

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 03/22/2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: 08/01/16 – 08/02/16			
Facility Information			
Facility name: John J. Moran Medium Security			
Facility physical address: 51 West Road, Cranston, RI 02920			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 401-462-3771			
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 Sergio DeSousarosa			
Number of staff assigned to the facility in the last 12 months: 281			
Designed facility capacity: 1184			
Current population of facility: 1125			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 18+			
Name of PREA Compliance Manager: Kerri McCaughey		Title: Deputy Warden	
Email address: Kerri.McCaughey@doc.ri.gov		Telephone number: 401-462-3703	
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 John J. Moran Medium Security facility received an on-site PREA audit on August 1-2, 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 August 1, 2016, this auditor conducted an entrance meeting that included Warden DeSousarosa, Deputy Warden McCaughey, Shift Commander Captain Vicino, Deputy Warden Diniz, Associate Director Jeff Renzi, Central Office Warden Donna Collins, 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 15 specialized positions which included the Warden, PREA Compliance Manager, Upper Level Management, Medical, Mental Health, Volunteer, Investigator, Intake Staff, Risk Screening Staff, Segregation Staff, staff who monitor for Retaliation, Limited English Proficient Monitor, Count Board staff, counselor and a staff who participates on the Incident Review process. Fourteen random inmate interviews were conducted and included a disabled inmate, an inmate who reported a prior victimization, an inmate who reported a victimization, an inmate who had been in segregation, a Limited English Proficient inmate, and an inmate who reported being gay. Ten staff were identified for random interviews.

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 John J. Moran Medium Security Facility was constructed from 1990-1992 at a cost of \$65 million. It sits on 29 acres in Cranston, Rhode Island, and houses sentenced adult male offenders who are classified as medium custody risk. Extensive programming is provided with the goal of preparing inmates for successful return to their communities.

All inmates meet with their counselor within 30 days of their arrival to create a case plan and discuss programming. Inmates who were at the facility prior to this case planning system will receive a case plan at their next classification review, which is conducted at a minimum of one time per year. Core programs are those that directly address the behavior and reasons that brought an inmate to John J. Moran Medium Security facility. Core programs are offered through counselor referral to inmates with at least six months and no more than three years remaining on their sentence.

The prison operates several industrial operations that employ inmates in a garment shop, upholstery shop, auto body shop, and a license plate shop. Vocational programming is also available and includes Carpentry and Cabinet making, Barber Shop Apprenticeship Program, Sheet Metal and Welding Class, HVAC, New England Technical Automotive Classes, NEADS/Dogs for Deaf and Disabled –Prison Pup Partnership Program. Work opportunities include administrative porter, chaplaincy clerk, education clerks, education porters, gymnasium porters, hospital porter, recreational workers, vocational porters, laundry workers, law library workers, maintenance workers, newsletter editor, property warehouse workers, utility porters, painters, recreational referees, window washers, wheelchair assistants, visit room porters, and yard maintenance. Academic programs include Adult Basic Education (ABE), General Educational Development (GED) College, Computer Literacy, Literacy Volunteers of America Program, and Creative Writing Class. Treatment and Rehabilitative programs, including core programs, include Substance Abuse Treatment, Victims of Sexual Abuse counseling, Sex Offender Treatment, AIDS Education and Counseling, Parenting, Life Liners Suicide Prevention Group, Formal and Informal Recreation, Violence Reduction Group, Self-Improvement Class, Religious Services, Anger Workshop Class, Cognitive Self Change, Domestic Violence Counseling, Spousal Support Group, Meditation Class, Long Distance Dads, and Zero Fatalities program.

Administration is in the non-secure part of the facility and this houses the Warden, Deputy Wardens, Conference room, Lunch rooms, Computer room and Special Investigations Unit office. Custodial needs are met by inmates from the minimum facility.

Visitation is in a large room with 2 attorney conference rooms. In order to create a more inviting environment for visitors, including inmates' children, the walls are covered in murals. There is also a conference room and holding cell for inmates. There are 3 visitation times every day except there are none on Tuesday. There are four cameras. The strip room has a camera that shows full body of inmate.

The Commitment Area or admission area contains two holding cells, property room, clothing/linen storage, and search area. The search area is on camera and does not allow for inmate privacy. The holding cell is used to provide supervision of inmates while calls are made to the count board for housing assignments. No PREA information is provided to inmates during their admission process. The property room is located adjacent to the commitment area and the facility utilized four inmate porters to assist staff. There is one camera in this area.

The warehouse holds all supplies. There is one office for staff; however a review showed that the windows are either mirrored or curtained which hinders staff's ability to supervise the warehouse. However, these were corrected by the facility immediately after the on-site audit. Additionally, there are two cameras in the area. The warehouse hallway and dock contains 3 cameras.

The laundry area is well maintained and staff work with area providing supervision. However, there is a concern with regard to sight of the areas behind the dryers.

The gymnasium is a large interior space that provides for basketball and weights for inmates. There are two cameras in the room. There is a recreation officer as well as an officer assigned to the crow's nest for supervision. The two toilets in the gymnasium do not have doors on them. There is a large outside recreation area for inmates that has a basketball court, volleyball court, baseball field, weights and picnic tables. There are 36 phones outside which inmates have access to during recreation. Each phone has information for reporting PREA allegations and include the phone numbers for the Special PREA Audit Report

Investigations Unit, Office of Inspections, and the Rhode Island state Police.

The Barber Shop provides a vocational program for inmates. Inmates can learn, practice, and take the state licensing test. There are 5 barber chairs and the area is viewable by staff through large windows in the walls and door.

The Shift Command area offices all have windows to allow for supervision. The Chapel has a window in the door and a beautiful stained glass window. There are religious books available for loan to inmates.

There is a counseling area that allows for discharge planning and there are 8 counselors. All inmates are assigned a counselor who they stay with during their time at the prison. There are two cameras and large windows within to provide supervision. All case plans are completed within 30 days of an inmate's arrival.

The education area provides classrooms with large windows for inmate supervision. There are cameras in the hallways. Interpreter information was found on the walls within the education area. Additionally, the library provides sedate activity for inmates, material for general reading or law books, and includes 2 cameras and 3 mirrors for supervision.

The kitchen contains 4 cameras that provide viewing for the entire kitchen. The canned goods room has one camera, receiving area has one camera, and the dry storage room has one camera. There are 48 inmate helpers/stewards that work in this area.

There are 3 dining rooms, each having a camera. Officers monitor these areas when in use. One dining hall is also used for a variety of other activities, including orientation. Orientation is conducted every Thursday and includes a PREA briefing. The Deputy Wardens review PREA and the various ways to report abuse at RIDOC. In addition, there is a reading out loud by one of the Deputy Wardens of the complete narrative on PREA from the inmate rulebook. The PREA video is not shown at orientation, but the PREA video is shown a couple of times per week on the inmate television system.

The mail room processes all incoming and outgoing mail. All legal mail is opened in the presence of the addressee.

The substance abuse programming has 5 classrooms for inmate services. These rooms all contain windows for supervision. This program is run by the Providence Center.

The Health Services Unit includes two medication lines, three social worker offices, a dental department, pharmacy, blood laboratory, treatment rooms with windows, and 4 observation cells. The observation cells are not in use. There is an officer positioned in the area. There is one camera in this area.

The facility has 7 housing buildings, with each building having two sides. Units A – F each have 96 cells, with two cells meeting ADA requirements. Some of these cells are single occupancy and some are double occupancy. All units have seven inmate phones with information for reporting PREA allegations to the Special Investigations Unit, Office of Inspections, and the Rhode Island State Police. Noted in each unit was the PREA audit notices, the agency PREA brochure, and the facility rulebook. There was no information present regarding outside support services. Unit A houses ADA, the dog handlers, kitchen workers, elderly and those who require medical equipment. Unit B houses inmates in the Therapeutic and Sex Offenders Unit. Units C, E and F house general population inmates. Unit D is reserved for Substance Abuse inmates as well as some general population.

The restricted housing building contains 3 self-contained units, each with 8 cells. Each cell is double occupancy. This is male staff only post. A single phone is available for inmate use upon request and without having to provide the reason for the call if made to the Special Investigations Unit, Office of Inspections or the Rhode Island State Police. There are cameras in the recreation area and day rooms which the main control has access to view. There are three outdoor areas for recreation. While no programming is provided in the restricted housing building, access to clergy, attorneys, counselors, medical, mental health staff, and the library is available.

There are quite a few industries that work inside the John J. Moran Medium Security Facility, and these are noted above. The areas used to house these industries are well laid out. There are numerous cameras throughout the area. Staff

supervise inmates and are also required to conduct 30 minute rounds throughout the areas. There are concerns in the following areas: two strip search areas that are viewed by cameras and office in the garment areas has a covered window.

All deficiencies notes in this description of facility characteristics were corrected during the Corrective Action Period.

SUMMARY OF AUDIT FINDINGS

While the facility audit concluded on August 2, 2016, the audit process concluded on August 5, 2016 with a final meeting with the Warden, Deputy Warden, Deputy Warden/PREA Compliance Manager, Central Office Warden, the outgoing PREA Coordinator, and the incoming PREA Coordinator. A review of the facility challenges and the agency challenges were discussed. It is important to note that many of these issues were identified during the 2015 mock auditor training conducted by the PREA Resource Center at this facility. 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 agencies 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. She stated that she took this position 3 years ago and reports approximately 10% of her work load is PREA related. Coordinating efforts to comply with PREA standards includes education, policy, training, addressing deficiencies (prior mock audit), random tours and viewing video. Actions and processes she has taken to work toward compliance is notification to the Shift Commander for information pass down to the staff, morning meetings to inform administration of challenges, and working with the monthly ADO to monitor processes. Efforts at compliance were apparent during this audit and shown through some changes that occurred during or immediately after the on-site audit and prior to this report; however, it is noted that many of the items identified in this report were also identified in the mock audit that was conducted in 2015 with no documentation as to why delays at efforts toward compliance was present.

CAP: Establish a system to ensure that all compliance related issues identified by the Facility PREA Compliance Manager are addressed in a timely fashion with the PREA Coordinator. Establish a system to track all corrective action and ensure that reasons are documented as to why delays or continued non-compliance are re-evaluated on a regular basis.

Response: The Facility PREA Compliance Manager attended the PREA Facility Compliance Managers Training on December 8, 2016 that was presented by the Agency Facility Coordinator. Additionally, both the Captain and Lieutenant also attended the same training on January

10, 2017. A monthly PREA Facility Compliance Manager meeting has been established for the 1st Wednesday of every Month to assist with identifying all PREA compliance related issues, discussion of ongoing efforts towards compliance with the PREA standards, to ensure a coordinated and consistent approach to PREA compliance throughout all facilities, and to develop a working relationship with the new Agency PREA Coordinator. Sign in sheets and the training curriculum were provided to the auditor for review.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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, 13 Lieutenants, and 207 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 March 11, 2016. There have been no 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.

Post orders require 30 minute rounds on each shift. Unannounced rounds are conducted by policy on every shift by Captains and Lieutenants. This was verified through log book entries. Additionally, the Warden and Deputy Warden conduct random rounds throughout the week which are not always documented and are not conducted on the overnight shift. During conversations with staff who conduct these rounds, it was determined that these rounds were included in the existing rounds that are required, 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: laundry area behind dryers.

There are two strip search areas where cameras show the inmates and needs to be addressed to allow for privacy – either through the redirection of the camera or through a procedure to address cross-gender viewing of the live cameras. A window in the door within the garment area is covered which does not allow for observing persons within the office. This window should be uncovered to allow for inmate supervision. There is also a blind area behind the dryers in the laundry area that requires addressing.

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. Provide the auditor samples of these rounds once training has been completed. Address the area behind the dryers in the laundry area and provide system of supervision or modification of the area. Address the cameras in the strip search areas. Address the covered door window in the garment area. Provide the auditor of proof of the supervision for these areas.

Response: The agency created a PowerPoint Training Tool used to train staff responsible for Unannounced Rounds. The tool includes the requirements of one unannounced round each month on all shifts, documentation of the rounds, and locations that must be visited. A camera review is also required at this time. Additionally, a form was created that allows for the documentation of the unannounced round, time, shift, and any findings. Training was conducted with all staff required to complete the unannounced rounds on January 24, 2017 and February 3, 2017. Samples were provided of the first three unannounced rounds, which included work orders for repairs to cameras that were identified during the rounds. Camera Review/Live Views memo was created that addresses the cross gender viewing of cameras and all staff were trained on 11/2, 12, 14, 14, and 17 where the memo was read at all briefings on these days. A roster was provided to show staff training. Additionally, the facility addressed privacy and supervision issues through: installing a cubicle in the hallway to provide privacy during strip searches from the camera view yet ensure both inmate and staff safety during the searches; installation of mirrors in the laundry area to address the blind areas, addition of motion sensor lights to identify persons within the two garment areas where windows are blocked (mail room and urine room).

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.

John J. Moran Medium Security facility 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.

Showers in the housing units do not provide complete privacy from cross-gender staff due to the design of the units. An internal requisition was provided to the auditor that shows on June 24, 2016 it was approved for the facility to purchase 200 yards of fabric for the making of shower curtains. Cameras in the strip search area of commitment, visitation, and industries does not provide privacy. The toilets in the gymnasium do not have doors and as such are viewable by cross gender staff.

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 have placards that are used as a visual for inmates who may not hear the initial announcement that advise a female staff is present.

Staff interviews found that many were unclear on how to conduct a search of transgender or intersex inmates.

CAP: Address privacy concerns in all housing units and the gymnasium. Implement procedures for the reviewing of live video monitoring to prevent cross-gender staff from viewing inmates during clothing changes and toileting, except in exigent circumstances. Provide to the auditor the procedures for reviewing live video monitoring by cross-gender staff, as well as proof of training. 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. Provide all staff with training on how to conduct a search of a transgender or intersex inmates. Provide the

auditor with proof of training.

Response: Half doors were installed in the gymnasium to provide privacy for inmates while toileting. Photos of the doors were provided to the auditor for review. Shower curtains were installed in all of the housing units to provide privacy for inmates while showering. Photos of the showers with shower curtains installed were provided to the auditor for review. Camera Review/Live Views memo was created that addresses the cross gender viewing of cameras and all staff were trained on 11/2, 12, 14, 14, and 17 where the memo was read at all briefings on these days. A roster was provided to show staff training. “Knock and Announce”, a requirement for cross-gender staff to announce themselves when entering a housing unit, was covered in staff briefings on January 3, 4, 5, 6, 11, 13, 16, 17, and 18, 2017. A review of the SOP for searching transgender and intersex inmates was reviewed with all staff during briefings on February 8, 9, 10, 11, 12, 2017. Proof of all 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

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upon to provide interpretation when needed, including American Sign Language. There was information found throughout the facility for inmates' access to services. 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.

An inmate reported during his interview that he is hard of hearing and that there are no systems for phone calls for deaf inmates. When reported to the facility, this auditor was told that there is a telecommunications device for the deaf (TDD) system.

Committing staff reported that there is no system to verify if an inmate can read in English and that all forms utilized are in English, including forms that inmates are required to sign that they understand. He does have the ability to request assistance for interpreters to assist with LEP inmates.

CAP: Ensure that all facility PREA documents for inmates are 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. Provide training to appropriate staff on the use of the TDD system. Provide proof of training to the auditor. Provide documentation showing that inmates are made aware of the system and its' availability.

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 at this facility during the audit found that all staff have had a background screening in 2016.

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 have been no significant expansions or modifications of the facility in the past 3 years. However, it was discovered that a proposal was provided on June 24, 2015 to the Associate Director of Facilities & Maintenance Eng. Division requesting a new kitchen addition, new guard house, mail structure, renovation of the first dining areas and committing area, and renovations to construct a dining, control and administrative suite. These changes would total \$18.1 million. This proposal is currently in the design phase only and no approvals have been given for construction.

In July 2015 there was a complete upgrade of the camera system. All broken cameras were replaced with digital and increased zooming

capabilities. The memory was also increased to six weeks retention and a new secure program was installed enhancing recording capabilities. There are now 133 digital cameras. Placement was determined by areas where inmates are interacting, including the yard and all living quarters.

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. Of these, two are assigned to the John J. Moran Medium Security facility.

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 or 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.

It is noted that there were ten allegations of inmate-on-inmate sexual abuse or sexual harassment at this facility in the past 12 months. Of these, six were allegations of sexual abuse. Three were substantiated and referred to the Rhode Island State Police. An investigation that resulted in being unsubstantiated was also referred to the Rhode Island State Police for review. There were four allegations of sexual harassment and two of these were substantiated.

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.

It is noted that there were ten allegations of inmate-on-inmate sexual abuse or sexual harassment at this facility in the past 12 months. Of these, six were allegations of sexual abuse. Three were substantiated and referred to the Rhode Island State Police. An investigation that resulted in being unsubstantiated was also referred to the Rhode Island State Police for review.

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 four staff where no records of PREA training were found. 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 or LGBTI communication.

CAP: Provide facility specific refresher training on Child Abuse and Elder Abuse Reporting Laws and communication with LGBTI inmates. Provide a copy of the training and proof of staff training to the auditor. Ensure four staff identified who have not completed required training is completed and record of training is provided to the auditor for review.

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. Proof of training was provided for the staff identified as not having completed the PREA training.

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.

An interview was conducted with a volunteer. She reported having had a background check as well as had completed PREA training in October 2015 that included how to report and to keep the inmate safe. A file review of a volunteer showed that the volunteer had completed the required training in 2015 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 PREA Audit Report

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 at 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. A memo was received by this auditor from the warden requiring all inmates who are admitted to the facility are to receive the PREA brochure and Day One brochure, English and Spanish, on the first day. However, there is no way to verify this as this is not documented. Interviews with inmates showed that some reported receiving information on the first day and some reported receiving no information. This was implemented on 8/3/2016 and will be read at all shift briefings for the next three days. Orientation is conducted every Thursday and includes a PREA briefing. The Deputy Wardens review PREA and the various ways to report abuse at RIDOC. In addition, there is an oral reading by the Deputy Wardens of the complete narrative on PREA from the inmate rulebook. The PREA video is not shown at orientation or during comprehensive education, but is shown a couple of times per week on the inmate television system.

CAP: 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.

Response: The facility has updated their intake process and now provides a copy of the RIDOC PREA Brochure and the Day One Brochure (English and Spanish) to all inmates. Inmates acknowledge their receipt of this information on the Inmate Inventory Submit Form. Documents were provided to show the auditor that this has been implemented.

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 stated that they had not received any specialized training, however records showing completion of the classes were found by the Training Director.

CAP: Provide refresher training on the specialized medical and mental health PREA education to medical and mental health staff. Provide the auditor a copy of the refresher sign in sheet.

Response: The facility medical and mental health staff completed the required specialized training through the National Institute of Corrections Specialized training information that is made available on the PREA Resource Center website. Signed rosters show that training was conducted on February 7, 16 and 20.

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. 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.

INFACFS 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.

Discussion with the PREA Compliance Manager shows that all housing decisions are made only after consulting the Count Board. Intake staff confirmed that inmates are held in the committing area until housing is received from the count board staff. The count board displays the classification of an inmate who is identified as vulnerable or sexually aggressive. The facility does not house vulnerable inmates with sexually aggressive inmates. Records show that 30 day reviews are conducted on newly admitted inmates based on a list provided by the

Intake Service Center (ISC).

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 classification for housing, to include lifestyle, hormone replacement therapy, reassignment surgery, or how the inmate perceives themselves. The PREA Compliance Manager stated that housing decisions for transgender or intersex inmates is based strictly on genital identification. 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. Update policy. Implement policy and system to ensure the review is completed as required. Provide a copy of the documentation captured and a policy change to the auditor. Provide samples if applicable.

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. In fact, victims would not be placed in protective custody, the alleged perpetrator would be placed in restricted housing or at the High Security Center (HSC) if necessary. In an interview with staff who supervises inmates in segregated housing, he stated that the previous system of putting both the victim and the alleged perpetrator in disciplinary confinement has ended.

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. They reported that information was recently posted on the phones and in the units. 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, but the facility had just received the Day One brochure and were posting for inmate viewing. Interviews with inmates found that they were not aware of Day One or the services available. However, no verbal notification of access and services was provided to inmates. A memo from the Warden now requires that Day One brochures, in both English and Spanish, are provided to newly admitted inmates.

CAP: Provide inmate education on the services of Day One. Provide the auditor proof of training with all current inmates on the services of Day One and how to access these services.

Response: Day One is the local rape crisis agency that will receive allegations of sexual abuse and sexual harassment. 100% of Medium Security population saw the PREA video and received the Day One brochure on October 13, 14, 18, and 20, 2016. Inmates are now provided with the Day One brochure (English and Spanish) at the time of commitment.

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 found that all are aware, and have received training, 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 permitted to share information with 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 inform inmates of their duty to report, and the limitations of confidentiality.

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 and this was confirmed with the Warden. 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 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 appearance 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.

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 January 24, 2017 and February 3, 2017 and proof of training was provided to the auditor for review.

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, it was discovered that the facility would only monitor the victim and that this monitoring would not necessarily be documented. It was reported that multiple protections are available including transfers to another facility, removal of the abuser (inmate or staff), and emotional support. It was reported that monitoring would continue based on the inmates level of fear including until they are released from the facility. Monitoring would be conducted by interviews with the inmate. The interview confirmed that there is currently no system in place to monitor the reporting person (staff or inmate) or any persons who assisted in the investigation.

In an interview with the person who was identified as being responsible for monitoring for retaliation, he reported that he is not made aware of allegations in order to monitor, that he does not conduct status checks, that monitoring is completed for 30 days and then tapers off, and there is no system for documenting the monitoring. In conversation with the incoming PREA Coordinator and the Warden, the new Incident Reporting system would allow for documentation of periodic status checks on victims for retaliation monitoring.. Retaliation monitoring for 3rd party reporters and/or others involved in an investigation (i.e.- witnesses) and the documentation of their monitoring would be done by the Investigators and/or Inspectors and that documentation would be maintained in the Investigation File. This system has not yet gone live.

There were ten instances where retaliation monitoring should have been implemented. However, there was no documentation indicating that retaliation monitoring was completed as required, and that all parties required to be monitored were actually monitored.

CAP: 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. Conduct training with all persons who will be responsible for monitoring for retaliation to ensure that they comply with the agency policy. Provide proof of training to the auditor. Address the lack of information being provided to the person responsible for monitoring to ensure that information is shared immediately in order to begin monitoring.

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. 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. Additionally, a memo was sent from the Warden to Executives regarding the person responsible for monitoring is to be notified in a timely manner and can begin the monitoring as required by standard. This was dated December 13, 2016.

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 no use of involuntary segregated housing has been used for inmates since August 2015. This practice was stopped when identified by the mock audit conducted by PREA Resource Center staff. In an interview with staff who supervises inmates in segregated housing, he stated that the previous system of putting both the victim and the alleged perpetrator in disciplinary confinement has ended. Now only the alleged perpetrator is placed either in restricted housing or sent to the High Security Center (HSC) until the investigation is completed.

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 or 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.

CAP: Update policy to include record retention. Create procedures to ensure that administrative investigations are appropriately conducted and documented. Begin conducting administrative investigations on all allegations of sexual abuse or sexual harassment. It is recommended that the facility conduct administrative investigations on those investigations that have closed and did not have an administrative investigation conducted. Conduct administrative investigations on those investigations that are completed between the audit and the final report. Provide the auditor with a copy of the procedures and copies of any administrative investigations that are conducted.

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. Samples of administrative investigation conclusions were provided for the auditor to review.

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 a sample of investigation files found that victim notification is made by Investigators as required. This is documented within in the narrative of the report. They have recently begun sending a letter to the victim and obtaining the victim’s signature to document that the notification was completed. 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 a 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 by a contractor or volunteer 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.

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.

The Warden confirmed sanctions for inmates where sexual abuse or sexual harassment by inmates was substantiated. The Warden provided that all sanctions are 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 during their case plan review and that these services are not mandatory as a condition of access to other programming or benefits. Additionally, the Warden reported that the system ensures that the perpetrator sees mental health and is removed from the program or added to the victim’s enemy list to prevent further contact with the victim.

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 is 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 was one inmate interviewed who reported a sexual victimization; however the inmate did not disclose any further information and records indicate that the incident reported did not require emergency medical care. Interviews with medical and mental health staff confirm that emergency medical and mental health services would be provided to an inmate who alleges sexual abuse. The inmate did not disclose any information regarding his allegation during the interview. The services provided would be 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. In an interview with an inmate who alleged sexual abuse, the inmate would not disclose any information for confirmation; however, the reported incident did not require emergency medical care or follow-up. Services may including treatment, follow-up and referrals would be offered to the victim. Mental health staff indicated that a treatment plan would be established that included referrals, support and programming along with PTSD grounding, trauma care, and relaxation techniques. Both medical and mental health staff 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 occurred 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 have been no Sexual Abuse Incident Reviews documented for the allegations made at the facility. Interview with Warden found that while they have identified a team, it is currently not in place to address these incident reviews.

CAP: Implement policy. 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 Sexual Abuse Incident Reviews for those reported allegations that were closed as unsubstantiated or substantiated to the auditor as proof of meeting the standard.

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. Incident Review Reports were received by the auditor for investigations closed as substantiated or unsubstantiated.

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 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 date 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 22, 2017

Auditor Signature

Date