

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report June 27, 2019

Auditor Information

Name: Dave Cotten	Email: dave@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 713-818-9098	Date of Facility Visit: May 23 &24, 2019

Agency Information

Name of Agency: Rhode Island Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Rhode Island	
Physical Address: 40 Howard Avenue		City, State, Zip: Cranston RI 02920	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 401-462-2611		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Rhode Island Department of Corrections (RIDOC) contributes to public safety by maintaining a balanced correctional system of institutional and community programs that provide a range of custodial options, supervision and rehabilitative services in order to facilitate successful offender reentry into the community upon release.

Agency Website with PREA Information: <http://www.doc.ri.gov/PREA/PREA.php>

Agency Chief Executive Officer

Name: Patricia A. Coyne-Fague, Exq.	Title: Director, RIDOC
Email: Patricia.CoyneFague@doc.ri.gov	Telephone: 401-462-2611

Agency-Wide PREA Coordinator

Name: Heather F. Daglieri	Title: Interdepartmental Project Manager
Email: Heather.Daglieri@doc.ri.gov	Telephone: 401-462-3087
PREA Coordinator Reports to: Sergio DeSousarosa, Deputy Assistant Director/Warden of Central Office	Number of Compliance Managers who report to the PREA Coordinator eight (8)

Facility Information

Name of Facility: RIDOC Minimum Security			
Physical Address: 18 Howard Avenue, Cranston RI 02920			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 401-462-2162			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: Click or tap here to enter text.			
Facility Website with PREA Information: http://www.doc.ri.gov/PREA/PREA.php			

Warden/Superintendent

Name: Carole Dwyer	Title: Warden
Email: Carole.Dwyer@doc.ri.gov	Telephone: 401-462-2168

Facility PREA Compliance Manager

Name: Mario Sousa	Title: Lieutenant
Email: Mario.Sousa@doc.ri.gov	Telephone: 401-462-0326

Facility Health Service Administrator

Name: Jennifer Clarke, MD, MPH	Title: Medical Director
Email: Jennifer.Clarke@doc.ri.gov	Telephone: 401-462-1115

Facility Characteristics

Designated Facility Capacity: 692		Current Population of Facility: 223	
Number of inmates admitted to facility during the past 12 months			642
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			513
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			642
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			10
Age Range of Population:	Youthful Inmates Under 18:	Adults: 19-67	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			N/A
Facility security level/inmate custody levels:			Minimum
Number of staff currently employed by the facility who may have contact with inmates:			128
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			N/A
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			213

Physical Plant

Number of Buildings: One (1)		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		0	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

6 Cameras, 1- Holding Cell, 1- B-Bldg Hallway, 1- A-Bldg Hallway, and 3 in the Rec. Yard. The control room and retention of videos is in the Lt's office.

Medical

Type of Medical Facility:	Dispensary
Forensic sexual assault medical exams are conducted at:	Rhode Island Hospital

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	1060
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	13

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The on-site PREA Audit of the Rhode Island Minimum Security facility (adult male prison) was conducted on May 23 & 24, 2019. The audit was conducted by Dave Cotten, a certified National PREA auditor under contact with the PREA Auditors of America, LLC.

An initial in-brief was held at 8:30 a.m. on 5/23/19 with Warden Carole Dwyer, Interdepartmental Project Manager Heather F. Daglieri (RI DOC PREA Coordinator), and PREA Compliance Manager Mario Sousa. Staff introduced themselves and provided professional background as did the auditor. The Warden provided the auditor with an overview of the minimum custody facility and the offender population it serves. The auditor was given a complete tour of the facility led by the PCM. Throughout the tour, the auditor observed the notices of this PREA audit in all the buildings, as well as posters that called attention to the DOC's Zero Tolerance Policy and how to report allegations of sexual abuse and sexual harassment. Following the tour, the auditor began the interviews and reviews of investigative files, training and personnel files, offender files, and documents.

A total of twenty-one (21) inmates were interviewed. Twenty (20) inmates were interviewed using the random inmate questions with some of those being additionally interviewed as LEP, disability and having reported previous sexual victimization. Fourteen of those interviewed were randomly selected, by the auditor, from a list of all the offenders by their housing assignment at the facility. One inmate who had disclosed previous victimization was interviewed. No inmates were available who identified as LGBTI and no inmates who had report sexual abuse. Auditor received no correspondence from offenders prior to the on-site.

Twelve (12) random staff were interviewed who were randomly selected by the auditor from all three shifts and/or other areas. Twenty-one (21) interviews were conducted with specialized staff. On-site interviews included the Warden, PREA Manager, intermediate/higher level supervisors who make unannounced rounds, medical staff, mental health staff, the human resources manager, investigators, staff who conduct screening for risk of abuse or victimization, an incident review team member, the staff member who monitors for threats of retaliation, and first responders.

The auditor also interviewed three contractors.

Also interviewed was one representative from Day One, the RI statewide rape crisis center and one representative from the Rhode Island Hospital regarding SANE access for inmate victims of sexual assault. In total, thirty-five (35) staff/contractor/volunteer/other interviews were conducted as part of the audit. It should be noted that since this is a medium-size facility, some of the employees have multiple responsibilities therefore some individuals were interviewed more than once if their duties covered more than one specialized area. The auditor did meet with training academy staff with the PREA Coordinator to review identified training records.

The auditor was impressed by what the random staff's knowledge of PREA, the zero-tolerance policy and offender rights regarding PREA.

Items of note to this audit and specific to this facility include:

- All Rhode Island correctional facilities are located on the same complex.
- The minimum-security facility's work release housing unit is closed and under renovation and two other units are not currently occupied.
- Minimum security facility has virtually no cameras. Minimal coverage is provided in key area.
- All hiring processes are accomplished by the agency (RIDOC).
- Criminal investigations including, criminal sexual abuse/assault/misconduct, are referred to the Rhode Island State Police (RISP).
- Staff involved investigations are referred to the Office of Investigations (OI) who handle all internal affairs determined not to be criminal.
- All other investigations are referred to the Special Investigations Unit (SIU).
- Forensic examinations are completed by the Rhode Island Hospital.

The auditor conducted a short de-brief on Friday, May 23, 2019. The auditor gave an overview of the audit and thanked the Warden and her staff for their hard work and commitment to the Prison Rape Elimination Act. Present were Warden Dwyer, Deputy Warden Lyons, RIDOC PREA Coordinator Daglieri, Facility PREA Compliance Manager, Lt. Sousa and Captain Bartholomy.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Rhode Island Department of Corrections operates a unified correctional system, all under the Department's jurisdiction. All of RIDOC's facilities are housed in a single complex: the Pastore Government Center Complex, located in Cranston, Rhode Island. The six facilities located at the Pastore Government Center Complex include: the Anthony P. Trivisono Intake Service Center, the High Security Center, Maximum Security, the John J. Moran Medium Security Facility, Minimum Security, the Gloria McDonald Awaiting Trial and Medium Security Facility.

The Rhode Island Minimum Security was originally converted from a hospital building to a prison facility in 1978. Since it has been expanded and renovated to the current facility with a capacity of 692. The facility has six housing units, with one (work release) currently closed and undergoing renovation and two other units not occupied. Also, within the facility are; numerous staff offices, a chapel, dining room/visiting room, gymnasium, nurses' station, dental office, intake area, inmate search area, education classrooms, an outside visiting area, an outside recreation area, law library, maintenance area, etc...

Medical coverage is available seven days a week for 16 hours each day and mental health coverage five days a week with staff on call 24/7. Trauma associated with sexual assault would be triaged at the facility, if medical staff were on-sight, then the victim would be transferred to the local hospital for SANE and/or medical treatment.

The facility provides numerous productive activities to include; paid inmate labor for the facility and other facilities, college industry programs, food preparation, industries, vocational, lawn care, litter control, snow removal, education (GED, vocational, ABE, computer literacy, etc.), numerous self-help programs (mental health, domestic violence education, victim's impact, anger management, Thinking for Change, addiction recovery, parenting, etc.), basic construction classes, drywall and plastering classes, barber classes and certification, just to name a few. The facility provides 100% of the inmates with employment with 75% of those being outside of the facility confines.

The prison PAWS program gives selected inmates the opportunity to live with and train shelter dogs to prepare the dogs for eventual adoption by local residents. Basic obedience skills and socialization are two of the vital trainings for dogs.

The work release program allows inmates to obtain gainful employment in the private sector while residing in the facility. Inmates are screened, by the facility, for appropriateness or are court ordered to work release.

Visits at the facility are offered three times per week.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Of the forty-five (45) standards reviewed, the agency/facility exceeds standard requirements in three (3) and meet the requirement in forty-two (42) standards. One corrective action was needed for compliance. All actions were taken to gain compliance prior to completion of the on-site visit.

Number of Standards Exceeded: Three (3)
115.16—Inmates with disabilities and inmates who are limited English proficient
115.22—Policies to ensure referrals of allegations for investigations
115.51—Inmate Reporting

Number of Standards Met: Forty-two (42)

115.11, 115.12, 115.13, 115.14, 115.15, 115.19, 115.18, 115.21, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401 & 115.403

Number of Standards Not Met: None (0)

Summary of Corrective Action (if any)

There was one corrective action needed for the Minimum-Security Facility which was identified during the on-site tour. The agency and facility responded immediately and effectively, ensuring all actions were taken to meet the relative standard prior to completion of the on-site visit.

115.15— Corrective action: During the on-site tour it was found the intake area, which has a toilet and an area for strip searching incoming inmates, had uncovered windows to the outside which would allow for cross gender viewing should female staff be in the area outside the windows. While there is limited access, female staff are not disallowed from that area. Once identified and the issue discussed with the auditor, these windows were covered with removable curtains to allow for coverage during intake process as staff are present during that process. The curtains can be taken down when intake is not in process for security purposes. Auditor re-visited the area with the curtain in place.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: RIDOC Policy 9.49-4 DOC; PREA Policy

I. PURPOSE:

To establish guidance for staff and inmates regarding the prevention, detection and response efforts of the Rhode Island Department of Corrections (RIDOC) to eliminate incidents of sexual abuse and sexual harassment of inmates in RIDOC facilities.

II. POLICY:

RIDOC mandates zero tolerance of inmate sexual abuse and sexual harassment.

This policy goes on to outline the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. Definitions of prohibited behaviors is included as well as sanctions for those violating policy. Policy also reflects each facility warden will appoint a PREA Compliance Manager.

Other Documentation: Certificates of training completions by the agency PREA Coordinator
 Agency organizational chart reflecting Interdepartmental Project Manager
 Job description of Interdepartmental Project Manager which includes appointment as PREA Coordinator

Observations and Interviews: The PREA Coordinator, who is a department project manager, states she has sufficient time and authority to develop, implement and oversee the agency efforts to comply with PREA. She attends all or most Warden’s meetings. She meets regularly and communicates regularly through phones or email with the six to ten facility PREA compliance managers. She reviews the RIDOC incident database to address any PREA related incidents and sets in on all incident review team meetings for all facilities. Throughout the on-site visit and associated interview, the auditor recognized her extensive knowledge of PREA.

As required by policy, the Warden has designated the facility PREA Compliance Manger (PCM). The PCM states he has sufficient time to oversee the compliance with PREA. He is also the LEP Coordinator, and Hearings officer for the facility. He meets regularly with the PREA Coordinator, attends all the incident review team meetings and is responsible for retaliation monitoring. He reviews and updates facility postings.

Findings: RIDOC and the minimum facility meet all the relative elements of this standard. The policy 9.49-4 along with other policy and documentation outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The assigned PREA Coordinator and PREA Manager are knowledgeable and dedicated to the safety of inmates.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Observations and Interviews: Interviews with the PREA Coordinator indicates RIDOC does not contract for the confinement of inmates.

Findings: The agency meets this standard as RI does not contract for confinement of inmates.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: RIDOC Policy 9.49-4 DOC; PREA Policy pages 10 and 11 addresses each element of this standard with verbiage directly from the standard.

RIDOC Policy 9.05-2, Institutional Log book System requires visits/rounds by intermediate and higher level staff.

Other Documentation: Minimum security post requirements.

Examples of PREA Unannounced Round Log reflecting numerous rounds to include off hours rounds. Minimum Security Facility SOP SEC-49 mandating minimum staffing and gender specific posts. Annual reviews of staffing plan which addresses element (a) and (c) showing there have been no deviations from the plan.

Observations and Interviews: The Warden states they do have a staffing plan which is maintained electronically and in hard copy. When queried on the elements of this standard the Warden had good knowledge indicating PREA is a major determining factor in overall staffing, supervisory assignment and placement, camera addition/replacement requests, what programs are offered and in what area and on what shift, current and upcoming physical plant components, etc.. Relative federal and state laws, previous incidents and other relevant factors are considered in updating the staffing plan. The Warden indicates the facility is not under any findings of inadequacy from any type of judicial, federal or internal/external oversight bodies. The Warden discussed NIC training and other nation-wide publications/information. The PCM reaffirmed all of the above and stated the annual review requires response to each element.

The Warden states, to monitor compliance with the staffing plan; she attends roll calls periodically, reviews all incident reports, tours the facility, has discussions with supervisory staff, attends incident review team meetings, etc....

The Warden and PCM state they do not allow the facility to fall below minimum staffing therefore have not had documentation to reflect non-compliance with the staffing plan.

The PREA Coordinator states formal reviews are conducted annually and a pre-established format is used to ensure all areas of this standard are addressed. She states she meets regularly with the Wardens and PCMs. Any adjustments needed are addressed immediately.

One intermediate level staff was interviewed. He stated he does unannounced rounds and does them in a way the minimizes staff's ability to alert other staff of the unannounced rounds. Unannounced rounds are documented on form specifically addressing same. Rounds are also logged on the unit logs.

Findings: RIDOC and the minimum-security facility meet all the relative elements of this standard. The policy 9.49-4 along with other policy and documentation addresses all elements. Reviews of staffing plan and annual reviews indicate compliance. The assigned PREA Coordinator and PREA Manager are in close contact and address all issues or concerns with the Warden. Intermediate and higher-level staff interviewed are aware of the requirements and staff interviewed indicated they see supervisors making rounds regularly.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: RIDOC Policy 9.33-5 prohibits juveniles being housed with adult offenders. RIDOC Policy 12.26-5 prohibits placing juvenile offenders in holding cells, dorms or housing units with adult inmates nor be in any contact not allowing for sight/sound separation unless under direct staff supervision until transfer is accomplished.

Other Documentation: FY 18 Annual population report

Findings: The facility meets the standard as this facility does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: RIDOC Policy 9.49-4 DOC; PREA Policy addresses element (d) requiring: Each facility shall allow inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

All RIDOC staff shall announce their presence when entering an inmate housing unit of the opposite gender where there is not already another cross-gender staff present.

RIDOC Policy 9.14-8 addresses elements (a), (c), (e) with verbiage from the standard and refers the reader to RIDOC policy 18.30, Receiving Screening and Mental Health Evaluation of New Commitments.

RIDOC SOP, Identification, treatment and management of transgender and intersex inmates requires that if genital status is unknown, the inmate is referred to medical. Procedure also requires security staff be trained in how to communicate with LBGTI inmates. SOP refers to a statement of search preference form inmates complete at determination or report of transgender or intersex status.

Minimum security SOP Staff-10 requires opposite gender staff announce themselves when entering a living unit.

Minimum security SOP Staff-12 requires that if genital status is unknown, the inmate is referred to medical. SOP also requires security staff be trained in how to communicate with LBGTI inmates.

Other Documentation: Memo indicating RIDOC trains staff with the "Guidance in Cross-gender and Transgender Pat Searches" as developed by the Moss Group and through the PREA Resource Center. Inmate search preference declaration form.

Observations and Interviews: The facility houses no female inmates. Auditor did observe staff of the opposite gender announce themselves when entering the housing units.

The facility has had no cross-gender strip searches, cross-gender visual body cavity searches (non-medical) or cross-gender pat searches conducted within the last 12 months.

All random staff interviewed stated inmates have the opportunity to not be viewed by female staff when using the toilet, in the shower or otherwise be seen naked or with their genitals or buttocks exposed. Female staff stated they do announce themselves entering a living unit and male staff state they either announce for females entering a unit or hear the females announce themselves.

All staff stated they would not search an inmate to determine genital status. Some indicated there was a policy, others did not know if it was policy or not.

Most staff interviewed stated they had received cross-gender/transgender pat search training. Those who did not remember the specific training did describe the appropriate search method, therefore had the knowledge.

All random inmates interviewed stated they never feel as though they must be exposed in front of female staff.

Corrective action: During the on-site tour it was found the intake area, which has a toilet and an area for strip searching incoming inmates, had uncovered windows to the outside which would allow for cross gender viewing should female staff be in the area outside the windows. While there is limited access, female staff are not disallowed from that area. Once identified and the issue discussed with the auditor, these windows were covered with removable curtains to allow for coverage during intake process as staff are present during that process. The curtains can be taken down when intake is not in process for security purposes. Auditor re-visited the area with the curtain in place.

Findings: RIDOC and the minimum-security facility meet all the relative elements of this standard. The policy 9.49-4 along with other policy and documentation addresses all elements of the standard. There are no female inmates housed at the facility, there have been no cross-gender pat searches, strip searches or body cavity searches to address, no incidents of searching to determine genital status and most staff indicate they have been trained in cross gender pat searches. Corrective actions taken by the facility was timely and effective.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 3. PREA Policy 9.49-4 states:

Inmates with Disabilities and Limited English Proficiency (PREA Standard 115.16)

a. Each facility shall ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

For more information, please see the most recent version of RIDOC Policy #3.30 DOC; Reasonable Accommodation.

b. Each facility shall provide inmates with limited English proficiency with meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment, including access to interpreters.

c. The RIDOC prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.

For more information, please see the most recent version of RIDOC Policy #1.13 DOC; Limited English Proficiency.

4. As part of his/her responsibilities, the Facility PREA Compliance Manager in each facility shall:

a. provide inmate education in formats accessible to all inmates, including those with limited English proficiency, who are deaf, visually impaired, have limited reading skills or are otherwise disabled;

b. ensure that key information, including, but not limited to, reporting phone numbers, is continuously and readily available or visible to inmates through posters, inmate rulebooks or other written formats; and

c. make sure that inmate receipt of PREA intake information and comprehensive PREA education is documented.

RIDOC policy 18.22 (in English and Spanish) requires all programs are readily accessible to and usable by inmates with special needs.

RIDOC policy 1.13-1 (in English and Spanish) addresses communication with LEP inmates.

Other Documentation: Several documents and/or policies in English and Spanish

RIDOC PREA Brochure in English, Spanish, Chinese and Portuguese.

List of certified interpreters.

DOJ PREA Notice in English and Spanish.

List of translation services provided by Dorcas International along with instruction for use.

PREA Video in English, Hmong and Spanish.

Observations and Interviews: In an interview with the Director, she states; the RIDOC makes every effort to ensure inmates with disabilities or are LEP are afforded every opportunity to be provided with the necessary PREA education and other information in a format they understand. Inmate are questioned about their understanding and sign acknowledging their understanding.

The PREA Coordinator was also interviewed and she showed the auditor the PREA information formats in multiple languages to include a Braille version, Spanish, Chinese and Portuguese. A translator service is also available based on a case by case evaluation of the inmate's understanding.

The PCM is also the LEP coordinator for the facility, which assists in ensuring LEP inmates are identified and provided translation as needed.

LEP inmates, through an interpreter, interviewed all stated they did receive the information in a way that they understood. When questioned on the random inmate questions, the inmates were able to articulate their understanding.

The majority of random staff interviewed stated they knew not to use an inmate to interpret in issues regarding sexual abuse or sexual harassment. Some staff indicated this may be alright.

Findings: RIDOC and the minimum-security facility exceed all the relative elements of this standard. The policy 9.49-4 along with other policy and documentation shows an excellent process to ensure all inmates, including those who are limited English proficient, receive the appropriate PREA information on how to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA video provided to all inmates in orientation in English, Spanish, Portuguese and one dialect of Chinese. RIDOC also provided a list of Spanish speaking interpreters who have been evaluated and certified to provide services. While some staff did not know to not use an inmate for translation, staff themselves would not begin questioning after the initial report but would defer to the on-duty supervisors or investigative staff.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity 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? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity 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? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No

- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: PREA Policy 9.49-4 addresses each element of this standard using verbiage from the standard. Attached to the policy is the RIDOC PREA Supplemental Questionnaire which addresses elements (f) & (g). The policy also refers to policies 3.31, Employee References; 3.32, Pre-Employment Background Investigation; 3.14, Code of Ethics and Conduct; and 3.06, Selection, Retention and Promotion.

3.06-3 requires the agency to completed background checks on all candidates for employment and prior to the promotional process. Policy also requires all new hires to complete a release of information form.

3.14-3 states: NOTE: Pursuant to Final PREA Standard 115.17 the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); or who has been convicted of engaging or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity.

The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct (as described in the paragraph above) 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.

And: Statements or representations made in interviews, employment or examination forms found to be false or intentionally misleading may subject the staff member to dismissal from the service of the Department.

And: Staff is prohibited from dating, marrying, or otherwise developing or engaging in romantic, physical, or sexual relationships with offenders of the Department with whom the staff members have contact on the job, or over whom the staff members have control or decision making authority.

Staff has an affirmative duty to report to his /her immediate supervisor any dating, marriage, romantic, physical or sexual relationship with a former offender who has been under the department's supervision within the past two (2) years. The duty arises at the time the staff member discovers the connection.

And: RIDOC maintains a zero tolerance for staff sexual misconduct/harassment toward offenders.

3.32 requires RIDOCs Office of Human Resources forward requests for prospective employees for background investigations.

9.23-3 requires all persons entering the facility complete a PREA Information Acknowledgment form and all completed forms be maintained by the training academy.

9.40-5 requires all contractors complete training related to PREA or be notified in writing of the zero-tolerance policy as well as other duties and responsibilities mandated by PREA prior to entry to the facility. Policy also requires all contractors to conform to 3.14-2, Code of Conduct as noted above.

Other Documentation: RIDOC PREA Supplemental Questionnaire (blank)

Two examples of staff completed RIDOC questionnaire as requested by the auditor.

Observations and Interviews: During the on-site visit, the auditor requested and received completed RIDOC PREA Supplemental Questionnaire forms for staff randomly selected by the auditor.

In an interview with Human Resources staff:

Background checks are completed on all who apply for employment and the agency does consider pertinent civil actions. Same for contractors. Office of Inspections (OI) does backgrounds on potential and current employees. Records and ID completes backgrounds of all others. NCIC is used as well as RILETS and Bureau of Criminal Investigation. OI Staff state they do consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor. Public information is reviewed as well as license check and institutional contacts.

A continuing affirmation is included in the pre-hire documentation.

When HR receives a request from another institution to provide information, the request is forwarded to the Office of Inspections who will provide the information with a completed release of information.

Findings: RIDOC and the medium facility meet all the relative elements of this standard. The policy 9.49-4 along with other policy and documentation addresses each element. Interviews indicate human resources and investigative staff have good knowledge and follow the process to ensure appropriate hiring and enlisting/approving contractors and volunteers. Background checks are completed at hire and at least every five years for all staff.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Findings: The facility has had no significant expansions or modifications nor any changes to the electronic monitoring systems.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: RIDOC SOP, PREA Investigations states RIDOC shall off all victims access to SANE/SAFE without cost where evidentiary or medically appropriate.
RISP Evidence Policy
RISP Criminal Investigations policy
RISP Major Crimes Investigations plicy

Other Documentation: MOU with the Rode Island State Police (RISP)
RFP from RIDOC for an agency to provide emotional support to inmate victims of sexual abuse.
Request to award the above RFP to The Counseling & Psychotherapy Center, Inc.
List of staff with their qualifications from The Counseling & Psychotherapy Center, Inc.

Observations and Interviews: MOU with RISP requires RISP to follow the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations for adults and adolescents or similar protocol and requires RISP to permit an advocate to accompany the victim through the process if requested by the victim. MOU includes the PREA Investigations SOP which requires the RIDOC and RISP to provide victims of sexual abuse a SANE or SAFE where evidentiary or medically appropriate using the local hospital ER. A representative of the Rhode Island Hospital emergency department stated any person, including an inmate from a correctional facility, will be admitted and treated accordingly to include SANE/SAFE as requested by law enforcement. Should a SANE certified nurse not be available, one would be called in or a physician would conduct the exam and evidence collection.

Findings: Based on policy, MOUs, RFPs, other documentation and interviews, the agency/facility meet the elements of this standard. Three separate offices investigate sexual abuse or sexual harassment based on the type; RIDOC Special Investigation Unit (SIU) investigated inmate on inmate incidents (not criminal), RIDOC Office of Inspections (OI) investigates staff involved incidents (not criminal) and Rhode Island State Police investigate all incidents that may have criminal components. The agency/facility would offer all victims of sexual abuse access to SANE or SAFE through the Rhode Island Hospital, although this facility has had no incidents in the last 12 months requiring such an exam. Victim advocacy is provided through Day One, a state-wide rape crisis center and advocacy non-profit organization. An RFP was recently awarded to the Counseling & Psychotherapy Center, Inc. for additional services in the future.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 states: A. RIDOC mandates zero tolerance of inmate sexual abuse and sexual harassment.

1. Every allegation of inmate sexual abuse and sexual harassment is thoroughly investigated and, where warranted by evidence, proportional sanctions up to and including criminal prosecution are implemented.
2. RIDOC's Special Investigations Unit (SIU) investigates allegations of inmate- on-inmate sexual abuse and sexual harassment, and the Office of Inspections (OI) investigates allegations of sexual abuse and sexual harassment of inmates involving staff, contractors, and volunteers.

And: If it is determined that the evidence appears to support criminal prosecution, the SIU's Chief Investigator or the OI's Chief Inspector, as appropriate, shall immediately notify the Rhode Island State Police (RISP), which becomes the lead agency in the investigation.

3.14-3, Code of Conduct

RIDOC policy 9.50 requires the Office of Inspection; Conduct prompt investigation of allegations of staff sexual misconduct, etc.; act as liaison with the RI Department of the Attorney General, RISP and the RIDOC Office of Legal Counsel; and coordinate with RIDP concerning any allegations against staff which could constitute violation of criminal law.

RISP policies on evidence control, criminal investigations and major crimes.

Other Documentation: Memo from PREA Coordinator to Chief of Office of Inspections and Chief of Special Investigations Unit.

MOU with RISP for investigations

PREA Investigation SOP requires the SIU and OI are immediately notified of incidents. The OI or SIU staff then notify the State Police.

Auditor reviewed investigations documentation as provided.

Observations and Interviews: Memo to chiefs indicates all allegations of sexual abuse and harassment must be investigated.

SOP requires notifications for investigation.

Website was reviewed. It identifies SIU, OI and the RISP as the investigative units and PREA policy 9.49 in both English and Spanish are linked to the website.

The agency head states all allegations are investigated with the administrative investigations being conducted by either SIU or OI and all criminal allegations are referred to the State Police. Interviews with investigative staff indicate anytime potential criminal activity is identified investigations are referred to the State Police.

Findings: The agency has policy in place to ensure all allegations are investigated with all allegations indicating the potential of criminal elements are referred to the State Police.

Interviews the Agency Head and investigative staff from both the Special Investigative Unit and the Office of Inspections confirm this.

SIU is responsible for inmate on inmate sexual abuse and harassment and OI is responsible for staff involved incidents.

The Rhode Island State Police have two criminal investigators assigned to RIDOC specifically to investigate criminal activity, including sexual abuse.

A review of the website shows the entire policy is available which includes who is responsible for the specific type of investigation.

Based on the above policy, observations and interviews the agency exceeds this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 states all employees shall receive training including all sub-elements of element (a) (b) and (c) of this standard. Policy also requires every employee completes the training at least every two years and that RIDOC provides refresher training in the years employees are not required to attend the primary training. Policy also requires RIDOS to verify, through employee signature, that employees understand the PREA training received.

Other Documentation: RIDOC PREA Employee Training power pint was reviewed.

Quiz on PREA training.

PREA Handout

PREA Training acknowledgment form (blank) in English, Spanish, Portuguese and Italian.

PAQ declaring 100% of staff have received the identified training.

Observations and Interviews: Power Point covers all aspects of (a).

Auditor reviewed several randomly selected employee files to include reviewing completed PREA quizzes and PREA training acknowledgement. Verification of all reviewed was present.

Interviews with random staff indicate they have received the identified training.

Findings: Based on the submitted PAQ, policy, training presentations, knowledge quizzes, handouts and training acknowledgement forms to include several randomly selected by the auditor, the agency and facility meets the elements of this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 4 addresses: Volunteers and Contractors (PREA Standard 115.32)

- All RIDOC volunteers and contractors who have contact with inmates shall be trained on their responsibilities relating to RIDOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures.
- This training shall include, but not be limited to;

- (1) notification of RIDOC's zero tolerance mandate regarding sexual abuse and sexual harassment of inmates;
- (2) the consequences of such actions; and
- (3) how to report such incidents.

And: For volunteers and contractors, RIDOC shall maintain documentation confirming that those trained understand the PREA training they have received.

Other Documentation: PREA Training acknowledgment form (blank) in English, Spanish, Portuguese and Italian.

PREA Training quiz

Power point training for RIDOC volunteers and contractors

Submitted PAQ declaring 100% of volunteers and contractors have been trained as identified

Observations and Interviews: Three contractors from "Providence Center," an addiction treatment program, were interviewed with all stating they have received the PREA standard identified training. When quired, the contractors knew their responsibilities in the prevention, detection and response to RIDOC policies regarding sexual abuse and harassment. All stated they had been trained on zero tolerance and how to report such incidents.

Findings: Based on the policy provided, the training curriculum, training acknowledgement forms and PREA quiz, the agency and facility meet the elements of this standard. Documentation and interviews with contractors substantiate they have been trained on their responsibilities regarding policies on the prevention, detection and response to sexual abuse and harassment as well as the zero-tolerance policy of RIDOC and how to report suspected incidents.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 states: Inmate Education

1. During the intake and commitment process to each facility, inmates shall receive information explaining the RIDOC's zero tolerance policy regarding sexual abuse and sexual harassment, and how to report such incidents or suspicions. (See the most recent version of RIDOC Policy #14.01 DOC; Intake/Committing Process).
2. Within thirty (30) days of intake to a facility, the facility shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding RIDOC's policies and procedures for responding to such incidents.
3. Inmates with Disabilities and Limited English Proficiency
 - a. Each facility shall ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
For more information, please see the most recent version of RIDOC Policy #3.30 DOC; Reasonable Accommodation.
 - b. Each facility shall provide inmates with limited English proficiency with meaningful access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment, including access to interpreters.
 - c. The RIDOC prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.
For more information, please see the most recent version of RIDOC Policy #1.13 DOC; Limited English Proficiency.
4. As part of his/her responsibilities, the Facility PREA Compliance Manager in each facility shall:

- a. provide inmate education in formats accessible to all inmates, including those with limited English proficiency, who are deaf, visually impaired, have limited reading skills or are otherwise disabled;
- b. ensure that key information, including, but not limited to, reporting phone numbers, is continuously and readily available or visible to inmates through posters, inmate rulebooks or other written formats; and
- c. make sure that inmate receipt of PREA intake information and comprehensive PREA education is documented.

1.11-5 require the RIDOC has the ability to communicate with the entire inmate population to ensure they understand the department rules, regulations and procedures. This policy requires an orientation program every two weeks to ensure initial communications are set. The orientation includes an overview of PREA. Program is provided to LEP inmates in a way they can understand. Inmates, by policy, are required to sign an acknowledgment form.

18.22 requires RIDOC ensures existing programs are readily accessible to and usable by inmates with special needs which includes: deaf or hard of hearing, blind or have low vision, speech disabled, developmentally disabled, etc...

Minimum Security SOP on PREA video showing at least three times per week

Minimum Security SOP on Day One brochure and RIDOC pamphlet on sexual abuse and harassment and how to report and showing the "What you need to know" video at intake. SOP outlines procedures for LEP inmates.

Other Documentation: PREA Brochure

Written transcript of PREA video

PREA video with subtitles

Sign in rosters for inmate attendance to orientation.

PREA Brochure in audio format.

Observations and Interviews: During the on-site visit the auditor was shown a binder identified by staff as the Braille version of PREA education along with the above noted PREA brochures Spanish, Portuguese and Chinese.

Intake staff state all inmates receive initial PREA education immediately upon arrival at the facility that addresses the agency zero tolerance policy regarding sexual abuse and sexual harassment and informs inmates several ways to report such incidents such as; report to staff and/or counselors, PREA hotlines to Day One, SIU, OI, RISP, etc... available without the need of a PIN. Beyond that, the facility conducts an in-depth PREA orientation once per week (unless no new arrivals that week) which includes inmate rights to free from sexual abuse and harassment and their right to be free from retaliation for reporting such incidents. The PREA Resource Center's provided video is used at this orientation as well as direct communication by staff.

Interviews with random inmates, including some LEP inmates, indicate the inmates have the general information which confirms the orientations are completed. Inmates sign a PREA Education Acknowledgement form.

Findings: Based on the policy provided, the initial education and the orientation provided, education acknowledgement forms and the agency and facility meet the elements of this standard. Documentation and interviews with inmates substantiate they have been trained on the zero-tolerance policy of RIDOC and multiple ways to report suspected incidents, their rights under PREA and the facility's policy on response to reports. As noted in 115.16, the agency does an exception job at providing PREA required information to inmates who are disabled or LEP.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 states: Investigators (PREA Standard 115.34)

- a. All staff in RIDOC's SIU and OI shall receive specialized training in conducting sexual abuse and sexual harassment investigations in a prison setting in addition to the standard RIDOC employee PREA training. The SIU and OI staff shall follow the most recent version of the RIDOC Standard Operating Procedure (SOP); PREA Investigations.
- b. This training shall include, but not be limited to:
- (1) techniques for interviewing sexual abuse victims;
 - (2) proper use of Miranda and Garrity warnings;
 - (3) sexual abuse evidence collection in a prison setting; and
 - (4) the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Other Documentation: Sign in sheet for PREA Investigator training

Training certificates for investigators who completed specialized training through the PREA Resource Center or NIC.

PREA Investigations Training addressing all elements presented by Chiefs and PREA Coordinator.

Observations and Interviews: RIDOC has identified and trained specific investigators for inmate on inmate allegations of sexual abuse/harassment who are assigned to the Special Investigative Unit (SIU) and have identified and trained specific investigators for staff involved allegations who are assigned to

the Office of Inspections (OI). Interviews with investigators confirm they have received the general training and specific training as identified in the standard and they have good knowledge and understanding of that training. When queried on specific topics such as; interviewing techniques, use of Miranda and Garrity, evidence collection, level of evidence required, etc..., the investigators responded with very professionally and very knowledgeable. All stated upon any information that could indicated a criminal act may have occurred, the case is referred to the Rhode Island State Police (RISP), an outside agency.

Findings: Based on the policy provided, the training curriculum, training certificates and interviews the agency and facility meet the elements of this standard. Documentation and interviews with three investigators substantiate they have been trained and are knowledgeable.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy states: Medical and Mental Health Care (PREA Standard 115.35)

- a. All full-time and part-time medical and mental health practitioners who regularly work in facilities shall receive specialized training related to sexual abuse and sexual harassment in addition to the standard RIDOC PREA training, for employees or for contractors and volunteers depending upon the practitioner's status.
- b. This training shall include, but not be limited to:
 - (1) how to detect and assess signs of sexual abuse and sexual harassment;
 - (2) how to preserve physical evidence of sexual abuse;
 - (3) how to respond effectively and professionally to victims of sexual abuse and sexual harassment;
 - (4) how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Other documentation: Examples of training roster and certificates.

Observations and Interviews: In interviews with one mental health staff and one medical staff, both state they have received specialized training as well as the general training on PREA. The specialized training was completed on-line. Training included how to detect and assess signs of sexual abuse, how to preserve physical evidence how to respond to victims of sexual abuse and how to report.

The staff employed by the agency do not conduct forensic examinations.

Findings: Based on the policy provided, training certificates and interviews with medical and mental health staff confirm the agency and facility meet the elements of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: Policy 9.33-5, Inmate Housing Assignments states: Criteria are established to ensure that inmate housing assignments are accomplished in a systematic, orderly fashion that minimizes the possibility of physical or mental harm to inmates and facilitates their safe and harmonious coexistence.

Inmates are screened during intake and upon transfer to another facility for risk of being sexually abused by other inmates or risk of being sexually abusive toward other inmates.

This information shall inform the individualized determination as to where an inmate will be housed with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

No inmate may be disciplined for refusing to answer questions during this screening.

And: Upon initial commitment or transfer to another facility inmates are screened for risk of being sexually abused by other inmates or risk of being sexually abusive toward other inmates. The Shift Commander/designee makes all routine cell assignments (as designated in facility SOPs) subject to the review and approval of the Warden /designee.

Housing assignments are reviewed and adjusted as necessary to ensure the safety, security, and good order of the facilities and inmates' well being.

NOTE: Risk levels shall be reassessed in a period not to exceed thirty (30) days from the date of the inmate's arrival at a facility 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.

And: Prior acts of sexual abuse, prior convictions of violent offenses and a history of prior institutional violence or sexual abuse shall be used in assessing inmates for the risk of being sexually abusive.

Policy 18.30-2 requires security staff to screen inmates for prior sexual victimization or perpetration of acts of sexual abuse.

RIDOC SOP for transgender and intersex review form

Minimum Security SOP for housing inmates under PREA screening

Minimum Security SOP for identification and management of transgender inmates.

Other Documentation: Samples of screening for risk of sexual victimization and abusiveness.

Gender Housing Request Form

Gender Identity Final Risk Assessment Score form

Gender Identity Risk Assessment

Housing Recommendation Form

Observations and Interviews: RIDOC uses a computer-generated risk assessment system to determine the level of risk an inmate may have for potential victimization or abusiveness. Inmates are placed according to their risk levels based on the risk assessment tool. Provided examples indicated the assessment tool is an objective tool. Per 18.30-2, inmates are asked about their gender identity or gender expression only by medical staff, during the receiving process, who forwards that information to the shift commander. The PAQ indicates all inmates processed into the facility were assessed within 72 hours of arrival and again within 30 days after that. All elements of paragraph (d) of the standard are addressed. INFACETS, the computer-generated system flags inmates needing re-assessment to the person(s) responsible for the upcoming screening to ensure timely re-assessments. As all facilities fall within the same complex, the initial screening is completed upon intake to the intake facility with the 30 day follow up completed there or the facility where the inmate is placed. Anytime an inmate is transferred to another facility, while still in the complex itself, the inmate is queried about his assessment and any changes to that assessment, which would prompt a new assessment. In an interview, the staff responsible for risk screening at intake stated all inmates are screened within 72 hours and the risk screening instrument is used. Inmates are then re-assessed within 30 days. Staff showed the auditor the process on the computer and snap shots of specific inmates' screenings were provided as requested by the auditor. Inmates are never disciplined for refusing to answer any questions on the assessment form.

Only staff responsible for the risk screenings have access to the screenings themselves. Staff responsible for housing and program placement only have access to the risk level for victimization and/or abusiveness, not the specific answers provided by the inmate. This was confirmed during interviews with the staff responsible for completing risk assessments, the PREA Coordinator and PREA manager.

Interviews with random selected inmates produced varying responses from remembering all questions asked both at intake and again sometime after that to stating they were not asked those questions.

Findings: All elements of the standard are addressed in policy and a review of specific risk assessments/re-assessments with the PREA manager indicates all inmates are assessed. The system of identifying inmates for housing and/or program placement is simple but very good.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: Policy 9.33-5, Inmate Housing Assignments states: Criteria are established to ensure that inmate housing assignments are accomplished in a systematic, orderly fashion that minimizes the possibility of physical or mental harm to inmates and facilitates their safe and harmonious coexistence.

Inmates are screened during intake and upon transfer to another facility for risk of being sexually abused by other inmates or risk of being sexually abusive toward other inmates.

This information shall inform the individualized determination as to where an inmate will be housed with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

No inmate may be disciplined for refusing to answer questions during this screening.

And: Upon initial commitment or transfer to another facility inmates are screened for risk of being sexually abused by other inmates or risk of being sexually abusive toward other inmates. The Shift Commander/designee makes all routine cell assignments (as designated in facility SOPs) subject to the review and approval of the Warden /designee.

Housing assignments are reviewed and adjusted as necessary to ensure the safety, security, and good order of the facilities and inmates' well being.

NOTE: Risk levels shall be reassessed in a period not to exceed thirty (30) days from the date of the inmate's arrival at a facility 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.

And: Prior acts of sexual abuse, prior convictions of violent offenses and a history of prior institutional violence or sexual abuse shall be used in assessing inmates for the risk of being sexually abusive.

Policy 18.30-2 requires security staff to screen inmates for prior sexual victimization or perpetration of acts of sexual abuse.

RIDOC SOP for transgender and intersex review form

Minimum Security SOP for housing inmates under PREA screening

Minimum Security SOP for identification and management of transgender inmates.

Other Documentation: Samples of screening for risk of sexual victimization and abusiveness.

Gender Housing Request Form

Gender Identity Final Risk Assessment Score form

Gender Identity Risk Assessment

Housing Recommendation Form

Other Documentation: Samples of screening for risk of sexual victimization and abusiveness.

Examples of completed Gender Housing Request Form, Statement of Search Preference Form, minutes from the transgender/intersex review board, transgender/intersex review board gender identity risk assessment, Gender Identity Final Risk Assessment Score form and housing recommendation form.

Observations and Interviews: RIDOC has, in place, a system of reviewing each transgender or intersex identified person based on that person's request, medical identification, historical information or self-identification. This system allows for inmates to request specific housing and search staff preference which is reviewed by the Transgender and Intersex Review Board. Each determination includes the inmate's own perception of their vulnerability and is reviewed every six months or every three months for those whose risk assessment is moderate or high.

The PREA Manager and staff responsible for risk assessments described the system of placement of inmates based on the risk assessments.

The PREA Coordinator, PREA Manager and intersex/gay inmates stated RIDOC does not place inmates in dedicated facilities based on sexual orientation or status.

Findings: All elements of the standard are addressed in policy and a review of specific risk assessments/re-assessments with the PREA manager indicates all inmates are assessed. The system of identifying inmates for housing and/or program placement is simple but very good.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 12.01-2, Protective Custody addresses element (a), (c), (d) and (e) of this standard. Policy includes a protective custody investigation routing sheet which requires the shift commander to address why protective custody is needed then forwarded to the special investigation unit who complete a protective custody summary report verifying the information and need.

SOP: Identification, Treatment and Management of Transgender and Intersex Inmates states: Inmates at high risk for sexual victimization shall not be involuntarily segregated unless and assessment of all available alternatives has been made and it is determined that no feasible alternative exists. Inmates placed in restrictive housing for this purpose shall have access to programs, privileges, education and work to the extent possible.

Other Documentation: Per the pre-audit questionnaire (PAQ) provided, the facility has had no inmates placed in involuntary segregation due to high risk of sexual victimization.

Observations and Interviews: The Warden states they have not and normally would not place an inmate in involuntary segregation due to risk of victimization. If no other alternatives were available, they could do so for a minimal amount of time.

Findings: Based on policy, the PAQ and interviews conducted the agency/facility meets this standard. This facility has had no incidents of involuntary placement of an inmate in segregation due to high risk of sexual victimization. All elements of the standard are addressed in policy.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 states: D. Internal and Third Party Reporting (PREA Standards 115.51 and 115.54)

1. Staff shall accept all reports of sexual abuse and sexual harassment whether made verbally, in writing, anonymously or from third parties.

NOTE: There is no time limit on when an inmate may report an incident of sexual abuse or sexual harassment.

2. Inmates are afforded multiple ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff, and staff neglect or violation(s) of responsibilities that may have contributed to such incidents. These methods include, but are not limited to:

- a. reporting to any staff member, contractor or volunteer – verbally or in writing;
- b. calling or writing to RIDOC’s Special Investigations Unit (SIU) – (401) 462-2282;
- c. calling or writing to RIDOC’s Office of Inspections (OI) – (401) 462- 2551;
- d. calling the Rhode Island State Police (RISP) – (401) 462-2650;
- e. calling the Helpline toll-free number – 1 (800) 494-8100; or calling ICE – 1 (888) 351-4024.

3. Inmates may also report sexual abuse and sexual harassment to a public or private entity or office that is not part of RIDOC by telephone or mail.

4. Staff has the option of reporting known or suspected acts of sexual abuse and sexual harassment up the chain of command, or privately to SIU or OI.

Other Documentation: Brochure (English and Spanish) with contact information including a toll-free phone number for immediate reporting for “Day One”, an advocacy group in Rhode Island.

RIDOC brochure (English and Spanish) providing inmates with the speed dial numbers to SIU, the inspector’s office, Rhode Island State Police (RISP), the toll-free hotline and ICE for non-US citizen inmates. Brochure also informs inmates they may tell any staff member, write a letter to any administrator or submit an inmate request form.

DOJ PREA Notice providing information for reporting sexual abuse or harassment.

MOU with RISP to receive toll-free calls for the reporting of sexual abuse and sexual harassment via published phone numbers. Calls would be unrecorded by RIDOC. RISP will report immediately to the RIDOC Chief Inspector or SIU. RISP will permit the reporting person to remain anonymous upon request and the report will still be investigated.

Observations and Interviews: RISP and Day One are not associated with the agency and do report immediately to the agency when a report is received. In an interview with a Day One representative,

Day One accepts calls then either forwards the call to RISP or reports the relevant information to RISP and RIDOC.

Staff interviewed were aware of reporting methods for themselves and inmates. Staff were also aware they were required to report any allegation or incident of sexual abuse, harassment, retaliation or staff neglect, to include reports made verbally, in writing, anonymously and/or from third parties.

Inmates interviewed were generally aware of reporting methods with most being comfortable reporting to staff. As is the trend throughout prisons, many inmates stated they had received information regarding third party reporting but could not remember how it works or did not know how to do it. Many inmates stated if they had doubt, there were brochures and posters informing them on how to report.

The PREA Coordinator states the inmates may make the reporting hotline calls without using their assigned PIN and those calls are not recorded by RIDOC, therefore the calls are anonymous and confidential. ICE is one of the hotline call numbers.

Newly installed phones have the hotline numbers affixed to the phone itself behind a protective film to further provided inmates accessible means of reporting.

Findings: The agency and facility exceed the requirements of this standard. Numerous methods of reporting are provided and made readily available to inmates and staff. Training reviewed covers the methods of reporting and a review of reports submitted indicates all are taken seriously and investigated. RISP is not only one of the reporting sites, it is the investigative unit for criminal cases. Inmates were well informed as were staff.

Newly installed phones have the hotline numbers affixed to the phone itself behind a protective film to further provided inmates accessible means of reporting.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 13.10-4 specifically exempts the reporting of sexual abuse or harassment from the grievance system stating that all reporting will be addressed as outlined in the PREA policy and reported directly to the Chief Inspector of SIU.

Findings: As the agency does not have administrative procedures to address inmate grievances regarding sexual abuse the agency/facility is exempt from the elements of this standard and reflects as meeting the standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 states: E. Inmate Access to Outside Confidential Support Services

1. Each facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates the mailing address and toll-free hotline number for Day One, a local victim advocacy/rape crisis organization.
 - a. Day One, 100 Medway Street, Providence, RI 02906-4402; and
 - b. The Helpline 1-800-494-8100.
2. Communication between inmates and victim advocacy/rape crisis organizations shall be in as confidential a manner as possible. However, inmates shall also be aware of the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to SIU, OI, or other authorities in accordance with mandatory reporting laws.

Other Documentation: RFP and recommendation for award and Cost proposal for the Counseling and Psychotherapy Center (CPC) for this agency to provide emotional support to victims of sexual assault or sexual harassment and accompany them through investigative hearings, written correspondence/telephonic contact for crisis intervention and emotional support, etc.... Also provide was a summary of each staff's qualifications.

Day One brochure (English and Spanish) which has phone number and address to provide emotional support and advocacy.

RIDOC PREA brochure (English and Spanish)
DOJ PREA Notice (English and Spanish)

Observations and Interviews: Day One is the RI statewide rape crisis center offering reporting of sexual abuse or harassment, victim advocacy and emotional support to victims of sexual abuse. In addition to Day One, RIDOC is in the process of acquiring the services of CPC for this service. During the on-site, the approval for CPC was granted and the system for emotion support will be upgraded. Inmates queried on the availability of advocates emotional support services outside the facility were not directly aware but did know and directed the auditor to the Day One brochures the inmates had received and the posters from Day One.

In an interview with the Day One representative, she stated all persons are informed of the extent to which reports of sexual abuse will be forwarded to law enforcement. There were no inmates at minimum security identified as having reported sexual abuse at the facility.

Findings: Based on policy, which is available to inmates within the facility, other documentation to include brochures from Day One (rape crisis center), RIDOC PREA brochures, DOJ PREA brochures, etc., the facility meets the standard to include providing confidential phone access and addresses to an outside agency. CPC will be in addition to services currently provided by Day One.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4, IV, D. Internal and Third-Party Reporting.

Other Documentation: Snapshot of the RIDOC website outlining how to report for an inmate. Third parties may call SIU, the office of investigations, Rhode Island State Police, the help line or ICE. All phone numbers are provided on the website.

Observations and Interviews: A phone call from the auditor to the hotline number indicated that number is for referral only. The operator stated she would refer an inmate wanting to report or needing emotional support to Day One. A phone call to Day One did prompt a call back from the clinical director who stated reports of sexual abuse would be referred to the Adult Corrections Institution for immediate response. Director also did indicate emotional support and/or and advocate would be provided.

Findings: Based on the website which addresses this standard and interviews., the agency/facility meets this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy addresses each of the elements of this standard. It states:
Official Response

1. Reporting Duties (PREA Standards 115.61 and 115.81)

a. All RIDOC employees, contractors and volunteers are PREA mandatory reporters.

b. Staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(1) Staff shall make all PREA reports up the chain of command or privately to SIU or OI.

(2) Unless otherwise precluded by Federal or State law, medical and mental health practitioners shall be required to report sexual abuse and to inform inmates of the practitioner's duty to report and the limits of confidentiality at the initiation of services;

c. Apart from reporting to designated supervisors, SIU or OI, individuals shall not reveal any information relating to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions;

d. Non-uniform staff, contractors and volunteers shall report all allegations of sexual abuse and sexual harassment to the nearest Superior Officer, Shift Commander, SIU or OI.

e. Each facility shall report all allegations of sexual abuse and sexual harassment to SIU or OI.

f. If the alleged victim is under the age of 18, SIU/OI, as appropriate, shall report the allegation to the Department Children Youth & Families (DCYF) via DCYF's Child Abuse Hotline [1-(800) – RI –CHILD (1-800-742-4453)];

g. If the alleged victim is 60 years of age or older, SIU/OI, as appropriate, shall report the allegation to the Division of Elderly Affairs, Protective Services Unit at (401) 462-0555.

h. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Observations and Interviews: All staff interviewed were aware they are required to report any knowledge of an incident or allegation of sexual abuse or harassment, retaliation for reporting such an incident and staff neglect. Staff stated the only discuss the incident of allegation with their supervisor or as directed by their supervisor.

Medical and mental health staff interviewed stated they are required to report any allegations of sexual abuse or harassment and would inform inmates of staff's limitations of confidentiality.

The Warden and PREA Coordinator state if alleged victim is under 18 or considered a vulnerable adult, the allegation would be forwarded to protective services through SIU, OI or RISP.

The Warden stated all allegations are reported to either SIU or OI, who are the facility's designated investigators. SIU or OI would report to RISP if warranted.

Findings: RIDOC and the minimum-security facility meet all the relative elements of this standard. The policy 9.49-4 addresses all elements. Interviews with random staff and identified specialized staff indicate all staff are well trained and knowledgeable about their reporting responsibilities.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 12.01-2, Protective custody policy requires when information is received which indicates an inmate may be in danger of harm from other inmate(s) an immediate investigation is conducted. The outcome of the investigation may require protective custody, housing restriction to cell or unit, change of housing unit, etc...

Observations and Interviews: The facility reports no incidents of this nature in the last 12 months. The agency head states an investigation is initiated immediately, the inmate placed for safety which may include temporary segregation, cell movement or facility movement. The Warden states they have had none yet but would separate and isolate, investigate, move reported victim or perp if necessary, segregate only if needed as recommended by the review committee.

Random staff interviewed generally stated they would separate the inmate for safety and report to the supervisor.

Findings: As the facility has had no incidents within the last 12 months, there is no historical data to review. Policy is in place and staff are aware of the actions needed. The agency and facility meet the elements of this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy states:

2. Reporting to Other Confinement Facilities (PREA Standard 115.63)

Upon receiving an allegation that an inmate was sexually abused while confined in another facility, the Warden of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged sexual abuse occurred.

a. Such notification shall be provided as soon as possible, but no more than 72 hours after receiving the allegation.

b. The reporting facility shall document that it has provided such notification.

c. Upon receiving notification from another correctional facility that an inmate was sexually abused while incarcerated at the RIDOC, the facility that receives the report shall forward it immediately to RIDOC's Agency PREA Coordinator, SIU and OI. The allegation shall be investigated in accordance with this policy and the PREA Standards.

Observations and Interviews: The facility has had no incidents reported.

The agency head states any incidents reported would be referred to the Chief of Inspections who would refer the investigation to the appropriate office of SIU, OI or RISP. Those offices are in constant contact with each other and work together.

The Warden states every allegation, including from other facilities, is investigated. For safety concerns, some moves may have to occur. All allegations are documented, and investigation would begin immediately.

Findings: Based on policy and information received from interviews, the agency and facility meet all elements of this standard. PAQ indicates no incidents have occurred within the last 12 months. As the facility has had no incidents within the last 12 months, there is no historical data to review.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy requires all staff to follow the SOP for PREA Investigations and the coordinated response plan which outlines first responder duties. SOP--PREA Investigation requires actions as outlined in the elements of this standard.

Observations and Interviews: PAQ indicates the facility had two reported incidents requiring first responders. Of those, neither required the collection of evidence due to the nature of the incident. All staff are trained in the first steps to be taken. All security staff are considered first responders. First responder staff interviewed were knowledgeable of responder duties and outlined actions to be taken. The agency PREA Coordinator has developed and received funding to provide all first responder staff with reference cards which can be carried with them for duties associated with first response.

Findings: Based on policy which addresses this standard well and interviews with first responder staff, the agency/facility meets the elements of this standard. As the facility has had no incidents requiring evidence collection within the last 12 months, there is no historical data to review. The agency PREA Coordinator has developed and received funding to provide all first responder staff with reference cards which can be carried with them for duties associated with first response.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: RIDOC Minimum Security PREA response procedures SOP# Staff-09
SOP PREA Investigations

Other Documentation: Facility specific coordinated response plan.

Observations and Interviews: The auditor recommends changing the plan to read ensure the alleged abuser does not take any actions that could destroy physical evidence...
The Warden states the facility does have a facility specific response plan.

Findings: Based on policy and the RIDOC minimum-security PREA Response Plan as provided, the facility meets the elements of this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: MOU between RI and Brotherhood of Correctional Officers states that an Appointing Authority may dismiss, demote or suspend an employee for just cause.

Observations and Interviews: The agency head states based on the level of seriousness, staff may be removed from duty pending investigation or until a determination of whether and to what extent discipline is warranted.

Findings: Due to the MOU with RIDOC and the Brotherhood of Correctional Officers stating the appointing authority may dismiss, demote or suspend an employee for just cause, the agency/facility meet the elements of this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy states:

4. Protection Against Retaliation (PREA Standard 115.67)

a. All third-party reporters (inmates and staff who report sexual abuse or sexual harassment), alleged inmate victims (inmates who were reported to have suffered sexual abuse or sexual harassment while incarcerated), and any other individual who cooperates with an investigation who expresses a fear of retaliation shall be protected by RIDOC from retaliation by other inmates or staff.

b. For at least ninety (90) days following a report of sexual abuse or sexual harassment, the Warden/designee shall monitor the conduct and treatment of the alleged inmate victim(s) to see if there are changes that may suggest possible retaliation by other inmates or staff. The Warden/designee shall:

(1) act promptly to remedy any such retaliation; (2) continue to monitor beyond ninety (90) days if the initial monitoring indicates a continued need; and
(3) terminate the monitoring if it is determined that the allegation is unfounded.

c. For at least ninety (90) days following a report of sexual abuse or sexual harassment, SIU or OI (depending on which unit is investigating the PREA allegation) shall monitor the conduct and treatment of third party reporters and any other individual who cooperates with an investigation who expresses a fear of retaliation to see if there are changes that may suggest possible retaliation by other inmates or staff. SIU or OI shall:

(1) act promptly to remedy any such retaliation;
(2) continue to monitor beyond ninety (90) days if the initial monitoring indicates a continued need; and
(3) terminate the monitoring if it is determined that the allegation is unfounded.

d. Inmate monitoring shall include periodic status checks.

e. All retaliation monitoring shall be documented.

Observations and Interviews: Retaliation monitoring is documented on the RIDOC Incident Report form.

The PREA Compliance Manager (PCM) is designated by the Warden to monitor for retaliation. In an interview with the PCM he states he uses a checklist to follow in the monitoring for retaliation. Some things he monitors include; disciplinary or informational reports on or about the inmate, unusual movement of the inmate, behavioral changes in the inmate, etc... He does periodic status checks and initiates contact with the victim and/or witnesses. He keeps the Warden apprised and makes recommendations if needed for room changes, facility changes, disciplinary actions, emotional support, etc... He knows to monitoring for a minimum of 90 days but would extend as need dictated to insure no retaliation with no maximum amount of time.

Findings: Based on well-established policy and very good staff knowledge of the subject, as determined by interviews, the agency/facility meets the elements of this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 12.01-2, Protective Custody
SOP PREA Investigations

Observations and Interviews: The facility has had no cases of inmates being segregated due to alleging sexual abuse.

Findings: The facility has had no cases of inmates being segregated due to alleging sexual abuse. Policy is in place should that occur. The facility meets the elements of the standard based on that policy.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy states:

C. In the best interest of the inmate population and the overall safety of the department, all allegations of inmate sexual abuse and sexual harassment that an inmate, or any other person makes, to a RIDOC employee, volunteer, contractor or third party are immediately reported to a Superior Officer or supervisor, and are thoroughly investigated by SIU or OI, pursuant to the most recent version of RIDOC Standard Operating Procedure (SOP); PREA Investigations.

It is the responsibility of Superior Officers and supervisors to notify SIU or OI of every incident of inmate sexual abuse and sexual harassment whether observed, reported or suspected.

D. SIU's Chief Investigator ensures there is a timely response to every report of inmate-on-inmate sexual abuse and sexual harassment and oversees a comprehensive investigation to determine the nature of the incident and the role of each person involved in the incident.

OI's Chief Inspector ensures there is a timely response to every report of sexual abuse and sexual harassment of inmates involving staff, contractors, and volunteers and oversees a comprehensive investigation to determine the nature of the incident and the role of each person involved in the incident.

In addition, OI reviews every RIDOC sexual abuse investigation in an effort to determine if there were any contributing factors to the abuse.

If it is determined that the evidence appears to support criminal prosecution, the SIU's Chief Investigator or the OI's Chief Inspector, as appropriate, shall immediately notify the Rhode Island State Police (RISP), which becomes the lead agency in the investigation.

RIDOC SOP, PREA Investigations outlines the process for investigation of all allegations. Narrative within the SOP addresses all elements of this standard and refers the reader to RIDOC policy 5.01, Management of Semi-Active and Archival Records, for the retentions of investigative reports.

Other Documentation: Investigative reports were reviewed. Refer to file documentation for standard 115.34 for investigator training sign in sheets and certificates of completion.

Observations and Interviews: RIDOC Special Investigative Unit investigates inmate on inmate allegations and the RIDOC Office of Inspections investigates staff involved allegations. Criminal allegations are referred to the Rhode Island State Police.

In interviewing agency/facility investigative staff: all allegations are investigated regardless of the origin; investigations are started immediately upon receipt; all assigned investigators have received specialized training in sexual abuse investigations in confinement, training involved interviewing sexual abuse victims, evidence collection, trace evidence, level of evidence required, etc...; start of investigation involves making victim safe, basic info such as who, what, when, where, secure scene, electronic evidence, historical info, mental health issues, mail, etc...; compelled interviews would be under the jurisdiction of RISP; polygraphs would not be required; credibility of all witnesses are treated the same initially then reviewed as investigation progresses; all aspects of the incident is reviewed to include staff actions or inactions; any changes in inmate or staff status does not change the investigation other than needing to coordinate with other agencies, the investigation would continue; if RISP takes the case we provide liaison, any evidence we have collected, support in the investigation as requested, report to the Director and Warden.

In interviews with the Warden, PREA Coordinator and PREA Manager, they stated the SIU or OI are the liaison with RISP and remain informed and update the PREA Coordinator and Warden regularly. One inmate who reported sexual abuse stated he felt as though he had been treated fairly by the investigative staff.

Findings: RIDOC has policy related to criminal and administrative investigations which includes the elements of this standard. Allegations that appear criminal are referred to RISP. Interviews with investigators entailed all relative elements of this standard and confirms their training and knowledge on sexual abuse and harassment investigations and PREA requirements. The facility and agency meet the elements of the standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4

Observations and Interviews: All investigators interviewed stated the level of evidence in determining whether an allegation is substantiated is the preponderance of the evidence present or available.

Findings: While no policy provided to the auditor addresses this standard, the investigators responsible for substantiating an allegation were well aware of the preponderance standard. The agency and facility meet the element of this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy addresses each element of this standard with verbiage directly from the standard.

Other Documentation: Examples of investigative reports to include incident review team results and notification to the inmates in written format.

Observations and Interviews: The facility reports four (4) notifications being made to inmates and all were documented. Auditor reviewed examples. The review shows the inmates sign acknowledging receipt of the notification and are given a copy. A copy is also given to the Warden and the agency's PREA Coordinator.

In interviews, the Warden and investigative staff confirmed inmates are notified per the standard and RIDOC policy.

Findings: Policy requires notification to inmates addressing each element of this standard with the responsible office (SUI or OI) making the notifications in writing or, if after receiving the investigative report from the outside agency investigating the allegation, making the notification to the inmate. Investigative staff stated inmates are notified by the responsible office and the Warden confirmed this.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy states:

Staff, Volunteers and Contractor Sanctions (PREA Standards 115.76 and 115.77)

1. RIDOC employees, volunteers, or contractors who commit acts of sexual abuse or sexual harassment toward inmates shall be sanctioned in accordance with the most recent version of RIDOC Policy #3.14 DOC; Code of Ethics and Conduct, up to and including termination and criminal prosecution (i.e., RIGL § 11-25-24).
2. Disciplinary sanctions for staff who commit acts of sexual abuse or sexual harassment 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 for comparable offenses.
3. All terminations for violations of RIDOC policy, or resignations by staff who would have been terminated if not for their resignations, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing authorities.
4. Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with inmates, banned from entering secure RIDOC facilities, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any licensing authorities.

3.14-3, Code of Conduct provides the Director the authority to enforce standards for all State facilities, direct employees in the performance of their official duties, hire, promote, transfer, assign, and retain employees and suspend, demote, discharge or take disciplinary action. Director may also investigate allegations and relieve employees from duties for legitimate reasons. This policy further states:

6. Examples of Misconduct Subject to Disciplinary Action

This section describes specific instances of misconduct which may subject an employee to disciplinary measures, up to and including termination.

(2) Sexual harassment is defined/described as:

- (a) Any unwelcome sexual advances or requests for sexual favors or any other verbal or physical conduct of a sexual nature when submission to such conduct or such advances or requests is made either explicitly or implicitly a term or condition of an individual's employment;
- (b) An unwelcome sexual advance, request for sexual favors, and/or other verbal or physical conduct of a sexual nature when submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or
- (c) Conduct so infused with hostility towards members of one sex that it alters the conditions of employment, interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

Observations and Interviews: The facility reports no incidents related to this standard have occurred.

Findings: As the facility reported no incidents occurred within the last 12 months, no historical data is available to review. Policy addresses the standard in full. Investigations of allegations against staff did

occur with none resulting in disciplinary actions for staff. The agency/facility meets the elements on this standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy states:

Staff, Volunteers and Contractor Sanctions (PREA Standards 115.76 and 115.77)

1. RIDOC employees, volunteers, or contractors who commit acts of sexual abuse or sexual harassment toward inmates shall be sanctioned in accordance with the most recent version of RIDOC Policy #3.14 DOC; Code of Ethics and Conduct, up to and including termination and criminal prosecution (i.e., RIGL § 11-25-24).
2. Disciplinary sanctions for staff who commit acts of sexual abuse or sexual harassment 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 for comparable offenses.
3. All terminations for violations of RIDOC policy, or resignations by staff who would have been terminated if not for their resignations, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing authorities.
4. Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with inmates, banned from entering secure RIDOC facilities, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any licensing authorities.

3.14-3, Code of Conduct provides the Director the authority to enforce standards for all State facilities, direct employees in the performance of their official duties, hire, promote, transfer, assign, and retain employees and suspend, demote, discharge or take disciplinary action. Director may also investigate allegations and relieve employees from duties for legitimate reasons. This policy further states:

6. Examples of Misconduct Subject to Disciplinary Action

This section describes specific instances of misconduct which may subject an employee to disciplinary measures, up to and including termination.

(2) Sexual harassment is defined/described as:

- (a) Any unwelcome sexual advances or requests for sexual favors or any other verbal or physical conduct of a sexual nature when submission to such conduct or such advances or requests is made either explicitly or implicitly a term or condition of an individual's employment;
- (b) An unwelcome sexual advance, request for sexual favors, and/or other verbal or physical conduct of a sexual nature when submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual; or
- (c) Conduct so infused with hostility towards members of one sex that it alters the conditions of employment, interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

9.40-5, Procedures for Contractors requires contractors to adhere to the Department's Code of Ethics and Conduct as noted above. This policy also states any contractor who engages in sexual abuse of an inmate shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing authorities.

Observations and Interviews: The facility reports no incidents related to this standard have occurred within the last 12 months.

The Warden states contractors or volunteers alleged to have violated sexual abuse or sexual harassment policy could be immediately removed from the facility pending investigation and would be banned from inmate contact and access to the facility, if substantiated. Each incident would be considered on a case by case basis. The Office of Inspections would notify RISP and the appropriate licensing agency if sexual abuse is substantiated.

Findings: The agency/facility meets the elements of the standard. As the facility reports no incidents of this nature occurring, no historical data is available to review.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 addresses all elements except element (f)

H. Inmate Sanctions (PREA Standard 115.78)

1. All sexual activity between inmates is prohibited and subject to disciplinary action.
 - a. All reports of sexual activity shall be documented as possible PREA incidents until a full investigation by SIU or OI indicates otherwise.
 - b. Sexual activity between inmates shall not be found to be sexual abuse if it is determined after an investigation that the activity was consensual and not coerced.
2. Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
3. Inmates who commit acts of inmate-on-inmate sexual abuse or sexual harassment shall be punished in accordance with the most recent version of RIDOC Policy #11.01 DOC; Code of Inmate Discipline, up to and including criminal prosecution.
 - a. All incidents of sexual abuse shall be considered "highest predatory offenses" as documented in the Department's Code of Inmate Discipline.
 - b. The Code of Inmate Discipline outlines all of the possible sanctions that may be imposed when inmates are found guilty of committing acts of sexual abuse or sexual harassment.
 - c. SIU shall designate any substantiated perpetrator of inmate-on-inmate sexual abuse as a Security Risk Group (SRG) Level I offender, and enter this information into the INFACETS database.
4. The disciplinary process shall consider whether the inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.
5. Inmates who are inmate-on-inmate perpetrators of sexual abuse are eligible for participation in a sex offender treatment program if they meet the criteria and obligations of that program.

Therapy, counseling or other interventions designed to address and correct underlying reasons or motivation for the sexual abuse shall be considered when determining whether to allow inmate access to programming or other privileges.

5. Every inmate-on-inmate perpetrator of sexual abuse who is found guilty during the disciplinary process of committing a Class 1, Highest Predatory Sexual offense is automatically referred to the RISP and/or the Rhode Island Attorney General for possible criminal prosecution.

11.01-7, Code of Inmate Discipline addresses the level of severity for sexual based offenses with sexual abuse, and attempts, being at the highest level.

Observations and Interviews: The facility reports no incidents were alleged and no criminal findings of guilt occurred in the last 12 months. A review of the Code of Inmate Discipline verifies the level of offence and the level of associated discipline.

The Warden states inmate sanctions are determined by the code of penal discipline and are commensurate with the nature of the abuse. Mental illness and mental disabilities are considered on all sanctions applied for inmates including sanctions for sexual abuse or sexual harassment. Mental health staff state they do offer therapy/counseling for abusers in another program.

Findings: The agency/facility meet the elements of this standard. Interviews confirm policy as written. A review of the Code of Inmate Discipling provides for a systematic response to inmate sexual abuse/harassment behavior and related sanctions. Sanctions are commensurate to the violation and does consider the inmates history, mental disability or mental health.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 18.30-2, Receiving Screening and Mental Health Evaluation of New Commitments addresses elements (a) & (b) & (d). Element (c) is not applicable as the facility is not a jail.

Other Documentation: Element (a) and (b) is further addressed through the risk assessment. When asked about being victimized or having been abusive in the past an order is automatically generated for

clinicians to schedule a follow up with mental health within 14 days. This process was reviewed by the auditor and a screen shot was provided.

Observations and Interviews: Interviews with staff responsible for risk screening confirm inmates are automatically referred to mental health for scheduling an appointment within 14 days of being identified as being a previous victim of sexual abuse or of being an abuser.

Interviews with medical/mental health staff indicates they do obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Findings: The agency/facility meet this standard. Based on policy and interviews conducted, inmates are automatically referred for a mental health appointment, within 14 days, during the initial screening process should sexual victimization or abusiveness be identified. Policy requires all information is strictly limited to medical staff, mental health staff and other staff necessary for treatment plans, and management of the inmate or inmate population. While nothing in policy was found to address informed consent, medical and mental staff were well aware of the standard and the requirements.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4 PREA policy address elements (a), (c) and (d) with verbiage from the standard. SOP PREA Investigation addresses element (b) by requiring victims be escorted immediately to medical services and stating "a reporting delay does not preclude the alleged victim from receiving any medical or psychological care that may be warranted de to the incident." SOP further states: G. Examination and Treatment of Alleged Victim

1. The value of evidentiary examination depends, in part, on the amount of time that elapses between the alleged sexual assault, abuse or staff misconduct and the reporting of said alleged incident.
2. A RIDOC physician evaluates the alleged victim to determine if he/she requires immediate medical treatment including hospitalization, if necessary. If an alleged sexual assault, abuse or staff misconduct occurs in a male facility when medical staff is not on duty, the alleged victim is transported to the Intake Service Center's Health Care Services Unit. Female inmates are evaluated at the Gloria McDonald ("GM") facility.
3. Health Care Services personnel conduct an evaluation to determine the alleged victim's need for immediate medical treatment, taking care not to destroy any potential evidence. Medical staff will tend to any emergency trauma but will defer further evaluation of the alleged rape to the off-site contracted health care provider.

SOP PREA Investigations addresses staff first responder steps

Observations and Interviews: Medical staff stated inmate victims of sexual abuse would receive immediate to medical treatment by the hospital or RIDOC doctors and such treatment would be based

on medical staff's professional judgement. Information about STDs would be provided either by the hospital or RIDOC doctors.

Mental health staff state inmate victim would receive crisis intervention services immediately by RIDOC or Day One staff who provide victim advocates and emotional support.

First responder staff were knowledgeable about protecting the inmate victim and that either they or their supervisors would contact medical immediately upon receiving an allegation.

Findings: Based on the above policy and interviews conducted the agency/facility meet the elements of this standard. Inmate victims of sexual abuse would be evaluated by medical staff either at the facility or the local hospital as medically required. Crisis intervention is available immediately. All treatment of inmate victims would be at no cost to the inmate. The facility reports no cases have occurred at the facility in the last 12 months requiring emergency or on-going medical or mental health treatment.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4, PREA policy states:

6. Ongoing Medical and Mental Health Care (PREA Standard 115.83)

- a. The evaluation and treatment of inmate victims of sexual abuse while incarcerated shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.
- b. The facility shall provide the inmate victims of sexual abuse while incarcerated with medical and mental health services consistent with the community level of care.

- c. Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
- d. If pregnancy results from the conduct described in paragraph (c) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- e. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- f. Treatment services shall be provided to the inmate victim of sexual abuse while incarcerated without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- g. RIDOC shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health services.

Observations and Interviews: The facility reports no cases having occurred at the facility in the last 12 months requiring emergency or on-going medical or mental health treatment. Interviews with medical and mental staff confirm evaluation and treatment of inmate victims would include follow up services, treatment plans and referrals as determined appropriate. Staff also state inmate victims would be offered tests for STDs as medically appropriate.

Findings: Based on policy addressing the elements of the standard, the agency/facility meet the standard. All treatment of inmate victims would be at no cost to the inmate. The facility reports no cases have occurred at the facility in the last 12 months requiring emergency or on-going medical or mental health treatment.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4, PREA policy addresses each element of this standard with verbiage from the standard. Policy states: J. Sexual Abuse Incident Reviews (PREA Standard 115.86)

1. The Warden/designee shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

2. Sexual abuse incident reviews shall occur within thirty (30) days of the conclusion of the investigation.

NOTE: The thirty (30) days shall commence on the date that the Warden/designee receives a copy of the investigation outcome letter from SIU or OI.

3. The review team shall include, at a minimum, the Warden/designee, the Facility PREA Compliance Manager, line supervisors, SIU (for reviews involving inmate-on-inmate sexual abuse), OI (for all inmate sexual abuse reviews) and health care services or mental health practitioners, as well as any other "ad hoc" members deemed necessary.

4. The review team shall consider:

a. whether the allegation or investigation indicates a need for change in policy or practice to better prevent, detect or respond to sexual abuse;

b. whether the incident or allegation was motivated by;

- race,

- ethnicity,

- gender identity,

- lesbian, gay, bisexual, transgender or intersex identification, status or perceived status,

- gang affiliation, or

- was motivated or otherwise caused by other group dynamics;

c. examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may have enabled abuse;

d. assess adequacy of staffing levels in that area during different shifts; and

e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

5. The Warden/designee shall prepare a report of the Sexual Abuse Incident Review findings and any recommendations for improvement, implement the recommendations for improvement or document the facility's reasons for not doing so.

6. The Warden/designee shall distribute copies of the Sexual Abuse Incident Review Report to the Director of Corrections, the ADIO and the Agency PREA Coordinator.

Other Documentation: Examples of incident reviews attached to the investigative reports.

Observations and Interviews: The Warden states the facility does have appoint an incident review team for each incident and the review is normally started within 30 of the conclusion of the investigation. The team normally includes either the Warden or designee, the PREA Coordinator, investigator, medical or mental health staff and supervisory staff. The team addresses all elements of

the standard which is also included on the agency "Incident Report" form. Recommendations are made to the Warden and Director as needed.

The PCM confirms the above information as does two staff who have been on incident review teams in the past. The facility reports two (2) investigations that were followed by an incident review.

Auditor reviewed several of the above team reviews of incidents which were found to cover all aspects required by this standard.

Findings: The agency/facility meets the elements of this standard very well. The incident reviews examined by the auditor are good and cover the elements appropriately. Interviews indicate all staff involved are knowledgeable and well versed in the process. Policy is good as is the checklist used.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4, PREA policy addresses each element of this standard. Policy states:

L. Data Collection and Review (PREA Standards 115.87 and 115.88)

RIDOC's Planning & Research Unit shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its control, using standardized instruments and set definitions. RIDOC's Planning & Research Unit shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

RIDOC's Planning & Research Unit shall provide such data from the previous calendar year to the Department of Justice no later than June 30th of the current calendar year.

1. Classification of Investigation Outcomes

Consistent with the investigation outcomes developed by the U.S. Department of Justice's Survey of Sexual Violence, the findings of all of SIU and OI investigations of incidents of sexual abuse or sexual harassment toward inmates are categorized as:

- Substantiated Allegation;
- Unsubstantiated Allegation;
- Unfounded Allegation; or
- Investigation Ongoing.

Other Documentation: SSV for 2017

Annual reports as posted on the website.

Observations and Interviews: Auditor reviewed the annual reports as posted on the agency website. The agency/facility does not contract with private facilities for confinement of inmates.

Findings: Based on policy and a review of the SSV and annual reports as posted on the agency website, the agency/facility meet the elements of this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy: 9.49-4, PREA policy states:

2. Data Review for Corrective Action

RIDOC's Agency PREA Coordinator shall review collected and aggregated data to assess and improve the effectiveness of RIDOC's sexual abuse prevention, detection, and response policies, practices, and training. To achieve this end, RIDOC shall:

- a. identify problem areas and take corrective action; and
- b. prepare an annual report of its findings and corrective actions for each facility, as well as the agency as a whole;

(1) the annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of RIDOC's progress in addressing sexual abuse; and

(2) the annual report shall be approved by the Director of Corrections and made readily available to the public through the RIDOC website.

NOTE: When RIDOC redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility, and/or the confidentiality of the alleged victims and/or perpetrators.

Other Documentation: 2014 thru 2018 annual PREA reports

Observations and Interviews: In interviewing the Warden, PREA Coordinator and PREA Compliance Manager, the agency does review data as aggregated as addressed the standard 115.87 to assess and improve the effectiveness of its PREA program. Information is compared to the previous years and is approved by the agency head. All reports are available on the RIDOC website.

The PREA Coordinator states to date they have not needed to redact any information from annual reports but would redact, security information, personal identifying information, etc.. as needed.

Findings: Based on policy, annual reports as posted and interviews with key staff, the agency/facility meet all the elements of this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

3. Data Storage, Publication and Destruction (PREA Standard 115.89)

- a. RIDOC's Planning & Research Unit shall ensure that data collected is securely retained.
- b. RIDOC's Planning & Research Unit shall make all aggregated sexual abuse data collected from facilities readily available to the public at least annually through its website.

NOTE:

Before making sexual abuse data publicly available, personal identifiers will be removed.

- c. Sexual abuse data shall be maintained for at least ten (10) years by RIDOC's Planning & Research Unit unless Federal, State or local law requires otherwise.

Observations and Interviews: The PREA Coordinator states data is collected through the incident data base and is maintained securely with limited access. Only non-sensitive information is placed in reports.

Findings: Based on policy and the interview, the agency/facility meets the elements of this standard. No personal identifiers are made publicly available in the reports posted on the website. Information is maintained in a computer-based system with limited access.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? *(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)* Yes No

115.401 (b)

- Is this the first year of the current audit cycle? *(Note: a "no" response does not impact overall compliance with this standard.)* Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Other Documentation: Website with RIDOC's PREA audits for last three years.

Observations and Interviews: Auditor was given access to all documents and areas requested and did receive requested materials in a timely manner. Interviews were conducted in a private area. Posting of the audit was completed at least six weeks prior to the audit. The auditor did not receive confidential information from any inmates.

Findings: The agency/facility meets the elements of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Other Documentation: Website with audit reports posted.

Findings: The agency/facility meets the elements of this standard.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dave Cotten

June 27, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.