minutes in length and inmates were observed paying attention to the speakers and to the video.

CAP: Provide at admission the PREA Brochure and Day One Brochure to all inmates. Provide the PREA auditor an electronic copy of the Rulebook for record. Implement brochures at admission and provide the auditor with signed documentation showing that they did receive this at the time of their admission. Provide the auditor a copy of the documentation that new inmates have received comprehensive education within 30 day of admission.

Response: The facility implemented all inmates receiving both the RIDOC PREA Brochure and the Day One Brochure upon intake, and again during their Orientation to the facility. During Orientation, inmates are also provided the PREA video. All information received is documented by the facility and signed for by the inmate. In January 2017, the facility began to use the RIDOC Inmate PREA Awareness Acknowledgement Intake Information form that is in both English and Spanish. In February 2017, the facility began to use the RIDOC PREA Awareness Acknowledgement Comprehensive Education form. Samples were provided to the auditor for review.

Standard 115.34 Specialized training: Investigations

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

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

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires that all Special Investigations Unit and Office of Inspection Investigators receive both standard PREA education and specialized training in conducting sexual misconduct investigations in a prison setting. RIDOC conducts a training titled “PREA Investigators Training” which covers the steps to be taken when notified of an allegations of sexual misconduct. The steps include conferring with RIDOC staff, medical staff, hospital staff, interviewing the victim, and the collection of evidence. All Investigators have also completed the National Institute of Corrections on-line training titled “PREA: Investigating Sexual Abuse in a Confinement Setting”.

Interviews and training documents show that all investigators have received appropriate training for conducting administrative investigations. The investigators do not conduct criminal investigations as these are conducted by the Rhode Island State Police.

Standard 115.35 Specialized training: Medical and mental health care

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

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

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires that all medical and mental health staff completed both standard PREA training, as well as specialized training in how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct, and how and to whom to report allegations or suspicions of sexual misconduct. This training is provided by RIDOC in a course titled “PREA Update Training for Medical and Mental Health Staff”.

An interview and record check with the Training Director found that the medical and mental health staff have completed specialized training that addresses the requirements of the policy and standard, and which contains some of the information offered through the NIC online courses for medical and mental health staff. Interviews with both medical and mental health staff confirm they have completed the required training. However, it was discovered that the medical staff have not completed the standard PREA training for all staff.

CAP: Provide proof of standard PREA training for both medical staff.

Response: The facility provided proof of both general PREA training and Non-Uniform PREA training for medical staff.

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.

RIDOC Policy 15.01-6 “Classification Process”, effective date 11/24/2014, requires the implementation of a Classification Board which shall review all studies made of each sentenced inmate during the period of point of commitment and from time to time thereafter as shall be necessary. The Board shall recommend to the Director the custody level as well as rehabilitation/treatment plans. This is the process to determine the level of custody and the facility to which each inmate shall be assigned.

RIDOC Policy 9.33-5 “Inmate Housing Assignments”, effective date 1/25/2016, requires that all inmates are screened for risk of being sexually abused by other inmates or sexually abusive toward other inmates. This is required to be completed upon intake and transfer. The risk screening is completed and documented through INFACETS, the inmate electronic record system. The risk screening addresses all ten required components of the standard except specifically addressing whether the inmate reports being LGBTI or gender non-conforming. This question is addressed in a form that the inmate completes privately and then signs. The policy also requires a re-screening within 30 days and/or when warranted due to referral, request of the inmate, incident of sexual abuse, or receipt of additional information since the inmate’s initial screening that bears on the inmate’s risk of sexual victimization or abusiveness. The policy also addresses the prohibition of discipline if an inmate refuses to answer the questions.

Access to this information is protected to those staff with a need to know. The results of the screening is revealed through the use of color coding within the Count Board. The count board is available only to staff who make housing decisions, as well as to those identified with a need to know. Correctional officers do not have access to this information.

The agency currently completes the initial Screening at the entrance of an inmate into the RIDOC system, either at the Intake Service Center for males or the Women’s Facility for females. A 30-day screening is completed either at the intake facility or at the facility where the inmate was transferred, based on the classification. Due to the close proximity of the facilities (within a 1 mile square radius) it was believed that a new screening was not required. Therefore, a new screening or a review of the prior screening is not completed at the receiving facility. This was confirmed during an interview with the intake staff. A review of the standard with the current PREA Coordinator and the incoming PREA Coordinator has found that a new screening should be completed upon transfer. Additionally, there is no current system for updating the screening based upon new information or an allegation.

CAP: Implement a system to ensure that all inmates are screened or risk of being vulnerable or sexually abusive toward other inmates upon admission (transfer). Provide the auditor with the procedures and proof of screenings conducted on newly admitted inmates.

Response: The agency implemented a system that all inmates, upon transfer, are assigned to housing only after the screening tool is reviewed and the inmate answers a question regarding any change to their vulnerability. If the inmate answers yes, a review of prior answers to the required questions is completed and a notification is sent to the housing Captain. This system was implemented and all staff responsible received training on February 15, 2017.

Standard 115.42 Use of screening information

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

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

RIDOC Policy 9.33-5 “Inmate Housing Assignments”, effective date 1/25/2016, requires that all housing decisions are determined by the Shift Commander and decisions are subject to the review and approval of the Warden. In an emergency, the Shift Commander may approve housing changes at any time.

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 - no identification). This color coding allows the Shift Commander to easily reassign housing providing safety to the inmate and security measures to ensure the privacy of the information. Floor staff do not have access to specific inmate screening results.

RIDOC Standard Operating Procedure “Identification, Treatment, and Management of Transgender Inmates”, requires all staff, upon intake of an inmate, to refer transgender or intersex inmates to the Health Care Services for gender determination. Housing and programming are determined by the Medical Program Director/designee after a medical and mental health assessment is completed on the transgender or intersex inmate. Consideration is given based on the inmates own views with respect to their own safety and all decisions are made on a case-by-case basis. This procedure addresses placement and programming assignment reviews at least twice per year. Transgender and intersex inmates are provided the ability to shower separately.

RIDOC Standard Operating Procedure “Identification, Treatment, and Management of Transgender Inmates”, prohibits the use of segregation solely on the basis of an inmate being transgender or intersex. It may be used only after an assessment of all available alternatives has been made and it is determined that no feasible alternative exists. In this case, the Warden or designee must document the basis for the concern and document the reason why no alternative means of housing could be arranged. Every 30 days thereafter, until they are removed from segregation, the Warden or designee must review the inmate’s circumstances and determine if appropriate to continue separate from the general population.

A discussion with the Deputy Warden found that they do not house vulnerable inmates with sexually aggressive inmates. Each cell is single person occupancy; however, according to interviews with some staff there is no system to prevent housing staff from moving inmates. Correctional staff are not aware of the risk system.

A further review of the agencies inmate housing regarding transgender or intersex inmates found that there is no system to document all required components of the standard for housing, to include lifestyle, hormone replacement therapy, reassignment surgery, or how the inmate perceives themselves. Medical staff address housing upon intake. It is noted that there are currently no transgender or intersex inmates housed at this facility.

CAP: Create and implement a system during the initial classification process at intake that considers all factors when reviewing a transgender or intersex inmate for housing purposes. Provide a copy of the documentation captured and a policy change to the auditor. Provide samples if applicable. Train correctional staff on the risk system and moving inmates without prior approval from the count board staff.

Response: The agency established a Board responsible for assessing and making recommendations as to housing for transgender and intersex inmates. This Board is comprised of the PREA Coordinator, Chief of SIU or his/her designee, Medical Director or his/her designee, Director of Behavioral Health or his/her designee, the Warden of the facility where the inmate is currently located or his/her designee, and a Correctional Supervisor from the facility where the inmate is currently located. Once a transgender or intersex inmate completes the Gender Housing Request Form, the Board will review all of the inmate’s records and assessments and conduct an interview with the inmate. Each Board member shall complete a Gender Identity Risk Assessment. The Gender Identity FINAL Risk Assessment Score form will be completed. A Transgender and Intersex Review Board Housing Recommendation shall be completed by the Board and shall be forwarded

to the Director for a final disposition. Additionally, a Statement of Search Preference Form shall also be completed, identifying the gender of the staff who shall conduct any searches of a Transgender or Intersex inmate. Additionally, a Transgender and Intersex Review Form was created to further document any changes that may have occurred during their current placement.

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.

RIDOC Policy 12.01-2 “Protective Custody for Inmates”, effective date 12/15/2014, requires the use of protective custody only when there is full documentation that such action is warranted, and no reasonable alternatives are available. Inmates at high risk for sexual victimization cannot be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. An investigation is required to be completed within 24 hours. The status of all inmates placed in protective custody pursuant to risk of sexual victimization is reviewed by the Warden or designee every 30 days, and this is required to be documented. 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.

RIDOC Policy 12.2-2 “Administrative Confinement – Awaiting Trial”, effective date 1/26/2009, allows for the use of administrative confinement as an alternative to confining a detainee in the general population when the continued presence of the individual in the general population would pose a serious threat to life, property, self, staff, or other inmates or the security or the orderly running of the facility. This must be approved by the Warden. In emergency circumstances, the Shift Commander may approve placement until the Warden is able to review and approve placement. If a detainee remains in administrative confinement for 30 or more days, a mental health assessment is conducted every 30 days, or more frequently if clinically necessary. Inmates are allowed medical and mental health services and telephone privileges.

The Pre-Audit Questionnaire and interviews with the Warden and PREA Compliance Manager confirmed that there has been no placement of an inmate at high risk for sexual victimization or who has reported a victimization in protective custody in this facility.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to accept reports of sexual misconduct verbally, in writing, from third party sources, and anonymously. It also identifies the various methods of reporting that are available for inmates: Verbal or written notification to staff, filing a grievance, contacting the Special Investigations Unit, Office of

Inspections or Rhode Island State Police, and notifying the Victims of Crime Hotline.

RIDOC provides inmates a variety of way for inmates to report sexual misconduct, both internally and externally. The Facility Rulebook identifies that inmates may report to the staff, both verbally and through notes, and free phone calls to the Special Investigations Unit, Office of Inspections, Rhode Island State Police and to the Victims of Crime. These are dedicated numbers within the phone system that allow inmates to report without using their inmate pin number. The PREA Brochure mirrors this same information. The PREA video also reminds inmates that reporting to staff, family, and friends are other ways of reporting sexual misconduct. External reporting is through the Rhode Island State Police or Victims of Crime.

Randomly during the tour, the auditor placed a call to one of the four phone options for reporting abuse. All calls went through and return calls were placed to the facility within a time frame of less than 3 hours. Inmates report knowing all ways to report, including the use of the phones and that inmate pin numbers were not required. Staff interviews confirmed staff knowledge of these methods for inmate reporting and that they are required to immediately report any knowledge or information received that indicates sexual abuse or sexual harassment regardless of how received.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to accept reports of sexual misconduct verbally, in writing, from third party sources, and anonymously. It also identifies the various methods of reporting that are available for inmates: Verbal or written notification to staff, filing a grievance, contacting the Special Investigations Unit, Office of Inspections or Rhode Island State Police, and notifying the Victims of Crime Hotline. However, it was noted that filing a grievance was not one of the ways identified to report in all inmate information.

RIDOC Policy 13.10-2 “Inmate Grievance Procedure”, effective date 2/10/2014, allows for a system to resolve inmate complaints, problems and grievances that cannot be resolve informally. Provisions within this policy require that any grievance filed that alleges sexual misconduct must immediately be provided to the Superior Officer on shift. The Superior Officer shall then report to the Special Investigations Unit, Office of Inspections, and Warden. This system removes the allegation from the grievance process. The policy requires that all sexual misconduct grievances filed are not required to be resolved informally, or with a staff who is the subject of the complaint, prior to reporting and that there is no timeframe for reporting. All dispositions must be made within 90 days. The 90 day timeframe does not include any time in which the inmate was preparing an administrative appeal. A 70 day extension is available but the inmate must be notified and a final decision date must be identified. Should a third party person file a grievance, the facility may require the victim to agree to have the requested filed on their behalf, and may require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The agency shall document the inmate’s wish to decline to have the request processed on their behalf. An emergency grievance filed alleging substantial risk of imminent sexual abuse requires a review and initial response within 48 hours, and a final decision within five days. Discipline of an inmate can only be where the agency demonstrates that the inmate filed the grievance in bad faith.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires the PREA Compliance Manager to ensure that inmates have access to outside support services, including the Victims of Crime hotline and Day One, the local victim advocacy/rape crisis organization, by posting such contact information within the facility. Additionally, the PREA Compliance Manager is to ensure that Immigration Services information is posted where inmates have access.

RIDOC Policy 24.02-5 “Inmate Telephone Privileges/Monitoring”, effective date 7/14/2014, establishes the recording and monitoring of RIDOC inmates. This policy identifies the following calls that will not be recorded: RIDOC Special Investigations Unit, RIDOC Office of Inspectors, on-grounds Rhode Island State Police, any Law Enforcement Agencies, and Attorney Calls. Many of these are already identified through a speed dial system.

Day One is the state’s Rape Crisis Center. They are located in Providence, Rhode Island. They are the one agency in Rhode Island that is specifically organized to deal with issues of sexual assault as a community concern. They provide treatment, intervention, education, advocacy, and prevention series to all citizens of Rhode Island. Inmates are transported to the Rhode Island Hospital where Day One has an office and immediately responds to sexual abuse cases. Additionally, they will provide advocates as necessary and by request of the inmate.

A contractual agreement between Day One and the RIDOC provides for the following services: Referral/case management services; Informational and referral services for sexual assault victims, families, secondary families; ongoing training for DOC staff; Answer questions victims may have concerning victim information and notification; refer and act as liaison for victim with access to services; Victim Advocacy; Crisis Intervention, and Safety Planning. The effective period of this contract is February 1, 2014 through February 28, 2017.

A second contractual agreement between Day One and both the RIDOC and the RI Department of Children, Youth, and Families provides that Day One will develop educational curricula for male and female inmates for compliance with PREA Standard 115.33, conduct presentations of adult and female education criteria at RIDOC intake facilities, develop and print PREA Informational Brochures for inmates, develop educational curriculum for RIDOC that is specific to law enforcement with emphases on training RISP, RIDOC Special Investigations Unit and the RIDOC Office of Inspectors for compliance with PREA Standard 115.34, conduct training that is specific to law enforcement to RISP, RIDOC Special Investigations Unit, and the RIDOC Office of Inspectors, and development of education curricula for RIDOC that is specific to prosecution with emphasis on a coordinated response to sexual abuse and sexual harassment that is compliant with PREA Standard 115.65. The effective period of this contract is November 1, 2015 through June 20, 2017.

During the tour, information for Day One was not posted. Interviews with inmates found that they were not aware of Day One or the services available. When notified, the facility immediately located the information and posted this for inmate review. However, no verbal notification of access and services was provided to inmates.

CAP: Provide inmate education on the services of Day One. Establish a system to ensure all inmates receive a Day One Brochure upon admission. Provide the auditor proof of training with inmates and a protocol to ensure that inmates receive the brochure upon admission.

Response: 421 inmates were educated in September 2016 with Day One services through the monthly inmate newsletter. In the September 2016 newsletter, the Day One Brochure, along with the RIDOC PREA Brochure, was included in both English and Spanish for inmate viewing. All inmates receive Day One information at the time of intake.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to accept reports of sexual misconduct verbally, in writing, from third party sources, and anonymously. The agency has updated their PREA page with four ways for inmates to report allegations of sexual assault or sexual harassment. These include Special Investigations Unit, Office of Inspections, Rhode Island State Police and the Rhode Island Victim of Crime Hotline. Phone numbers are present on the website. Additionally, this information is in the PREA Brochure that is available for inmates.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to accept reports of sexual misconduct verbally, in writing, from third party sources, and anonymously. The policy also identifies that staff have the option of reporting “up the chain of command” or privately to the Special Investigations Unit or Office of Inspections. Staff are not to reveal information relating to the sexual misconduct to anyone other than to the extent necessary to make treatment, investigation or other security/management decisions. The policy also addresses the notification of the Rhode Island Department of Children, Youth and Families if the alleged victim is under 18 years of age, and to make notification to Elder Affairs, Protective Service Unit, if the victim is 60 years of age or older. All allegations are required to be reported to the Special Investigations Unit, Office of Inspections and the Warden.

RIDOC Policy 18.9-6 “Confidentiality of Inmate Health Care Information to Include Electronic Medical Record (EMR) and Paper Documents”, effective date 1/25/2016, addresses confidentiality of information including informed consent. This policy requires a signed “Authorization to Request/Release Health Care Information Form” prior to the release of confidential health information, including prior to reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmates is under the age of 18. This policy also identifies those person who are granted access to medical records, on a need to know basis, without a signed release. These persons include the RIDOC Director, Rehabilitative Services Assistant Director, Institutions and Operations Assistant Director, Medical Program Director, Secretary to Medical Program Director, Associate Director of Health Care Services, Secretary to Associate Director of Health Care Services, Associate Director of Planning, Wardens, Clinical Director/Psychologist, Executive Counsel, Health Care staff, Mental Health staff, Substance Abuse Coordinator, Public Health Education Specialists, Interstate Transfer Administrator, School Psychologist, School Social Worker, RI Department of Health/Disease Control Representatives, RI Department of Health/Board of Medical Licensure and Discipline, and the RI Medical Examiner. All other requests for disclosure must be submitted in writing to the Director, or designee, and are considered after consultation with the Executive Counsel.

Interviews with staff confirm their training and knowledge of the requirement to report abuse when notified either by an inmate verbally or in writing, from a third party or from an anonymous source. They acknowledge that they are not to report to anyone who does not have a right to know for treatment, investigation or security purposes. Medical and mental health staff are also aware of their requirement to report, requirement to inform inmates of their duty to report, and the limitations of confidentiality. For inmates under the age of 18, the Warden, Office of Inspections Chief and Special Investigations Unit Chief are aware of the state law requiring reports to the Department of Children, Youth and Families. All parties are aware that any allegations of sexual abuse or sexual harassment must report to the investigators.

Standard 115.62 Agency protection duties

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

- Does Not Meet Standard (requires corrective action)

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

RIDOC Policy 12.01-2 “Protective Custody for Inmates”, effective date 12/15/2014, requires immediate response by the Shift Commander when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse. This may include housing changes, housing restriction. An investigation into the alleged risk must be completed within 24 hours.

The Assistant Director of Institutions and Operations, the Warden and staff interviewed confirmed that if an inmates is at risk of imminent sexual abuse, they are to provide protection and notify their chain of command, including to investigators.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires the Warden to notify another facility head when information is received that alleges abuse at the other facility. This notification must be made within 72 hours and documented. Upon receipt of information alleging abuse at their facility, the Warden is required to report this to the RIDOC PREA Coordinator for investigation.

There were no reported allegations from another facility that an inmate was sexual abused while at this facility. The Assistant Director of Institutions and Operations, the Warden, and investigative staff are aware of the requirement to conduct an investigation if such an allegation is received.

There were no reports from this facility that an inmate had reported abuse that occurred at another facility.

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.

RIDOC Operating Procedure “PREA Investigations” require all staff, upon learning of an allegation that an inmate was sexual abused, shall
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first notify their Superior Officer, separate the victim from the abuser, ensure the alleged victim is immediately escorted to a secure and non-hostile environment – preferably the Health Care Services Unit, preserve and protect any crime scene, request the alleged victim and alleged perpetrator, if known, do not take any action that could destroy evidence (i.e. brushing teeth, showering, changing clothing, eating, etc.), be aware of the visual appearance and listen for any spontaneous utterance from the victim or alleged offender, and ensure confidentiality is protected. If the staff member is not a security staff member, they shall request the victim not take any actions to destroy physical evidence, notify the nearest Superior Officer or Shift Commander, be aware of the visual appears and listen for any spontaneous utterance from the victim or alleged offender, and submit a written report to the Shift Commander.

All staff interviews confirmed their understanding of what is required if they should receive information or knowledge of sexual abuse. All were able to articulate that they will separate the victim, notify their immediate supervisor, and protect the scene. The majority were able to articulate the requirement to tell both the victim and the alleged perpetrator, if known, not to complete tasks that could destroy physical evidence. The most common response was to not change clothing, brush teeth, eat, drink, or use the toilet.

All staff are trained as first responders. This information is provided for in staff training that is required for all uniform and non-uniform staff.

There have been 3 allegations of sexual abuse at this facility. In each instance, the information was reported immediately and inmates were separated as required. None were reported within the time frame for the collection of forensic evidence.

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.

RIDOC Standard Operating Procedure “Procedure for Response to Allegations of Inmate Sexual Violence and Staff Misconduct/Harassment towards Inmates” is considered the Coordinated Response Plan and details all steps of first responders, Shift Commanders, Special Investigations Unit, Office of Inspections, Medical and Mental Health Staff.

This procedure is an agency procedure and is not specific to the facility. During interviews, it was clear that not all staff were aware of the Coordinated Response Plan nor the steps required for all disciplines. It was recommended that the agency create a facility specific plan.

CAP: Provide the auditor with a Coordinated Response Plan that is facility specific. Provide the auditor with proof of training for all security supervisors.

Response: The facility has created a Coordinated Response Plan that addresses the duties of the 1st Responder, Medical/Mental Health, Investigators and Facility Leadership. This plan was based off of the requirements of the PREA Investigations Standard Operating Procedure. A copy of the Coordinated Response Plan was sent to the auditor for review. Training was conducted for those responsible for the use/completion of this form on February 1, 2017 and February 6, 2017 and proof of training was provided to the auditor.

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.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Rhode Island Brotherhood of Correctional Officers, EE-3611 Professional Unit, signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Howard Union of Teachers, signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Rhode Island State Employed Physician’s Association, signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Rhode Island Probation and Parole Association (Supervisors & Officers), signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Rhode Island Probation and Parole Association (Clerks & Aides), signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and Rhode Island Council 94, AFSCME, signed through June 30, 2017.

A review of these documents, as well as a discussion with the Human Resources Coordinator, finds that there are no prohibitions of removing a staff member from contact with inmates during an investigation into sexual abuse or sexual harassment, or pending a determination of whether and to what extent discipline is warranted. This was confirmed with the Assistant Director of Institutions and Operations.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires the monitoring of the victim or persons who reported the sexual misconduct – either staff or inmates. For a minimum of 90 days, the Warden or designee shall monitor the conduct and treatment of all identified person to see if there are changes that may suggest possible retaliation by other inmates or staff. The Warden is responsible for prompt response to remedy such retaliation, monitor beyond 90 days if the initial monitoring indicates a continued need, and shall terminate the monitoring if it is determined that the allegation is unfounded. Multiple protections that are available include housing changes or transfers for victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation for reporting sexual misconduct or for cooperating with an investigation. The reporting system prompts for retaliation monitoring, and will continue to prompt indefinitely, and for periodic status checks, until the date ended box is completed.

During an interview with the staff identified as responsible for retaliation monitoring, who is the Facility PREA Compliance Manager, it was discovered that the facility was not conducting any retaliation monitoring.

In conversation with the incoming PREA Coordinator and the Warden, the new Incident Reporting system would allow for documentation

of period status checks, as well as the identification of any person who is required to be monitored. The identification of these persons would be through Investigators. This system has not yet gone live.

CAP: Provide training to the PREA Compliance Manager regarding retaliation monitoring. Provide proof of training to the auditor. Implement retaliation monitoring to include the victim, the person reporting (if different), and any person who assists in the investigation and fears retaliation. This should include a requirement to document all status checks and to monitor for a minimum of 90 days. Provide the auditor with the procedures or sample of the new reporting system that would capture monitoring. Provide proof of training to the auditor. Provide examples of retaliation monitoring if monitoring is identified as needed during the corrective action period.

Response: The agency implemented a system to capture retaliation monitoring of any 3rd party reporter, staff reporter, or any cooperating witness who expresses fear of retaliation by SIU or OI. Two forms were created for this information to be documented and provides instructions for monitoring – one for inmates and one for staff. All SIU Investigators and OI Inspectors received training on monitoring for retaliation. This training was completed on December 8, 2016, December 20, 2016, and January 10, 2017, and included the PREA Compliance Manager.

Retaliation monitoring for the victim is required to be entered into the incident database and the incident database allows for the continued monitoring beyond 90 days as needed. A sample was provided to show the auditor how the system works and how documentation is maintained. The agency provided training on retaliation monitoring to all Facility PREA Compliance Managers and to additional staff (Lieutenants and Captains) on December 8, 2016, December 20, 2016, and January 10, 2017.

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.

RIDOC Policy 12.01-2 “Protective Custody for Inmates”, effective date 12/15/2014, requires the use of protective custody only when there is full documentation that such action is warranted, and no reasonable alternatives are available. Inmates alleged to have been victimized can only be placed in protective custody in order to determine appropriate alternatives to keeping the victim separated from the alleged abuser. An assessment is required to be completed within 24 hours. When possible, the alleged victim is not denied any rights and privileges consistent with the inmate’s classification, discipline status, or custody level, including personal property and schedule of activities. Protective custody is usually no longer than 15 days, with 30-day reviews as identified.

The Warden confirmed that they would not use Protective Custody except in exigent circumstances due to the ability to transfer an inmate to another facility if needed. However, they would following all policies if this occurred.

It is noted that there inmates alleging sexual abuse have not been held in involuntary segregated housing in the past 12 months.

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.

RIDOC Operating Procedure "PREA Investigations" requires that all administrative investigations shall be conducted promptly, thoroughly and objectively. Specially trained investigators shall gather and preserve the following: direct and circumstantial evidence, including physical and DNA evidence, and electronic monitoring evidence; interview alleged victims, suspected perpetrators and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the Investigators shall turn the case over to the Rhode Island State Police, who then becomes the lead agency in the investigation. Credibility of the victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or a staff. Administrative investigations shall include efforts to make a determination whether staff actions or failures to act contributed to the abuse; and must be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Departure of the alleged abuser or victim from the employment or controls of the RIDOC shall not provide a basis for terminating an investigation.

Rhode Island State Police MOU allows the sharing of investigation results with the RIDOC, as well as the sharing of progress in the case during an investigation.

Investigators confirm that they begin an investigation typically within hours of receiving the information. They gather physical and DNA evidence, video, and conduct interviews. A file review indicates that all investigators have completed the required specialized training. An interview with both Chief's from the Office of Inspections and the Special Investigation Unit confirm immediate response by investigators to allegations of sexual abuse and sexual harassment. All confirmed that the Rhode Island State Police is notified when any information is gathered that indicates possible criminal activity. No victim of sexual abuse is required to undergo any truth telling procedures, including a polygraph examination, as a condition of an investigation. All persons interviewed are assessed individually for credibility. Interviews also confirmed that the departure of the alleged abuser or victim from the Rhode Island Department of Corrections would not provide a basis for terminating an investigation.

A discussion with the Chief of the Special Investigations Unit and the Chief of the Office of Inspections found that both are fact finders and provide an investigation into all allegations of sexual abuse or sexual harassment, with the Rhode Island State Police being notified of any criminal activity. All investigations are documented and all physical and tangible evidence is collected. However, it is clear through conversation, and a review of a sample of investigative reports, that they do not address whether staff actions or failures to act contributed to the abuse alleged. The investigators provide a verbal report with a description of the evidence and investigative facts and findings to the Wardens who would then address staff actions of failures to act. While this is reportedly being done, it is not documented in a report and thus does not meet the requirements of the standard. This was discussed with the PREA Coordinator and the Assistant Director of Institutions and Operations.

There is no investigation record retention within policy.

There were three sexual abuse investigations conducted. Of these, one was unfounded. The other two were unsubstantiated and should have included the administrative review.

CAP: Update policy to include record retention. Create procedures to ensure that administrative investigations are appropriately conducted and documented. Provide the auditor with a copy of the procedures and samples of administrative investigations.

Response: The agency provided a copy of Management of Semi-Active and Archival Records, last updated on January 11, 2016 which requires all investigative files to be maintained for a minimum of 25 years. The agency has adapted a system to ensure that administrative investigations are completed as required. The Office of Investigations shall complete the administrative investigation, ensuring that a review is conducted addressing staff actions or staff failure to act contributed to any abuse. A memo was provided to the auditor from the PREA Coordinator, dated December 20, 2016 and proof of training was provided.

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.

Both the Office of Inspections Chief and the Special Investigations Unit Chief confirmed that there is no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires the Special Investigations Unit to report to the victim the outcome of any inmate-on-inmate investigation, including subsequently if the alleged abuser has been indicted on a charge related to sexual abuse within the facility or when the alleged abuser has been convicted on a charge related to sexual abuse in the facility. The policy requires the Office of Inspections to report to the victim the outcome of any staff-on-inmate investigation, including subsequently if the staff member is no longer in the inmate’s unit, is no longer employed at the facility, has been indicted on a charge related to sexual abuse with the facility or has been convicted on a charge related to sexual abuse within the facility. All notifications, or attempts at notification, shall be documented. Investigators shall obtain criminal investigation results in order to make victim notifications. The agency’s obligation to report terminates if the inmate is released from RIDOC custody.

During the interview with the investigator, Office of Inspections Chief, and the Special Investigations Unit Chief that victims are notified of the outcome of an investigation. A review of one file indicated that the findings would be shared with the complainant as per DOC policy, but no information was provided of the date a verbal notification was made. This was completed prior to the new procedure that requires the sending of a letter to the victim and obtaining the victim’s signature to document that the notification was completed. This new process was observed in more recent investigative files. If the investigation was conducted by the Rhode Island State Police, the victim would be notified by them and would include the status of the criminal proceedings, including employment, charges or convictions.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, states that employees, volunteers, contractors or other third party’s found guilty of committing sexual misconduct towards inmates are sanctioned in accordance with RIDOC Policy 3.14

“Code of Ethics and Conduct”, up to and including termination and criminal prosecution. Disciplinary sanctions for staff found guilty of committing acts of sexual misconduct shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and the sanctions imposed on other staff with similar histories. All terminations for violations, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing authority.

RIDOC Policy 3.14 “Code of Ethics and Conduct”, effective 1/11/2016, prohibits all forms of harassment of offenders and any form of romantic or sexual relationship with offenders. Staff also has an affirmative duty to report any relationship with a former offender who has been under the department’s supervision within the past two years.

There have been no reports of sexual abuse or sexual harassment by staff at this facility; therefore, there have been no disciplinary sanctions towards a staff member who violated the sexual abuse policy. This was confirmed during the interview with the Human Resources Coordinator.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, states that employees, volunteers, contractors or other third party’s found guilty of committing sexual misconduct towards inmates are sanctioned in accordance with RIDOC Policy 3.14 “Code of Ethics and Conduct”, up to and including termination and criminal prosecution. Any contractor or volunteer who engages in sexual misconduct shall be prohibited from contact with inmates, banned from entering secure RIDOC facilities, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any licensing authority.

There have been no reports of sexual abuse or sexual harassment at this facility; therefore, there have been no disciplinary sanctions towards any volunteer or contractor who violated the sexual abuse policy. This information was confirmed with the Warden and the lists provided by the Special Investigations Unit and the Office of Inspections.

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.

RIDOC Policy 11.01-6 “Code of Inmate Discipline”, effective date 1/31/2014, addresses disciplinary sanctions and the formal disciplinary process for Class 1 misconduct (sexual abuse, sexual harassment). This policy outlines all the possible sanctions that may be imposed when inmates are found guilty of committing acts of sexual misconduct.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses disciplinary sanctions and consideration of an inmate’s mental disabilities or mental health that may have contributed to their behavior. It offers discipline for sexual contact with staff only upon a finding that the staff member did not consent to such contact. It provides for inmate’s participation in sex offender treatment program if the inmate is willing to meet criteria and obligations of the program. RIDOC does not permit sexual activity between inmates.

There have been three allegations of sexual abuse or sexual harassment at this facility, the investigation and Warden provided that none were substantiated. The Warden reported that all sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history and the sanctions imposed for comparable offenses. Additionally, he reported that any mental health illnesses or disabilities of an inmate would be a factor in determining sanctions. Mental Health staff reported that therapy and counseling would be offered to the offending inmate and that these services are not mandatory as a condition of access to other programming or benefits.

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.

RIDOC Policy 18.30-1 “Receiving Screening and Mental Health Evaluation of New Commitments”, effective date 1/6/2014, addresses mental health services subsequent to screenings and requires an evaluation within 14 days of intake when an inmate is found to have been a victim of sexual abuse or has perpetrated a sexual abuse. This is an automatic referral through the screening process in INFACETS.

All inmates upon intake to the Rhode Island Department of Corrections are referred for mental health services if they report a prior victimization or has previously perpetrated sexual abuse on the same day as the information is entered into the system, as reported by the Intake Captain. Mental Health staff confirm that they see the referred inmate within 14 days. This information is entered into INFACETS, where access is limited to medical staff, mental health staff, Warden’s, and PREA Compliance Managers have access only. Captains and Lieutenants only have access to the final determination of vulnerable or sexually aggressive through the color code on the Count Board.

There is conflict between the Rhode Island Department of Corrections attorney and the Rhode Island Department of Children, Youth and Families attorney regarding the interpretation of the Child Abuse Laws of Rhode Island, informed consent and reporting sexual abuse regardless of the inmate’s age.

CAP: Resolve issue of reporting sexual abuse that occurred outside of an institution for inmates who report child abuse after the age of 18 years of age. Provide the auditor with the outcome.

Response: The agency provided legal guidance that the state law requires the reporting of sexual abuse that occurred when an inmate was under the age of 18 only with informed consent.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses access to emergency medical and mental health services upon information that they have been sexual abuse. Victims shall receive timely, unimpeded access to all medical and crisis intervention services when are determined by medical and mental health practitioners. If no qualified medical or mental health practitioners are on duty at the time, victims are taken to the hospital. All victims shall receive timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and where medical appropriate. Treatment is provided at no charge to the inmate.

There were three allegations of sexual abuse in the past 12 months. Of these, all were seen by medical or mental health staff for services. Interviews with medical and mental health staff confirm that emergency medical and mental health services are provided to an inmate who alleges sexual abuse. The services provided are based on professional judgement along with any other practitioner’s orders (such as from the hospital). Interviews with staff confirm that they would protect a victim and immediately take them to the medical clinic if a medical staff is on call. Additionally, the policy and interviews confirmed that all victims of sexual abuse where it was reported within a time frame that allows for the collection of evidence would be taken to Rhode Island Hospital.

All victims would be provided sexual transmitted infections prophylaxis at the hospital, or as per physician order at the facility. All services are provided at no cost to the victim.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses ongoing medical and mental health care of sexual abuse victims and abusers. Policy requires that medical and behavioral care practitioners examine all inmates who report sexual victimization. Victims of sexual misconduct while incarcerated shall be offered tests for sexually transmitted infections as medical appropriate. All medical and mental health care is provided free of charge. Behavioral Health Care Services staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such history and offer treatment when deemed appropriate by mental health practitioners.

Interviews with medical and mental health staff confirm that evaluations and treatment is provided free of charge and per policy or physician order. Services including treatment, follow-up and referrals would be offered. Both report that the services provided are consistent with the community level of care and exceed the waiting period that is seen in the community level of care. The mental health staff reported that they would attempt to conduct a mental health evaluations of known inmate-on-inmate abusers within 60 days of learning of the abuse and would offer treatment when deemed appropriate.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses Sexual Abuse Incident Reviews. The Warden or designee conducts a sexual misconduct incident review at the conclusion of every sexual misconduct investigation, including where the allegation has not been substantiated, unless the allegations has been determined to be unfounded. This review shall occur no more than 30 days of the conclusion of the investigation. At a minimum, the review team will include the Warden or designee, PREA Compliance Manager, line supervisors, Special Investigations Unit, Office of Inspections and healthcare or mental health practitioners, as well as other “ad hoc” members as deemed necessary. The team shall review policies and procedures, motivation of the incident, physically exam in the area for physical barriers, assess monitoring technology and staff supervision. The Warden or designee shall prepare a report that includes the findings, recommendations for improvement, and status of the recommendations (implementation or reason for not completing). Copies of this report shall be distributed to the Director of Corrections, Assistant Director of Institutions and Operations, and the Agency PREA Coordinator.

There were three allegations of sexual abuse where two were unsubstantiated. Both should have received a Sexual Abuse Incident Review. An interview with the person identified as a team member reported that he has not been a part of this system and is unsure if the system is currently in place. The Facility PREA Compliance Manager reports that he is not aware of this requirement. Therefore, it was recommended that the agency provide appropriate training to facility staff on the requirements of the Sexual Abuse Incident Reviews to ensure that these are completed as required.

CAP: Provide appropriate training to all staff who has been identified to participate on Sexual Abuse Incident Reviews and provide proof of training to the auditor. Provide copies of Sexual Abuse Incident Reviews for two allegations that were unsubstantiated.

Response: The agency created a Sexual Misconduct Incident Review Training that addresses all areas of the incident report review. This training was provided to the identified staff who will be comprised of the review team, as well as to SIU and OI. Training was completed on November 1, 2016, January 26, 2017 and February 3, 2017 and proof of training was provided to the auditor. The Incident Review information is documented in the incident database, under the appropriate tabs. There are areas within these screens that allow for the documentation of all required components, including any corrective action. A sample of the incident review screens were provided to the auditor. The facility provided Incident Reviews for two cases as requested by the auditor. Both contained completed Incident Reviews that addressed all required components of the standard and both were attended by the appropriate staff as required by the standard.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses data collection. The RIDOC Planning and Research Unit is responsible for the collection of accurate, uniform data for every allegation of sexual abuse at all facilities under its direct control. The Department of Justice Survey of Sexual Victimization (DOJ-SSV) is used to gather this information. This information is provided to the Department of Justice annually. Information from Special Investigations Unit and Office of Inspections PREA Audit Report

investigations is used to accurately complete the DOJ-SSV.

An interview with the outgoing PREA Coordinator found that this information is collected and maintained by the Planning and Research Department. They have completed prior Department of Justice Surveys of Sexual Violence and maintain information that is needed to complete these surveys. All information is aggregated annually and from incident based documents and investigation files.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses data review for corrective action. The Agency PREA Coordinator shall review collected data to assess and improve the effectiveness of sexual misconduct prevention, detection and response through identification of problem areas, corrective action, and preparing an annual report of its findings and corrective actions of each facility. An annual report shall be submitted to the Director of Corrections for approval and the report shall be made readily available to the public through the RIDOC website. Information may be redacted where publication would present a clear and specific threat to the safety and security of a facility, and/or the confidentiality of the alleged victims or perpetrators.

The 2015 Annual Report was submitted for review. The report shows comparative data from 2013 – 2015. There is an assessment of the agency’s progress in addressing sexual abuse that includes revisions of both agency policies and facility procedures regarding the prevention, detection, and response to sexual misconduct, developing of MOU’s with community partners, implemented staff training, developed and implemented screenings tools, and developed an incident based reporting system. Additionally, the report details the individual facility responses to addressing sexual misconduct.

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.

RIDOC Policy 9.49 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses data storage, publication and destruction of information. The RIDOC Planning and Research Unit shall ensure that data collected is securely retained and shall make sexual misconduct data collected from facilities readily available to the public through annual reports. Before making reports public, personal identifiers shall be removed. The RIDOC Planning and Research Unit shall also maintain data collected for at least ten 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

March 21, 2017

Auditor Signature

Date