

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: 08/03/2016 – 08/04/2016			
Facility Information			
Facility name: Minimum Security			
Facility physical address: 18 Howard Avenue, Cranston, RI 02920			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 401-462-1000			
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 James Vierra			
Number of staff assigned to the facility in the last 12 months: 135			
Designed facility capacity: 710			
Current population of facility: 325			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18+			
Name of PREA Compliance Manager: Silmadel Langley		Title: Deputy Warden	
Email address: Silmadel.Langley@doc.ri.gov		Telephone number: 401-462-2947	
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 Minimum Security facility received an on-site PREA audit on August 3-4, 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 3, 2016, this auditor conducted an entrance meeting that included Warden Vierra, Deputy Warden Grassini, Deputy Warden & PREA Compliance Manager Silmadel Langley, Associate Director Renzi, and the newly appointed PREA Coordinator Heather Daglieri. The discussion centered on the audit process, review of documents, interim reports, corrective action plans, and the final PREA report.

Upon conclusion of the entrance meeting, the auditor toured the facility. The tour included all areas of the facility, paying special attention to areas where inmates shower, toilet, and change clothing. Additionally, while there were no youthful inmates present, this facility has held youthful inmates in the past. 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 12 specialized positions which included the Warden, PREA Compliance Manager, Upper Level Management, Medical, Mental Health, Volunteer, Investigator, Intake Staff, Risk Screening Staff, staff who monitor for Retaliation, and a staff who participates on the Incident Review process. Twelve random inmate interviews were conducted and included a Limited English Proficient inmate. No inmates were reported to this auditor that were disabled, or reported a prior or current victimization. Ten random staff were also interviewed.

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

DESCRIPTION OF FACILITY CHARACTERISTICS

The Minimum Security facility was opened in 1978 in a converted hospital building on Howard Avenue in Cranston. In 1989, Minimum Security (MIN) expanded to a second building, and in July of 1992, with the construction of a connecting addition, the facility became one large complex, with a 710-bed inmate capacity.

The mission of the Minimum Security facility is to integrate constructive programming with a safe, secure, and humane environment which protects society while encouraging the rehabilitation of offenders. Minimum Security is unique among the facilities in that it has the capability to provide 100% employment. Only inmates medically certified as unemployable do not work. Jobs range from institutional to public service projects. All of the staff are committed to this goal.

Education is provided through two programs: Adult Basic Education (ABE), General Education Development (GED) Preparation, and the Community College of Rhode Island. Vocational opportunities are available for all inmates through the Barber Apprentice Program and Work Release Program. Inmates classified or court ordered to the Work Release Program are allowed to obtain gainful employment in the private sector while residing in a correctional facility. The Work Release Program is an essential component of the Department's reintegration efforts. A variety of rehabilitative or treatment services are available for inmates, and include substance abuse, anger management, domestic violence, beginning recovery, victims impact, health education, overdose prevention, religious services, and discharge planning.

The main building of Minimum Security houses a variety of offices and other areas used by staff. These include the lobby/security check point, a conference room, the arsenal, key control, staff bathrooms, transport holding cell, strip search area, Lieutenant's office and Captain's office. Included are the gymnasium, nurse's station, chapel, dining/visitation, kitchen, and multi-purpose room which all open into the 49 door corridor.

The front of the main building connects the two outer buildings and houses specifically a lobby/security check point, holding cell, strip search area, conference room, arsenal, key control, staff bathrooms, and both the Lieutenant's office and the Captain's office. Behind this is the nurse's station that contains a dental office, autoclave, pharmacy, medical records, supply, 2 examination rooms with windows, a triage area, medical storage and a waiting room with frosted windows. There is a staff positioned in the medical offices for inmate supervision.

In the rear of the main building there is a chapel, along with a multi-purpose room for programming and strip searches, a phone room, educational classroom, recreational hallway, indoor gymnasium with an inmate weight equipment area, and a dining/visitation hall. The auditor noted PREA information posted randomly in these areas for ease of inmate viewing. Additionally, there is a mail box for inmate mail in this area. The kitchen is well laid out and easily provides for supervision, along with a dry storage area and dish wash area.

Outdoors is a visitation area with picnic tables and visitor bathrooms. The outdoor recreation is adjacent and hosts a new pavilion, officer shack, and 2 portable toilets for inmate use. The recreation area hosts bocce ball, basketball, volleyball, weights, horseshoes, and a walking track. There are 18 phones outside for inmate use and all phones have information for reporting sexual abuse or sexual harassment allegations. There is also an entrance/exit building (ID Building) for inmates leaving or returned from Work Release. All inmates are searched in this area prior to entrance into the facility. There are no cameras and a curtain provides sight separation during strip searches from officers who are assigned desk duty in the building.

The other two buildings contain housing units, counselor offices, law library, barber shop, Lieutenant's office, three classrooms, chaplain's office, and both the warden's office and the deputy wardens' offices. Any space used by inmates contains windows for ease in supervision. The basements of these buildings house maintenance, storage areas, supplies, committing area, security office, and a variety of vocational training rooms. Additionally, one basement contains an old tunnel entrance that is caged to prevent access. The tunnels used to connect the various buildings together and are no longer in use. Access to this area is limited.

There are six housing units within the two outer buildings. Dorms E and F are currently vacant. It was noted by this auditor that even though these units are closed, both contain privacy curtains for the bathrooms and showers, as well as PREA information posted. Phones in these areas have appropriate contact information for reporting PREA allegations. Dorms A – D contain inmate housing in multiple occupancy rooms that open directly in to the hallways (no doors) and allow for

supervision by staff assigned to the unit and who are required to conduct 30 minute rounds. Each contains 8 phones with appropriate contact information for reporting PREA allegations that include the Office of Inspections, Special Investigations Unit, Rhode Island State Police, and the RI Victims of Crime hotline number. The showers and toilets in these areas are covered with curtains to prevent cross gender viewing. Unit D contains a 10 person room that is currently not in use, but is designed for special population inmates as this room is located close to the staff area. There is also a second bathroom that meets the requirement of ADA, as per the staff. Additionally, Unit D contains an 18 bed dormitory for inmates who have lost privileges due to behavior. PREA information is posted in each unit along with information on how to report allegations of sexual abuse or sexual harassment and contact phone numbers. Inmate pin numbers are not required to call the special numbers on the phones to report PREA-type incidents to the Rhode Island State Police, RI Victims of Crime, Office of Inspections or the Special Investigations Unit.

There are four cameras on the grounds, and three monitor the outside property. The remaining camera is inside and does not monitor areas where inmates are toileting, dressing or showering. Access to the cameras is available to the Lieutenant, Captain, and Reception Officers. There were some areas identified as blind spots and the facility immediately made changes. They addressed blind areas in the chapel, food storage, dish wash area, and the dental areas by adding mirrors to allow for staff supervision. Photographs of these areas were received by the auditor on August 12, 2016.

SUMMARY OF AUDIT FINDINGS

While the facility audit concluded on August 4, 2016, the audit process concluded on August 5, 2016 with a final meeting with agency staff that included the Assistant Director of Institutions and Operations, Central Office Warden, the outgoing PREA Coordinator, and the incoming PREA Coordinator. A review of the facility challenges and the agency challenges were discussed. Agency specific challenges to meet standards are noted in the following standards: 115.16, 115.17, 115.21, 115.31, 115.33, 115.41, 115.42, 115.67, 115.71, and 115.81. Facility specific challenges to meet standards are noted in the following standards: 115.13, 115.15, 115.35, 115.53, 115.65, 115.73, and 115.86.

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

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

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

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

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

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

The Deputy Warden is the Facility PREA Compliance Manager. She reports that approximately 10% of her time is devoted to PREA related activities; however, she was clear to advise that she has 4 assistants (one in each unit) identified to assist her. Coordinating efforts towards compliance include inmate and Correctional Officer training, identifying challenges, delegating tasks to her assistants, and looking at the entire picture of PREA compliance and the facility. When an issue is identified, such as the cross gender viewing issue, she meets with the Warden, presents to her assistants, looks at what has been generally accepted, and makes necessary purchases/changes. In this particular issue, the purchase of hanging curtains were deemed appropriate for providing inmate privacy from any cross gender staff. Additionally, at the beginning of the first day, she had already looked into the availability of mirrors and had presented a purchase order for motion detector lighting to address blind areas. As of this report, she had already installed four mirrors in blind areas.

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, 6 Lieutenants, and 106 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 February 8, 2016. There have been on deviations of staffing due to the process of voluntary and involuntary mandatory overtime described above; however the most common reasons for voluntary or involuntary mandatory overtime include employee absences due to sick, vacation, or personal time; employee training; posts created due to construction; and administrative leave due to discipline, specialized training, investigations or specific duties outside of the facility. Any changes are documented on the Shift Report and these were reviewed by the auditor.

Unannounced rounds are conducted by policy on every shift by facility supervisors. This was verified through log book entries for areas which have log books. Additionally, the Warden and Deputy Wardens conduct random rounds throughout the week which are not always documented. During conversations with staff who conduct these rounds, it was determined that these rounds 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. A memo was provided, dated June 13, 2016, that detailed the requirements of the Superior Officer on the 11 PM – 7 AM shift. It requires four unannounced rounds, documented in red ink, for the purposes of touring the facility, to include ensuring that staff are in proper uniform and attentive to duty.

Each housing unit has curtains to allow for inmate privacy while toileting or showering. However, these curtains block all viewing of the areas. As well, some of the dressing areas which are now covered by curtains block any viewing of the full shower area. It is recommended that implementation of same gender staff checks of the shower areas are conducted on a regular basis, and that the curtains are shortened to allow staff to see if anyone is behind the curtain before staff enter the area or while checking underneath for inmate interactions.

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. Implement system of regularly checking the full shower area to address the blind corners. Provide the auditor with the new system and staff training rosters. Shorten the shower curtains and provide the auditor with photos showing the bottoms of the curtains in all units.

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 February 13, 2017 and February 17, 2017. Samples were provided of the unannounced rounds for the auditor to review. Additionally, the facility conducted training with all staff on the supervision of the blind areas in the shower areas. Read at briefing for all staff, the facility requires same gender staff to conduct 30 minute checks of the blind areas during showers. When cross-gender staff are present, there are several options available besides having the cross-gender staff stand right outside the shower area. As an alternative, the Shift Commander can have a utility staff of the same gender check the showers, or reschedule shower times till same gender staff are present. This training was conducted on January 10, 11 and 12 on all three shifts and signed rosters were provided to the auditor for review. The facility also provided photographs of the shortened shower curtains in all shower areas that now allow for supervision that allows inmate privacy.

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.

Minimum 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.

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, but instead it is announced at the beginning of the shift. The facility does have placards that are used as a visual for inmates who may not hear the initial announcement that a female staff is present. A review of the facility newsletter shows that the PREA announcement will only be made at the beginning of the shift if there is a female officer is assigned to a dorm for the shift, and that they will not have to again announce their presence.

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

CAP: 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: The facility conducted training for all staff on cross-gender staff announcing their presence in the housing area. This training was conducted on January 10, 11 and 12 on all three shifts. Proof of the training and the material used to train was provided to the auditor. The facility conducted training for all staff on the policy requirements for searching transgender and intersex inmates. This training was conducted on February 13, 14, 15, 16, 17, and 18 on all three shifts. Proof of the training and material used to train was provided to the auditor.

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

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

- Does Not Meet Standard (requires corrective action)

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

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

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

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

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

There is a dedicated Limited English Proficiency Monitor at the facility. There are certified staff throughout the agency that can be called upon to provide interpretation when needed, including American Sign Language. The facility identifies LEP inmates and disabled inmates at admission. However, there is limited resources for LEP material in a language other than English as well as no systems to identify LEP reading capabilities or to identify reading disabilities for English speaking inmates.

CAP: Ensure that all facility PREA documents for inmates 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.

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

Standard 115.17 Hiring and promotion decisions

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

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

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

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

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

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

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

RIDOC Policy 9-23-2 “Security and Control: Access to ACI Facilities”, effective date 4/24/2006, identifies that employees, contractors, interns/students, and volunteers Identification Badges expire at a minimum every 2 years and at a maximum every 5 years. The pending policy states that in order to renew the Identification Badge, RIDOC must complete a background screening that consists of a Bureau of Criminal Identification (BCI) and a National Crime Information Center (NCIC) inquiry. Additionally, the policy identifies who is authorized to conduct the background screening.

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

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

During an interview with the Human Resources Coordinator, it was confirmed that all applicants and employees are required to complete the “PREA Supplemental Questionnaire” which addresses prior sexual misconduct. During an interview with the Office of Inspections Chief his department is responsible for the background screenings at hire and every 5 years for staff, as well as for contractors and volunteers. This process began in 2015 and is still being completed. The party responsible for these backgrounds has been systematically conducting

these as quickly as possible to complete all staff backgrounds. A review of background screenings of the staff interviewed during the audit found that all files review showed a background screening in 2016. A review of a volunteer record found that a background had been conducted in 2015.

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

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

Standard 115.18 Upgrades to facilities and technologies

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

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

There have been on significant modifications of the facility or installation/upgrading of the video system at this facility

The auditor was provided the capital/Asset Plans for the Minimum Security Fiscal Years 2017-2022 which includes the construction of a new operations building, new fence around the yard, replace leaking steam lines, installing a 20 gallon self-filling water heater in each dorm for beverages, construction of an interior gymnasium, new parking area, creation of a self-sufficient work release area for inmates, construction of a new industry area, construct new secure control center, additional visitor/staff parking, install additional lighting around the exterior of the buildings, install heating/AC system in the building, and complete any repairs.

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 PREA Audit Report

systematic protection, acquisition, and preservation of evidence at the scene or, or associated with, any crime committed within the facilities of the RIDOC. This policy include the notification of incidents, first responder duties, posting of staff to guard the area, addresses unauthorized personnel access, diagram of scene, report gathering, photographing, methods of preservation of a variety of evidence, preservation kits, evidence locker, evidence logs, transfer of evidence, destroying evidence, and evidence that is of value or identified as contraband.

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

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

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

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

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

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

It is noted that there were two allegations of sexual abuse or sexual harassment at this facility in the past 12 months. One was unfounded and one was substantiated for inmate-on-inmate sexual abuse.

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 two allegations of sexual abuse or sexual harassment at this facility in the past 12 months. One was unfounded and one was substantiated for inmate-on-inmate sexual abuse.

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. Non-uniform staff will receive PREA training at the facility prior to their in-service training. With few exceptions due to FMLA or long-term disability, all staff have completed the training within the 2 year period. All staff will again receive PREA training during the 2016 in-service training, a 40 hour training required for all staff. Refresher training is provided to staff through policy change notifications, as well as at the individual facility during briefings.

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

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

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 conducted on October 25, 26, and 27 was provided to the auditor, along with the narrative that was read to staff.

Standard 115.32 Volunteer and contractor training

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

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

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

The agency has created PREA training for all contractors, volunteers, and interns that mirrors the security staff training. Included in the training is information on the following topics: the zero-tolerance policy, how staff are to fulfill their responsibilities under the agency PREA policy, inmates rights to be free from sexual abuse and sexual harassment, staff and inmates right to be free from retaliation for reporting sexual misconduct, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, effective communication including communication with lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates, and how to comply with relevant laws relating to mandatory reporting to outside authorities. The training material details the differences between males and female inmates within the one training.

A file review of a volunteer showed that the volunteer has completed necessary training and this is documented. An interview with the volunteer provided the following: He has been a volunteer for 15 years and a new background was completed approximately 2 years ago. The training was provided in a classroom setting with a refresher test. He is required to report any information to the closest staff and to ensure that the victim is separated from all other inmates.

Standard 115.33 Inmate education

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

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

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

Inmate PREA education is documented in the inmate database (INFACTS), showing the date that the inmate completed PREA education. However, this information is from Intake. Upon transfer, no inmate education is provided – either at admission or comprehensive education. 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.

The facility did, on July 25, 2016, show the PREA video to all 318 inmates that were incarcerated on that day. All inmate were told to tune to the appropriate channel on their television, or if no television were required to meet in the dayroom for the viewing. This signaled the beginning of the comprehensive orientation for inmates upon admission; however with no further information being provided as to the additional verbal information that would have been provided – such as how to report, outside support services information.

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

Response: A new Standard Operating Procedure was written to address Limited English Proficient Inmates and provided training to staff who conduct intake and orientation. This allows for information to be presented in a way that ensures an inmate understands the information. Training of intake staff was conducted on January 30, 2017. The facility distributed the Day One and RIDOC PREA Brochure to all inmates and began utilizing the RIDOC Inmate PREA Awareness Acknowledgement Intake Information forms to document an inmates receipt of PREA information at intake. The PREA video is now being shown during orientation. Additionally, the documentation for the PREA video was updated to require inmates to sign that they have seen the video versus an officer checking the inmate’s name off of the roster.

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 not completed specialized training as required by policy.

CAP: Provide auditor with proof that all medical and mental health staff have completed the required specialized training for medical and mental health staff.

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.

INFACTS Assessment Screening identifies those as vulnerable or aggressive through a different color font (Red - predator; Blue - victim; Green - both victim and predator; and Black - no identification). This color coding allows the Shift Commander to easily reassign housing providing safety to the inmate and security measures to ensure the privacy of the information. Floor staff do not have access to specific inmate screening results.

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

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

Discussion with the PREA Compliance Manager shows that all housing decisions are made only after consulting the Count Board. 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. Additionally, information shared by the Lieutenant who made housing assignments with this auditor is that they do not house predators with vulnerable inmates. When mentioned to the Chief of the Special Investigations Unit, it was discovered that there is a secondary system for identifying predators that is used on inmate badges. However, the Lieutenant did not realize that they were housing inmates who, based on the risk screening, were identified as sexually aggressive. It is clear that staff making housing decisions are not aware of the risk screening color system.

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

CAP: Provide training to staff who make housing decisions regarding the risk screening system and how to interpret the results of the color coded system. Provide the auditor with proof of training and an outline of the material covered. Create and implement a system during the initial classification process at intake that considers all factors when reviewing a transgender or intersex inmate for housing purposes. Provide a copy of the documentation captured and a policy change to the auditor. Provide samples if applicable.

Response: The facility conducted training on November 30, 2016 with staff on the use of Housing Assignment Screening Tool, color coded system, and transfers for making appropriate housing decisions. A training roster was provided to the auditor for review. 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 one instance, the victim was moved to the Intake Service Center medical ward to prevent intimidation at this facility. He was returned in 3 days when the investigation was completed and the perpetrator was moved to another facility.

Standard 115.51 Inmate reporting

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

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

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

RIDOC provides inmates a variety of way for inmates to report sexual misconduct, both internally and externally. The Facility Rulebook identifies that inmates may report to the staff, both verbally and through notes, and free phone calls to the Special Investigations Unit, Office of Inspections, Rhode Island State Police and to the Victims of Crime. These are dedicated numbers within the phone system that allow

inmates to report without using their inmate pin number. The PREA Brochure mirrors this same information. The PREA video also reminds inmates that reporting to staff, family, and friends are other ways of reporting sexual misconduct. External reporting is through the Rhode Island State Police or Victims of Crime.

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

Standard 115.52 Exhaustion of administrative remedies

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

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

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

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

Standard 115.53 Inmate access to outside confidential support services

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

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

corrective actions taken by the facility.

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

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

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

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

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

During the tour, information for Day One had been posted for one day. A memo was provided to the auditor that was sent to all Correctional Staff about Day One and the services that would be available. This information was also to be read at the next 9 roll calls. Interviews with inmates found that they were not aware of Day One or the services available, but did notice that new information had been posted. However, no verbal notification of how to access Day One and the services available from Day One was provided to inmates.

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

Response: Day One is the local rape crisis agency that will receive allegations of sexual abuse and sexual harassment. The committing room now has a video monitor which plays the PREA video when inmates are present. All new inmates will receive the RIDOC Sexual Assault Awareness brochure, Rule Book, Day One contact information, and view the PREA video. Upon transfer to the minimum security facility, all inmates will be provided a PREA package, that includes Day One information, at intake and this is documented. On January 27, 2017 all inmates in the facility received specific verbal and written information on Day One services and on the PREA Brochure.

Standard 115.54 Third-party reporting

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

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

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

Standard 115.61 Staff and agency reporting duties

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

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

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

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

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

Standard 115.62 Agency protection duties

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

- Does Not Meet Standard (requires corrective action)

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

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

The Assistant Director of Institutions and Operations, the Warden and staff interviewed confirmed that if an inmates is at risk of imminent sexual abuse, they are to provide protection and notify their chain of command, including to investigators. There were no allegations of imminent sexual abuse reported at this facility.

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

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

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

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

Standard 115.64 Staff first responder duties

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

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

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

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

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

In one file reviewed, it is documented that staff separated the victim and made notification to the administrators and investigators upon receipt of the information. This was reported by a third-party more than 5 days after the incident. Therefore there was no need to secure the area or address the preservation and collection of physical evidence on the victim or alleged perpetrator.

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 13 and 17, 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 reported that he is notified immediately or at the PREA Audit Report

latest the next day and that he would monitor every day for 1 week, would conduct periodic status checks that are not typically documented. He identified monitoring disciplinary reports and program changes. There was no documented monitoring for the one allegation. A new system that is pending going live would allow for documentation of the monitoring, who is to be monitored, frequency, and dates that the status checks were completed.

There is no system to ensure that other parties would be monitored for retaliation.

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.

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.

Standard 115.68 Post-allegation protective custody

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

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

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

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

It is noted that one alleged victim was transferred to the Intake Service Center medical ward to prevent intimidation during the investigation.

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.

Of the one instance that was founded, there was no administrative investigation conducted that addresses whether staff actions or lack of staff actions contributed to the abuse.

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

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

Standard 115.72 Evidentiary standard for administrative investigations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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

Standard 115.73 Reporting to inmates

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

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

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

During the interview with the investigator, Office of Inspections Chief, and the Special Investigations Unit Chief that victims are notified of the outcome of an investigation. A review of a sample of investigation files from other facilities found that victim notification is made by Investigators as required. This is documented within 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.

The file reviewed did not specifically state that the victim was advised of the outcome of the investigation; however, wording within indicates that the victim was notified.

CAP: Ensure that all victim notifications are documented either by statement in the investigation report or by proof of the letter showing the inmate’s signature.

Response: The facility has implemented policy and copies were provided to the auditor for review.

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 member 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.

In an interview with the alleged perpetrator of the inmate-on-inmate sexual abuse, it was clear that disciplinary actions were taken as the inmate was awaiting his disciplinary appeals hearing. He did not report excessive discipline to this auditor; however he was more concerned that this would delay his release date. It is noted that the inmate alleged to the auditor that he was not aware of what behavior he was accused of committing, but the file indicates that he was provided this information.

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.

In the file where the inmate-on-inmate sexual abuse was documented, the victim was sent to the Intake Service Center medical ward on the day it was reported. He remained there for 3 days. He was not transported to the hospital for a forensic examination as it was alleged the incident occurred 5 days prior.

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

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

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

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

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

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

mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such history and offer treatment when deemed appropriate by mental health practitioners.

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

In the one case of inmate-on-inmate sexual abuse that was founded, the inmate was released shortly after the incident was reported. No further medical records were available after he left the facility.

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 was one Sexual Abuse Incident Review conducted by the facility for the substantiated inmate-on-inmate sexual abuse reported. The members present included the Warden, Deputy Warden, Deputy Warden/PREA Compliance Manager, Captain, Nurse, Clinical Social Worker, and the Lieutenant. While the report does show that physical barriers were found, it was not recommended for better supervision by staff, it did not address a clear or lack of a clear motivation, and though it notes the staffing levels and requirements for 30 minute rounds it does not address whether they were completed as required. It shows four areas that needed improvement, but there was no corrective action or dates of completion. Additionally, it notes that there were areas that could be improved upon, but no training for staff was mentioned in the narrative of the report.

CAP: Provide appropriate training to all staff who have been identified to participate on Sexual Abuse Incident Reviews and provide proof of training to the auditor. Readdress the current Sexual Abuse Incident Review and ensure that it meets all requirements of the policy and standard and addresses any corrective action.

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

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