

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

Interim       Final

Date of Report    8/24/18

### Auditor Information

Name: Lauren Fish	Email: LaurenFish23@hotmail.com
Company Name: PREA Auditors of America	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: (713) 818-9098	Date of Facility Visit: 7/18/18-7/19/18

### Agency Information

Name of Agency: Rhode Island Dept. of Corrections		Governing Authority or Parent Agency (If Applicable): State of Rhode Island	
Physical Address: 40 Howard Ave.		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: 401-462-2311		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-Faque, Esq.	Title: Acting Director
Email: Patricia.CoyneFague@doc.ri.gov	Telephone: 401-462-2611

### Agency-Wide PREA Coordinator

<b>Name:</b> Heather F. Daglieri	<b>Title:</b> Interdepartmental Project Manager
<b>Email:</b> Heather.Daglieri@doc.ri.gov	<b>Telephone:</b> 401-462-3087
<b>PREA Coordinator Reports to:</b> Deputy Assistant Director/Warden of Central Office, Sergio DeSousarosa	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 11

**Facility Information**

<b>Name of Facility:</b>	High Security Center		
<b>Physical Address:</b>	54 Power Road, Cranston, RI 02920		
<b>Mailing Address (if different than above):</b>	Click or tap here to enter text.		
<b>Telephone Number:</b>	401-462-2054		
<b>The Facility Is:</b>	<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
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b>	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		
<b>Facility Website with PREA Information:</b>	<a href="http://www.doc.ri.gov/PREA/PREA.php">http://www.doc.ri.gov/PREA/PREA.php</a>		

**Warden/Superintendent**

<b>Name:</b> Jeff Aceto	<b>Title:</b> Acting Warden
<b>Email:</b> Jeff.Aceto@doc.ri.gov	<b>Telephone:</b> 401-462-2636

**Facility PREA Compliance Manager**

<b>Name:</b> Michael Moore & Moe Lanciaux	<b>Title:</b> Deputy Warden & Lieutenant
<b>Email:</b> Michael.Moore@doc.ri.gov, Moe.Lanciaux@doc.ri.gov	<b>Telephone:</b> 401-462-2125 & 401-462-1169

**Facility Health Service Administrator**

<b>Name:</b> Jennifer Clarke, MD, MPH	<b>Title:</b> Medical Program Director
<b>Email:</b> Jennifer.Clarke@doc.ri.gov	<b>Telephone:</b> 4001-462-1115

**Facility Characteristics**

Designated Facility Capacity: 106		Current Population of Facility: 91	
Number of inmates admitted to facility during the past 12 months			167
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			74
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			148
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			16
Age Range of Population:	Youthful Inmates Under 18: 17+	Adults: 20-61	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			2
Average length of stay or time under supervision:			NA
Facility security level/inmate custody levels:			High Security
Number of staff currently employed by the facility who may have contact with inmates:			93-95
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			NA
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			270
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 7	
Number of Multiple Occupancy Cell Housing Units:		1	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		48 if necessary	
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.):			
106 server room in UT hallway			
<b>Medical</b>			
Type of Medical Facility:		Dispensary	
Forensic sexual assault medical exams are conducted at:		Rhode Island Hospital	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			576
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.*

DOJ Certified PREA Auditor Lauren Fish conducted an onsite PREA audit of the Rhode Island Department of Corrections (RIDOC) High Security Facility on July 18-19, 2018. Prior to the onsite visit, information was provided on a flash drive to the auditor by the RIDOC PREA Coordinator, Heather Daglieri. The auditor conducted a thorough review of the completed Pre-Audit Questionnaire, policies, procedures, and supporting documentation. The auditor was in contact with Ms. Daglieri to discuss scheduling, logistics, and provide the notice of PREA audit.

An entrance meeting was held on July 16, 2018, and the auditor met with the following RIDOC staff: Acting Facility Warden Jeff Aceto, Deputy Warden Michael Moore, PREA Compliance Manager Lt. Moe Lanciaux, and PREA Coordinator Heather Daglieri. During this meeting, the audit process was reviewed and the auditor was provided inmate rosters, staff roster, and staff schedule.

The auditor then toured all areas of the facility, including the administration area, each of the housing units, the recreation yard, health care areas (medical, mental health, medical housing unit), segregated housing, intake/reception/screening area, kitchen, law library, and the visitation room.

Interviews began after the facility tour. Inmates were chosen at random from each housing unit, and staff was selected randomly from each shift. The auditor interviewed 16 inmates. Targeted inmate interviews included an inmate in segregated housing, a youthful inmate, and an inmate who reported victimization during risk screening. An inmate who was Limited English Proficient and an inmate who was hearing impaired refused to be interviewed, and there were no other inmates who were part of the target population. The Acting Director, Facility Warden, Deputy Warden, PREA Coordinator, PREA Compliance Manager were all interviewed. A total of 18 random staff were chosen, with specialized staff to include the following: intermediate or higher level staff responsible for conducting unannounced rounds, medical, mental health, intake, staff who supervise inmates in segregated housing, first responders, staff who monitors retaliation, line staff who supervise youthful inmates, two agency contractors, and human resources.

## 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 mission of the High Security Center is to provide custody, control and security during the process of confining those persons sentenced under the provisions of a duly appointed court of law.

Opened in 1981, the Rhode Island Department of Corrections High Security Center (HSC) is a self-contained maximum security facility which houses inmates who require close custody, control, and security. The HSC is comprised of two 24-bed modules, four 12-bed modules, and four hospital rear rooms. The module design allows offenders with varied custody requirements to be safely housed in the facility. High Security has no industries operation and no contact visits except for those in protective custody. A legal and recreational library, classification board room, classroom, barber shop, and chapel serve as support to the inmate population.

Academic programs available include: Adult Basic Education (ABE), General Education Development (GED), Special Education, College CLEP Courses (Community College of Rhode Island). Treatment/Rehabilitative programs include: AVATAR (a cognitive development program aimed at helping inmates overcome institutional adjustment issues); Think First (assists inmates in developing pro-social skills in preparation for their return to general population); Substance Abuse Relapse Prevention (SARP); dialectical behavior therapy with an emphasis on impulse control; stress management; anger management; arts and healing, and religious services.

Inmates are transferred to HSC from the minimum, medium, and maximum facilities. This is typically due to behavioral issues, protective custody, or serious mental health issues. The facility offers closer supervision and custody control. Each module was noted to have PREA audit notices, PREA posters, and phones which had contact information to third parties. Inmates can make calls on these phones without having to use their personal pin, which enables as much confidentiality as possible. Phone numbers are listed for the Rhode Island State Police, RIDOC Special Investigations Unit, RIDOC Office of Inspections, and the Help Line.

There is a shower on each living unit. The inmates will eventually be required to wear shower shorts to ensure privacy and limit cross gender viewing. Currently, the showers have partial coverings whereby the inmates have the ability to shower without being in direct sight of staff of the opposite gender.

Visitation is held in a long room with partitioned areas for non-contact visits. After visitation, inmates are strip searched in the hallway behind a removable privacy screen.

Outdoor recreation for each module is held in a courtyard accessible only by entering through that module. There is an office outside of each module where inmates can meet with attorneys, and there is a day room on both Module A and B. Cameras are monitored from the main control center and viewable in the medical area. The Captain, Lieutenant, and Deputy Warden's office have monitors as well. These offices are at the front of the building in the administration area.

## 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.

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 45

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

The facility has been found to be in full compliance. Corrective action was taken on 115.33 within 2 days of the onsite audit, and supporting documentation was sent expeditiously to the auditor. The facility underwent a PREA audit in 2016, and the auditor found that the facility has implemented and sustained the changes that were made resulting from that audit.

## 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*).

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), mandates zero tolerance of all sexual abuse and sexual harassment in Rhode Island Department of Corrections (RIDOC) facilities. This policy outlines the approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This policy includes definitions of prohibited behavior as well as sanctions for those found to have participated in prohibited behavior.

RIDOC employs an agency-wide PREA Coordinator, and there are 2 PREA Compliance Managers at the High Security facility. The PREA Coordinator reports to the Central Warden and reports indirectly to the Assistant Director of Institutions and Operations. During interviews, the PREA Coordinator and PREA Compliance Managers reported they have sufficient time and authority to successfully perform their role and functions.

Compliance with this standard was determined based on review of policies, agency organizational chart, PREA Coordinator job description, completed PREA Pre-Audit questionnaire, and interviews with PREA Coordinator and PREA Compliance Managers.

## 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

RIDOC does not contract with any entities for the confinement of inmates; therefore, this standard is not applicable.

#### 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), states that the Assistant Director of Institutions & Operations (ADIO), or designee, ensures that the facility develops, documents, and makes best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing to protect inmates against sexual abuse. The following should be taken in consideration: generally accepted detention and correctional practices; any judicial findings of inadequacy; any finding of inadequacy from Federal investigative agencies and internal or external oversight bodies; all components of the facility's physical plant; composition of inmate population; number and placement of supervisory staff; institutional programs occurring on a particular shift; applicable

State or local laws, regulations or standards; and prevalence of substantiated or unsubstantiated incidents of sexual misconduct. Facility Wardens must justify and document any deviations from the staffing plan. The Facility Warden and PREA Coordinator must meet at least annually to determine and document any adjustments needed to the established staffing plan.

In the past 12 months, the facility has had many deviations from the established staffing plan. Incidents are documented, and the Warden and Deputy Warden are notified in writing with an explanation of the non-compliance. The most recent staffing plan annual review was completed on May 5, 2018.

In an interview with the Warden, he explained that every shift is authorized for a certain number of posts, and certain areas of the facility are closed if there are staff shortages. When there is not enough staff to fulfill the minimum staffing requirements, staff are mandated to involuntary overtime.

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination), requires the Facility Warden, Deputy Warden(s), or Shift Commander(s) to conduct at least one (1) PREA unannounced round of all areas of the facility on each shift. Staff is prohibited from alerting other staff to supervisory rounds.

RIDOC Policy 9.05-2, Institutional Log Book System, requires that the Warden or designee establish special log books to monitor unusual situations that are not covered by traditional log book procedures. These are stored in the facility's Deputy Warden's office.

A review of documentation from unannounced rounds showed that there was a wide variation in the amount of time it took to complete the round as well as the information included on the "PREA Unannounced Round Log." Before the completion of this report, the Deputy Warden sent an email reminding staff of the need to conduct rounds. It is recommended that the facility continue to review the guidelines for unannounced rounds, the purpose of the rounds, and areas to be checked. During interviews, staff indicated that unannounced rounds are conducted regularly throughout each shift; however, they are documented for purposes of compliance with PREA standards.

Compliance with this standard was based on review of agency policies, staffing plan and annual reviews, related documents, and through information obtained through staff and inmate interviews.

## **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.*

RIDOC Policy 12.26-5, Special Management of Juvenile Offenders, prohibits the placement of juvenile offenders in holding cells, dorms or housing units with adult inmates. Absent exigent circumstances juvenile offenders shall not be denied daily large-muscle exercise and any legally required special education services. They shall have access to programs and work opportunities to the extent possible. In the committing rooms, correctional staff shall maintain sight and sound separation between juvenile offenders and adult inmates or provide direct staff supervision. Juvenile offenders shall not shower with or in front of view of any adult inmates. They are not to be strip searched with or in view of any adult offenders. Under no circumstances during the committing process shall juvenile offenders be held in the same cell as adult inmates.

RIDOC Policy 9.33-5, Inmate Housing Assignments, prohibits juveniles from being housed with adult offenders.

RIDOC Specific Procedures, Management of Juvenile Offenders (PREA Guidelines), states that juvenile offenders are to be housed in the “high side” of Fox module cells 7-12. Visibility Prevention Blinds will be placed in the low side of Fox module cells 1-6 preventing the adult inmates from viewing Fox cells 6-12. Juvenile offenders are supervised by a Correctional Officer from 0700am to 0900pm, receive their feedings in the Fox Module dayroom, have recreation in the Fox Courtyard, and have indoor recreation, phone calls, and education within the Fox Dayroom. Medical requirements are conducted in the dispensary.

In the past 12 months, there were 2 juvenile offenders housed in the facility. At the time of the PREA audit, one of the juveniles was still in custody but had been transferred to the Intake Service Center. The auditor interviewed the juvenile inmate who confirmed that the above policies and procedures were followed. In an interview with a staff who supervised this offender, this was also verified.

Compliance with this standard was determined based on review of agency policies, interviews with a juvenile offender and staff who supervised him, interviews with PREA Coordinator, Warden, and Deputy Warden, and related documents.

## **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.*

RIDOC Policy 9.14-8, Detecting and Confiscating Contraband on or in the Presence of Inmates/Detainees, states that frisk and/or strip searches are not conducted for the sole purpose of determining an inmate's gender. An intersex or transgender inmate shall not be randomly strip searched or physically examined by custody staff as a form of harassment or to determine the inmate's genital status. This policy further requires strip searches to be conducted by Correctional Officers of the same sex as the inmate(s) being searched, except during emergencies. Cavity searches are performed by medically trained professionals only, and the person conducting the search is the same sex as the subject.

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), requires each facility to 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. This policy also requires all RIDOC staff to announce their presence when entering an inmate housing unit of the opposite gender where there is not already another cross-gender staff present. The facility utilizes a sign to notify staff entering the unit whether or not an announcement needs to be made (i.e.—a visual indication as to whether or not female staff is present on the unit already).

To ensure privacy and prevent cross-gender viewing of inmates, the Warden issued a memo, dated January 26, 2017, which requires cameras to be monitored only by officers or nonmedical administrators of the same gender as the inmates viewed through the camera. The memo notes specific cameras that should not be called up or routinely reviewed, absent exigent circumstances. These include: mental health status, extreme management or behavior issues resulting in a security risk, a code in the immediate area or if directed by a Superior Officer.

RIDOC Standard Operating Procedure (SOP), Identification, Treatment, and Management of Transgender and Intersex Inmates, states that upon determination or report of transgender or intersex status, transgender and intersex inmates shall sign the Statement of Search Preference Form. The form shall be used to identify the transgender or intersex inmate's preference for the gender of the staff that the inmate would prefer performs his/her frisk and strip searches.

The RIDOC Supervisor of Training confirmed that staff is trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. The video from the PREA Resource Center is used along with discussion and visual demonstration.

Compliance with this standard was determined based on interviews with staff and inmates, review of policies and SOPs, observations made during tour, and review of related documents.

## **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*)

*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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), ensures that inmates with disabilities and who have Limited English Proficiency (LEP) have meaningful access and equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. RIDOC prohibits the 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 allegation.

RIDOC Policy 14.1-3, Intake/Committing Process, requires that all intake staff begin the identification of inmates by indicating this in the inmate tracking system (INFACTS) whether the inmate is Limited English Proficient, what language the inmate is fluent in, any reading disabilities, or verbal comprehension disabilities.

RIDOC Policy 1.13-1, Limited English Proficiency (LEP), provides guidelines for the provision of interpretation and translation services for LEP Inmates. A Departmental LEP Coordinator oversees and directs language services, including applicable contracts and provides meaningful access for LEP persons to the services and benefits RIDOC provides. The Warden at each separate facility identifies a LEP Monitor who is responsible for the coordination of all LEP services.

RIDOC enlists the services of Dorcas International for translation services. RIDOC employees are also eligible to become certified interpreters. PREA educational materials, notice of PREA audit, the PREA Rulebook page, the Inmate Grievance Procedure, and other related documents are translated in Spanish. The facility utilizes a language recognition card, whereby an inmate can point to his native language and get telephone translation services if a RIDOC interpreter is not available or does not speak the language indicated by the inmate.

Compliance with this standard was determined based on review of RIDOC translated documents, agency policies, information from interviews with staff, and observations made on the facility tour.

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), outlines the agency's hiring and promotion decisions. The policy states RIDOC shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor or volunteer who may have contact with inmates who has; engaged in sexual abuse in prison, jail, lockup, community confinement, facility, juvenile facility, or other institution; 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 has been civilly or administratively adjudicated to have engaged in the sexual activity. Applicants and employees are required to sign a PREA Supplemental Questionnaire asking if they have any of the previous sexual misconduct in their history.

This policy further states that RIDOC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with the inmates.

RIDOC Policy 3.32, Pre-Employment Background Investigations, requires background investigations for prospective RIDOC employees.

RIDOC Policy 9.23-3, Access to ACI Facilities, establishes access levels to ACI Facilities. All non-employees (contractors, vendors, students, interns, and volunteers) must complete an "Access to Facilities Application," and are not granted access to facilities until a background check is conducted. This policy requires PREA Background Checks to be completed every 5 years on employees/Institutional Clergy, 2 years on full-time contractors and long-term contractors, 2 years on students and interns, and 2 years on volunteers and short-term contractors.

RIDOC Policy 9.40-5, Procedures for Contractors at Institutional Facilities, requires that emergency service contractors (i.e. facility maintenance/repair/construction) have a background check upon arrival.

Interview with Human Resources confirmed that all staff is required to complete a PREA Supplemental Questionnaire during an interview before hire and upon promotion. Backgrounds checks are conducted at the time of hire and upon promotion. The Probation and Parole Department conducts background investigations for all newly hired employees, and the Office of Inspections completes these for employees being promoted.

Compliance with this standard was determined based on review of Pre-Audit Questionnaire, files of personnel hired or promoted in the last 12 months, background investigations and records checks, signed PREA Supplemental Questionnaire forms, information obtained from interviews with staff, and agency policies.

## 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

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*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), outlines the factors that are taken into consideration in determining needs for video monitoring. These include: generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies, findings of inadequacy from internal or external oversight bodies, the facility's physical plan, composition of the inmate population, number and placement of supervisory staff, institutional programs occurring on a particular shift, applicable State or local laws, regulations or standards, and prevalence of substantiated and unsubstantiated incidents of sexual abuse.

The policy further requires the Facility Warden and PREA Coordinator meet at least yearly to assess, determine, and document whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technology.

There were no substantial upgrades to the facility or technology in the past 12 months; therefore, this standard is not applicable. However, the Warden and Acting Director indicated that they consider multiple factors when determining the placement of cameras.

## 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

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RIDOC Policy 9.49, PREA (Prison Rape Elimination Act) Policy, states that the Special Investigations Unit (SIU) conducts inmate-on-inmate administrative investigations and the Office of Inspections (OI) conducts staff-on-inmate administrative investigations. This policy also requires that inmates have access to outside victim advocates for emotional support services related to sexual abuse by giving the mailing address and toll-free hotline number for Day One, a local victim advocacy/rape crisis organization.

RIDOC has a MOU with the Rhode Island State Police (RISP) whereby RIDOC may refer instances of alleged inmate sexual abuse to RISP for investigation. RISP conducts all criminal investigations. The MOU specifies that RISP use investigation protocols mandated by the PREA Standards and follow RIDOC PREA Investigations SOP: Procedure for Response to Allegations of Inmate Sexual Violence and Staff Misconduct/Harassment toward inmates, dated 5/9/2016.

RIDOC Policy 9.16-1 "Procedure for Protecting, Gathering, and Preserving Evidence" outlines the guidelines for the systematic protection, acquisition, and preservation of evidence at the scene of, or associated with, any crime committed within any facilities of the RIDOC.

RIDOC Standard Operating Procedure, PREA Investigations, states that an alleged victim is evaluated by a RIDOC physician to determine if immediate medical treatment is necessary. If an alleged sexual assault, abuse or staff misconduct. RIDOC shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost. SAFE and SANE nurses conduct forensic medical exams at the Rhode Island Hospital.

The facility has documented efforts to solicit victim advocate services from a rape crisis center. Inmates who were interviewed were aware of the available services offered by Day One and recalled receiving this information upon commitment to the facility.

Compliance with this standard was based on interviews with medical and mental health staff, interviews with the Chief of SIU, an SIU Investigator, an OI Inspector, information from Day One, review of agency policies, and PREA Pre-Audit Questionnaire.

## **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.*

RIDOC Standard Operating Procedure PREA Investigations details the investigative procedures for allegations of alleged sexual misconduct toward an inmate. This policy states, “Upon receipt of information that an inmate has been sexually abused, the Superior Officer or immediate supervisor immediately notifies (a) the Special Investigations Unit and Office of Inspections; (b) the facility Warden/designee who then notifies the Assistant Director of Institutions and Operations (“AIDO”).

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act) Policy states, “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.” This policy also states, “If it is determined that the evidence appears to support criminal prosecution, the SIU or the OI’s Chief, as appropriate, and shall immediately notify the Rhode Island State Police (RISP), which becomes the lead agency in the investigation.” A MOU with the Rhode Island State Police is in place which provides for the investigation of criminal cases.

In the past 12 months, a total of 9 allegations of sexual abuse and sexual harassment were received. Four investigations remain ongoing. There were none that were referred for criminal investigations.

Compliance with this standard was through information from interviews with SIU and OI, review of agency policies and SOPs, documentation of PREA investigations, PREA Pre-Audit Questionnaire, and information from interviews with PREA Coordinator, Warden, and Deputy Warden.

**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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), states all RIDOC employees shall receive training which includes, but is not limited to, the following: the zero-tolerance policy, how staff are to fulfill their responsibilities under the agency PREA policy, inmates rights to be free from sexual abuse and sexual harassment, staff and inmates right to be free from retaliation for reporting sexual misconduct, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, effective communication including communication with lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates, and how to comply with relevant laws relating to mandatory reporting to outside authorities. All training shall be tailored to prepare staff to know and understand the requirements for working in a cross-gender facility. This policy further requires staff training every other year, with refresher information in the alternative years on current sexual abuse and sexual harassment policies.

During the onsite visit, the auditor met with the Supervisor of Training who shared that all staff, uniform and non-uniform, received PREA training. Uniform staff receives 1.5 hours of PREA training during a 40-hour in-service and non-uniform staff get 1.5 hours during the new employee orientation. All staff is required to complete a quiz to demonstrate their understanding of the training material. The auditor reviewed employee

training records which confirmed that all staff received training in the past 2 years. Refresher information is communicated through department wide email and reviewed during staff meetings.

Compliance with this standard was determined based on review of training and refresher materials, employee training records, and information from interviews with staff.

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), requires all RIDOC volunteers and contractors who have contact with inmates to 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: notification of RIDOC's zero tolerance mandate regarding sexual abuse and sexual harassment of inmates; the consequences of such actions; and how to report such incidents.

Contractors and volunteers are required to complete the same quiz as RIDOC employees. The auditor interviewed one contractor who was available during the visit. The contractor confirmed receipt of the training and understanding of PREA.

Compliance with this standard was determined based on review of training materials, agency policies, and information from interviews with staff.

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), details the education for inmates regarding PREA. During the intake and commitment process, inmates receive information explaining the RIDOC's zero tolerance

policy regarding sexual abuse and sexual harassment and how to report such incidents or suspicions. Within 30 days of intake, the facility provides 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.

RIDOC Policy 1.11-5, Inmate Communications, explains that each facility conducts an orientation program for or provides inmate orientation materials to newly transferred and committed inmates. Each facility develops a curriculum for an orientation program which includes, among other items, a description of programs available and an overview of PREA.

Inmate education is provided in formats including: Limited English proficient, deaf, visually impaired, otherwise disabled, and limited in reading skills. The PREA Compliance Manager at the facility is responsible for providing inmate education in formats accessible to all inmates.

Upon intake, Inmates receive the RIDOC PREA Brochure and the Day One Brochure. Inmates at the facility also receive comprehensive education at the time of intake when they are shown a PREA video. Inmates then sign an "Inmate PREA Awareness Acknowledgement Intake Information and Comprehensive Education" form. The brochures and video are available in English and Spanish.

The facility ensures that key information is continuously and readily available or visible to inmates through posters and other written forms. The facility has information posted on all living units about sexual abuse and sexual assault as well as ways to report it. This information is also posted throughout all other areas of the facility.

During interviews, no inmates reported that they had seen the video while. As a corrective action, all inmates viewed the video and signed an acknowledgement form. The Deputy Warden issued a memo to all committing staff that every inmate must be provided with the RIDOC PREA brochure, the Day One brochure, view the PREA video, and sign the acknowledgement form. The auditor was provided with record of attendance and a revised post order for the committing room officer. As such, this standard was determined to be in compliance.

## **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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act) states that all staff in the Special Investigations Unit (SIU) and Office of Inspections (OI) receive specialized training conducting sexual abuse and sexual harassment investigations in a prison setting in addition to the standard RIDOC employee PREA training. The policy also requires that staff in SIU and OI follow the RIDOC Standard Operating Procedure for PREA Investigations.

RIDOC developed and delivered a joint SIU and OI training titled "PREA Investigations Training" which includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Investigators have also completed the National Institute of Corrections online training including "PREA: Investigating Sexual Abuse in a Confinement Setting" and "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations."

Compliance with this standard was determined based on review of training documentation, employee records, interviews with the Chief of SIU, an SIU Investigator, an OI Inspector, and review of agency policies.

## **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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), requires that 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. The specialized training, "PREA Updated Training for Medical Staff and Mental Health Staff," was conducted in 2014. Currently, specialized training for new medical and mental health staff is done online through the National Institute of Corrections (NIC). New medical staff take NIC's "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" and new behavioral health staff take NIC's "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting." NIC certificates are kept in the training records for documentation that the training has been completed.

Training for medical and mental health practitioners is documented in training records by date of training, signed attendance forms and completed PREA Training Test. Medical staff does not conduct forensic examinations and therefore do not receive training to conduct such examinations.

Compliance with this standard was determined based on review of training materials, documentation of attendance, interviews with medical and mental health staff, review of agency policies, and information from interview with PREA Coordinator.

# 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

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RIDOC Policy 9.33-5, Inmate Housing Assignments states 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 risk screening information is entered electronically into the inmate electronic record system, INFACTS. This policy prohibits disciplining an inmate for refusing to answer questions during this screening. 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.

The Inmate Screening Tool assesses whether the inmate has a mental, physical, or developmental disability, age, physical build, previous incarceration, criminal history, prior convictions for sex offenses, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, the inmate's own perception of vulnerability, and whether the inmate is detained solely for civil immigration purposes.

After initial screening, inmates are color coded within the count board to identify those who are at risk of being sexually abused by other inmates, at risk of being sexually abusive toward other inmates, or both. Correctional Officers have access to the color codes in order to provide appropriate supervision. However, the answers to the questions in the risk screen that are used to generate a PREA color are confidential and access to the answers to an inmate's risk screen is granted only to those who have a need to know

The auditor visited the RIDOC Intake Center and spoke with the Captain who has worked with the PREA Coordinator and others to develop a system which captures the above information. It was evident that a great effort has been made to refine the screening process so as to ultimately ensure safety and security for inmates and staff.

Compliance with this standard was determined based on interview with Committing Officer, staff, and inmates, as well as review of inmate records, and agency policies and SOPs.

## 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.*

RIDOC Policy 9.33-5, Inmate Housing Assignments, states 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. This policy dictates that the Shift Commander/designee makes all routine cell assignments and can approve emergency housing transfers at any time.

RIDOC SOP Identification, Treatment, and Management of Transgender and Intersex Inmates (Draft) states, "All decisions to assign a transgender or intersex inmate to a facility for male or female inmates shall be made on a case-by-case basis by the Transgender and Intersex Review Board. Inmates identified as transgender or intersex completes a "Gender Housing Request Form" and request to be housed according to either assigned sex at birth or their gender identity expression. The Transgender and Intersex Review Board submit a written recommendation on the "Housing Recommendation Form" which is forwarded to the Assistant Director of Institutions and Operations for approval. This SOP prohibits placing a transgender or intersex inmate in restrictive housing solely on the basis of such identification.

Placement and programming assignments for each transgender or intersex inmate shall be reassessed by the Warden/designee at least every six (6) months or more frequently as necessary.

This Board is comprised of the PREA Coordinator, Chief of SIU or his/her designee, Medical Director or his/her designee, Director of Behavioral Health or his/her designee, the Warden of the facility where the inmate is currently located or his/her designee, and a Correctional Supervisor from the facility where the inmate is currently located. Once a transgender or intersex inmate completes the Gender Housing Request Form, the Board will review all of the inmate's records and assessments and conduct an interview with the inmate. Each Board member shall complete a Gender Identity Risk Assessment. The Gender Identity FINAL Risk Assessment Score form will be completed. A Transgender and Intersex Review Board Housing Recommendation shall be completed by the Board. Additionally, a Statement of Search Preference Form shall also be completed, identifying the gender of the staff who shall conduct any searches of a Transgender or Intersex inmate. Additionally, a Transgender and Intersex Review Form were created to further document any changes that may have occurred during their current placement.

Over the past 12 months, there has been no inmates who identified as transgendered.

Compliance with this standard was determined based on review of agency policies and SOPs, interviews with staff, and review of inmate records.

## 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

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*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

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

Each inmate placed in Protective Custody receives an individualized meeting to identify access to programming and services, to include visitation, recreation, programming, telephone, and work.

In an interview with the Warden, he shared that there have been no instances where an inmate at high risk for sexual victimization or who alleged sexual abuse was placed in involuntary segregated housing. An inmate would be placed in the medical segregation area if an assessment determined that there were no available alternative means of separation from potential abusers.

Compliance with this standard was determined based on review of documentation, interview with staff, and observations on facility tour.

## 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, PREA (Prison Rape Elimination Act), requires staff accept all reports of sexual abuse and sexual harassment whether made verbally, in writing, anonymously or from third parties. There is no time limit on when an inmate may report such an incident.

RIDOC affords multiple ways to privately reports sexual abuse and sexual harassment. Inmates can report verbally or in writing, to any staff member, contractor volunteer. They can also report by calling or writing to RIDOC's Special Investigations Unit, Office of Inspections, or Day One, or by calling the Rhode Island State Police, Helpline toll-free number, or ICE.

The phones on each living unit have a sticker which lists the dedicated numbers and allow inmates to report without using their inmate pin number. This information is also included in the RIDOC PREA Brochure and the inmate rulebook as well as the brochures for Day One.

Staff can report known or suspected acts of abuse and sexual harassment up the chain of command or privately to SIU and OI.

Compliance with this standard was determined based on review of agency policies, interviews with staff and inmates, observations made during the facility tour, and review of the agency website.

## 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.*

RIDOC Policy 13.10-2, Inmate Grievance Procedure, requires employees, volunteers, contractors, official visitor, or any other agency representative to immediately notify his/her Superior Officer upon receipt of information regarding inmate sexual assault, abuse, staff sexual misconduct/harassment. The Superior Officer (or supervisor) notifies SIU or OI and the facility Warden. The facility Warden/designee notifies the Assistant Director of Institutions and Operations. Third parties are permitted to assist inmates in filing requests for administrative remedies related to allegations of sexual abuse and can file such requests on an inmate's behalf. There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse, and an inmate is not required to use any informal grievance process. A final decision on the merits of the grievance is issued within ninety (90) days of the initial filing. An emergency grievance alleging an inmate is subject to substantial risk of imminent sexual abuse is forwarded to the Departmental Grievance Coordinator who provides an initial response within forty-eight (48) hours and a final decision within five (5) calendar days. Inmate

grievances claiming sexual abuse by a staff member are referred by the Warden to the Inspectors' Office for investigation, and the inmate is notified of the referral. Only when an inmate is found by RIDOC to file a grievance related to sexual abuse in bad faith is the inmate disciplined.

In the past 12 months, there have been no grievances filed that alleged sexual abuse and no emergency grievances.

Compliance with this standard was determined based on the responses in the completed PREA Pre-Audit Questionnaire, review of policy, interviews with inmates and staff, and observations made on the facility tour of places for inmates to submit grievances.

## **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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), states that inmates must have 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.

Inmates are given a Day One brochure which lists the contact information and services provided. This is available in English and Spanish and is posted throughout the facility. Inmates are able to contact outside confidential services on the phones located in the living units. Inmates do not have to use their individual pin number to make these calls, and the calls are not monitored live, thus enabling confidential communication to the extent possible.

Inmates are also given access to outside support services, including the Victims of Crime hotline, Rhode Island State Police, RIDOC Special Investigations Unit, Office of Inspections, and ICE. Reports can be made confidentially to these parties.

Compliance with this standard was determined based on related documents, including electronic communications, interviews with staff and inmates, and observations made on the facility tour.

## 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.*

RIDOC Policy 9.49, PREA (Prison Rape Elimination Act), requires that all RIDOC employees accept reports of sexual abuse and sexual harassment verbally, in writing, from a third party, or anonymously. Information on RIDOC’s website includes contact information for RIDOC’s Special Investigations Unit, RIDOC’s Office of Inspections, Rhode Island State Police, the Help Line, and ICE.

Compliance with this standard was determined based on review of the agency webpage, interviews with staff and inmates, and review of agency policies.

## 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.*

RIDOC Policy 9.49, PREA (Prison Rape Elimination Act) states that all RIDOC employees, contractors and volunteers are PREA mandatory reporters and require that knowledge, suspicion, or information regarding an incident of sexual abuse or harassment must be reported immediately. Staff makes PREA reports up the chain of command or privately to SIU or OI. This policy requires non-uniform staff, contractors, and volunteers to report allegations to the nearest Superior Officer, Shift Commander, SIU or OI. If the alleged victim is under age 18, SIU/OI reports the allegation to the Rhode Island Department Children Youth & Families (DCYF) via DCYF's Child Abuse Hotline. If the alleged victim is 60 years or older, SIU/OI reports the allegation to the Rhode Island

Division of Elderly Affairs, Protective Services Unit. This policy further requires medical and mental health practitioners to obtain informed consent from inmates before reporting information about sexual victimization that did not occur in an institutional setting, unless the inmate is under age 18.

Through interviews with medical and mental health staff, it was clear they understood their duty to report and obtain informed consent. Random staff interviews confirmed that staff is aware of their requirement to report all allegations, knowledge and information about sexual abuse or sexual harassment.

Compliance with this standard was determined based on review of agency policies, interviews with staff, training curriculum, and verification of attendance.

## 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.*

RIDOC Policy 12.01-2, Protective Custody for Inmates, requires that the facility take immediate action to protect an inmate who is subject to substantial risk of imminent sexual abuse.

In the past 12 months, there have been no instances where an inmate was determined to be subject to substantial risk of imminent sexual abuse. The Warden confirmed that an inmate who is at such risk is immediately removed from the area of potential harm.

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the alleged abuse occurred. This is to be done as soon as possible, but no more than 72 hours after receiving the allegation. This information is documented. This policy also requires that upon notification from another facility that an inmate was sexually abused while incarcerated at the RDOC, the report shall be forwarded to the RIDOC’s Agency PREA Coordinator, SIU and OI. The allegation is then investigated according to PREA standards and RIDOC policy.

During the previous 12 months, there were no allegations of sexual abuse received from other facilities and no allegations that an inmate was sexually abused while confined at another facility.

Compliance with this standard was determined based on review of agency policy, interviews with staff, and PREA Pre-Audit Questionnaire.

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), requires that all RIDOC employees, volunteers, and contractors follow the RIDOC Standard Operating Procedure (SOP); PREA Investigations; with respect to first responder duties.

Standard Operating Procedure (SOP); PREA Investigations, states that upon learning of an allegation that an inmate was sexually abused, the first responder shall immediately notify his/her Superior Officer, separate the alleged victim and abuser, ensure the alleged victim is immediately escorted to a secure and non-hostile environment, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and alleged offender not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating if the abuse occurred within a time period that still allows for the collection of physical evidence, be aware of the visual appearance and listen for any spontaneous utterance from the victim or alleged offender, and ensure confidentiality is protected.

In the past 12 months, there was 1 allegation that an inmate was sexually abused. The security staff member to respond to the report did separate the alleged victim and abuser.

Compliance with this standard was determined based on review of incident reports, responses to reports of abuse, training for employees and volunteers, responses to completed PREA Pre-Audit Questionnaire, interview with investigators and first responders.

## 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.*

RIDOC High Security PREA Sexual Abuse Incident Coordinated Response Plan details the specific actions to be taken in response to an incident of sexual abuse for all First Responders, Shift Commander/Supervisor, Facility Warden or Designee, Chief Inspector/Designee, Health Care Services Staff, Mental Health Staff, SIU or OI. This institutional plan is specific to the High Security Facility, and a copy of this plan is kept in the Operations Office. It is recommended that a copy is also kept where it is easily accessible to those who are potential first responders.

During interviews with random staff, it was evident that they understood the majority of their responsibilities as first responders; however, not all staff was aware of the need to request the alleged victim and perpetrator not take any actions that could destroy physical evidence. It is recommended that this is reviewed with all staff who may be first responders.

Compliance with this standard was determined based on interviews with staff, review of related documents including the coordinated response plan, training curriculum, and observations made on the facility tour.

## 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

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There are no collective bargaining agreements or other agreements entered into since the last PREA audit which limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation determination of whether and to what extent discipline is warranted.

The Acting Director and Human Resources verified this and note that staff are placed on paid administrative leave and prohibited access to the facility pending the outcome of an investigation.

## 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 (Prison Rape Elimination Act) requires RIDOC to protect all third party reporters (inmates and staff who report sexual abuse or sexual harassment), alleged inmate victims, and any other individual who cooperates with an investigation who expresses a fear of retaliation. The Warden/designee monitors the conduct and treatment of the alleged inmate victim(s), and SIU or OI (depending on which unit is investigating the PREA allegation) monitors the conduct and treatment of third party reporters.

Retaliation monitoring is documented through an Incident Database. Status checks are done at least every 30 days for a minimum of 90 days. The database allows extending retaliation monitoring past the 90 days if needed. If the allegation is determined to be unfounded, monitoring is discontinued. SIU or OI would also conduct the retaliation monitoring for any other individual who cooperates with an investigation who expresses a fear of retaliation.

There have been no incidents of retaliation that have occurred in the past 12 months.

Compliance with this standard was determined based on review of information from the incident database, interviews with staff responsible for monitoring retaliation, review of completed PREA Pre-Audit Questionnaire, agency policies and related documents.

## 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.*

RIDOC Policy 12.01-2, Protective Custody for Inmates, requires any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse only when there is full documentation that such action is warranted, and no reasonable alternatives are available, to include transfer to another RIDOC facility. Investigations with regard to sexual victimization must be completed within 24 hours, and the status of all inmates placed in protective custody pursuant to risk of sexual victimization is reviewed by the Warden/designee every 30 days. A Superior Officer is available to each inmate on protective custody status as needed or upon request.

There have been no instances where an inmate who alleged to have suffered sexual abuse was held in involuntary segregated housing over the past 12 months.

Compliance with this standard was determined based on review of responses from PREA Pre-Audit Questionnaire, interview with staff, and review of agency policy and SOP.

## 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.*

RIDOC Operating Procedure, PREA Investigations, requires that allegations of sexual abuse and sexual harassment are investigated promptly thoroughly and objectively. This policy requires investigators to conduct investigations consistent with the Federal PREA Standards and specialized training they received. Investigation protocols requires investigators to gather and preserve direct and circumstantial evidence, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Once it is determined that the evidence appears to support criminal prosecution, the Rhode Island State Police (RISP) is immediately notified and becomes the lead agency in the investigation. Credibility of the victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or a staff. Departure of the alleged abuser or victim from RIDOC control or employment is not a basis for terminating the investigation.

Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. These findings must be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence, and copies of all documentary evidence shall be attached, where feasible.

Interviews with the Chief of SIU, an SIU Investigator, and OI Inspector confirmed that allegations are investigated immediately and no longer than 24 hours. They are briefed by the first responders then begin a comprehensive investigation. Third part reports of sexual abuse or harassment are investigated no differently. Investigators take a statement; collect DNA, clothing, bedding, all physical evidence inside the cell, and interview staff and inmates. Investigators judge the credibility of an alleged victim, suspect, or witness based on a preponderance of evidence. Cases are referred for prosecution when substantiated allegations of conduct appear to be criminal in nature. Investigators confirmed that investigations proceed even when a staff member alleged to have committed sexual abuse terminates employment and when an alleged victim or abuser leaves the facility.

RIDOC has a MOU with the Rhode Island State Police which provides for communication regarding a case progress and sharing of investigation findings.

Compliance with this standard was determined based on review of agency policy and SOP, training records, investigation files, interview with an SIU Investigator, an OI Inspector, and interviews with staff.

## **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.*

The facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. This was confirmed through information from with an OI Inspector, an SIU Investigator, and the Chief of SIU

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act) requires the Special Investigations Unit to inform the alleged victim of sexual abuse whenever SIU learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if SIU learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.” The Office of Inspections is required to report the alleged victim of sexual abuse whenever the staff member is no longer posted on the inmate’s unit, no longer employed at the facility, when the staff has been indicted on a charge related to sexual abuse within the facility, or when the staff has been convicted on a charge related to sexual abuse within the facility.

Inmates are informed of the outcome of an allegation of sexual abuse on a “Notification of Outcome” form. This informs the inmate as to whether the investigation determined the allegation to be substantiated, unsubstantiated, or unfounded. Both the inmate and the investigator sign this form, and a copy is forwarded to the Warden and PREA Coordinator.

There was 1 investigation of alleged inmate sexual abuse within the past 12 months. No allegations of inmate sexual abuse were investigated by an outside agency in the past 12 months. However, if the Rhode Island State Police (RISP) conducted the investigation, the victim would be notified by them, along with the status of criminal proceedings, employment, charges or convictions.

Compliance with this standard was determined based on interviews with staff, investigation files of PREA incidents, responses to the completed PREA Pre-Audit Questionnaire, and review of agency policies.

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act) states that RIDOC employees who commit acts of sexual abuse or sexual harassment toward inmates shall be sanctioned in accordance with Policy 3.14-3 Code of Ethics and Conduct, up to and including termination and criminal prosecution. Disciplinary sanctions 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. All terminations for violations, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing authority.

In the past 12 months, there have been no staff that has violated any sexual abuse or sexual harassment policy, subsequently; there have been no disciplinary sanctions for staff violation of this policy.

Compliance with this standard was based on interviews with staff, responses from completed PREA Pre-Audit Questionnaire, review of agency policy.

#### 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), states volunteers and contractors or other third party's found guilty of committing sexual misconduct towards inmates are sanctioned in accordance with RIDOC Policy 3.14 "Code of Ethics and Conduct", up to and including termination and criminal prosecution. Any contractor or volunteer who engages in sexual 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.

In the past 12 months, there have been no contractors or volunteers reported to the law enforcement agencies for engaging in sexual abuse of an inmate.

Compliance with this standard was determined based on review of agency policy, responses to completed PREA Pre-Audit Questionnaire, and interviews with staff.

## 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.*

RIDOC Policy 9.49, PREA (Prison Rape Elimination Act), prohibits all sexual activity between inmates. Inmates who commit acts of inmate-on-inmate sexual abuse or sexual harassment are punished in accordance with the Code of Inmate Discipline, up to and including criminal prosecution. Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. This policy states that the disciplinary process shall consider the role of an inmate's mental health contributed to his behavior and consider the eligibility of an inmate to participate in sex offender treatment if criteria and obligations are met. Participation in counseling, therapy and other interventions may also be considered.

RIDOC Policy 11.01-7, Code of Inmate Discipline, states sexual misconduct (sexual abuse and sexual harassment) are a Class I (highest) level of offense. The discipline guidelines are included in this policy.

In the past 12 months, there have been no administrative findings of inmate-on-inmate sexual abuse that have occurred at this facility.

Compliance with this standard was determined based on review of investigative reports, responses to completed PREA Pre-Audit Questionnaire, interviews with staff, and agency policies.

## 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.*

RIDOC Policy 18.30-2, Receiving Screening and Mental Health Evaluation of New Commitments, ensures that inmates identified by staff during the intake and commitment screening process as having experienced prior sexual victimization or perpetrated sexual abuse, are referred to a medical or behavioral health practitioner within 14 days and offered a follow up meeting.

Nursing staff complete a *Jail Intake Screen* during the intake and commitment process, and the information is captured in INFACFS. If the inmate reports that he has been a victim or perpetrator of sexual assault, the victim is offered a follow up. If accepted, an order is sent to behavioral health staff with notification to see the inmate within 14 days. Access to this information is limited to specific staff so as to maintain confidentiality.

Compliance with this standard was determined based on review of inmate records, interviews with mental health and medical staff, and related documents.

## **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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act) ensures access to emergency medical and mental health services upon information that an inmate has been sexually abused.

Standard Operating Procedure, PREA Investigations, states that 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.

Health Care Services personnel conduct an evaluation to determine the alleged victim's need for immediate medical treatment. RIDOC offers all victims of sexual abuse access to forensic medical examinations, without financial cost, where evidentiary or medically appropriate. Forensic medical exams are conducted at the Rhode Island Hospital.

Prophylactic treatment for sexually transmitted diseases (STDs) is offered to all victims (at the off-site hospital Emergency Room or clinic), and referrals are made to appropriate health care professional(s) for possible HIV testing and/or mental health counseling.

Compliance with this standard was determined based on interviews with staff, review of agency policies, interviews with medical and mental health staff, and review of related documents.

## **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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), requires evaluation and treatment of inmate victims of sexual abuse while incarcerated, including follow-up services, treatment plans, and referrals for continued care following release from custody. Mental health evaluations of all known inmate-on-inmate abusers are conducted within 60 days of learning of such abuse.

Interviews with medical and mental health staff confirmed that treatment services and tests for sexually transmitted infections are provided to a victim without financial cost and at a level consistent with community care. Mental health staff meet individually with any victim of sexual abuse on an ongoing basis, as clinically indicated.

Compliance with this standard was determined based on review of agency policies, information obtained through staff interviews, and facility observations.

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), requires that the Warden or designee conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegations has been determined to be unfounded. This review shall occur no more than 30 days of the conclusion of the investigation. At a minimum, the review team will include the Warden or designee, PREA Compliance Manager, line supervisors, Special Investigations Unit, Office of Inspections and healthcare or mental health practitioners, as well as other “ad hoc” members as deemed necessary. The team shall review policies and procedures, motivation of the incident, physically exam in the area for physical barriers, assess monitoring technology and staff supervision. The Warden or designee shall prepare a report that includes the findings, recommendations for improvement, and status of the recommendations (implementation or reason for not completing). Copies of this report shall be distributed to the Director, Assistant Director of Institutions and Operations, and the Agency PREA Coordinator.

The review team uses an incident database to enter information on all required components of this standard. The database allows for the tracking of all incidents from the time of report through the findings from the sexual abuse incident review. In the past 12 months, there was 1 sexual abuse allegations which was unfounded.

Compliance with this standard was determined based on review of administrative investigations, Pre-Audit Questionnaire, interview with PREA Compliance Manager, PREA Coordinator, and review of agency policy.

## **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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), states 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 annually.

RIDOC completes the Department of Justice Survey of Sexual Victimization (DOJ-SSW) annually and maintains the information and documentation needed to complete this report.

### 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), notes that the Agency PREA Coordinator shall review collected and aggregated data to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices, and training. RIDOC identifies problem areas and takes corrective action, and prepares an annual report of its findings and corrective actions of each facility. The annual report shall be

approved by the Director of Corrections and made available to the public through the RIDOC website. RIDOC redacts material; it is limited to specific materials where publication would present a clear and specific threat to the facility, and/or confidentiality of the alleged victims and/or perpetrators.

The PREA Coordinator confirmed that no personally identifying information is included in aggregated sexual abuse data.

The RIDOC PREA Annual Reports for Calendar Years 2014, 2015, 2016, and 2017 were provided to the auditor and found to contain all required components for compliance. The annual report for Calendar Year 2017 is published and available on the RIDOC website at <http://www.doc.ri.gov/PREA/2017%20RIDOC%20PREA%20Annual%20Report.pdf> .

## 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.*

RIDOC Policy 9.49-4, PREA (Prison Rape Elimination Act), notes that RIDOC's Planning & Research Unit shall ensure that data collected is securely retained and shall make all aggregated sexual abuse data collected from facilities readily available to the public at least annually through its website. Before making sexual abuse data publicly available, personal identifies will be removed. Sexual abuse data shall be maintained for at least 10 years by RIDOC's Planning & Research Unit unless Federal, State, or local law requires otherwise.

The auditor was provided with annual reports for 2014, 2015, 2016, and 2017. Upon review, there was no personally identifying information in any of the reports. The annual report for Calendar Year 2017 was approved by the RIDOC Acting Director and was published on the RIDOC website at <http://www.doc.ri.gov/PREA/2017%20RIDOC%20PREA%20Annual%20Report.pdf>.

## 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.*

The auditor had the ability to meet with inmates and staff confidentially and had access to all requested documentation.

#### 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.*

All final reports were published on the agency website within 90 days.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Lauren Fish

8/24/18

**Auditor Signature**

**Date**

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

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