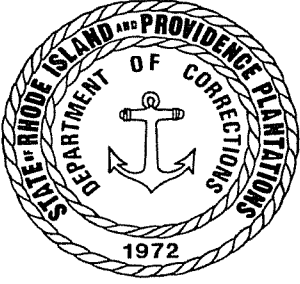
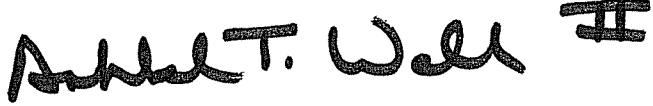


RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

	POLICY NUMBER: 2.30-4 DOC	EFFECTIVE DATE: 02/16/15	PAGE 1 OF 4
	SUPERSEDES: 2.30-3 DOC	DIRECTOR: Please use BLUE ink. 	
SECTION: FISCAL MANAGEMENT		SUBJECT: PERSONAL PROPERTY CLAIMS FOR STAFF AND MEMBERS OF THE PUBLIC	
AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10 (22), Powers of the director			
REFERENCES: ACA Standard 4-4041, Institutional Insurance; RIDOC Policy #'s 2.15-2 DOC, Institutional Insurance Coverage; 13.10-2 DOC, Inmate Grievance Procedure; Office of Accounts and Control Policies/Procedures A-49, Payment of Claims; A-52, Incident Response Policy; RIGL § 22-7, Joint Committee on Accounts and Claims			
INMATE / PUBLIC ACCESS?		<input checked="" type="checkbox"/> YES	
AVAILABLE IN SPANISH?		<input checked="" type="checkbox"/> NO	

I. PURPOSE:

To provide guidelines and procedures for staff and members of the public for the submission and payment of claims of damage or loss to personal property consistent with the Rhode Island Department of Administration's (DOA's) Office of Accounts and Control's Policies A-49 (Payment of Claims for Property Loss/Damage), A-52 (Incident Response Policy), and other applicable state laws.

II. POLICY:

- A. RIDOC exercises its discretion under DOA's policies A-49 (Attachment 1), A-52 (Attachment 2), and applicable state laws relative to the payment of all valid claims of damage to or loss of personal property belonging to RIDOC employees and others.

-
- B. All claims pertaining to damage to or loss of personal property belonging to inmates are processed in accordance with policy #13.10-2 DOC, Inmate Grievance Procedure, or a successive policy.
 - C. Fraudulent claims may result in discipline (if claimant is a RIDOC employee) and/or criminal charges being filed against the claimant.

III. PROCEDURES:

A. Claim Guidelines

1. RIDOC may reimburse, through the Office of Accounts and Control, a party for claims of loss or damage to his/her personal property, reported within two (2) years of the damage/loss, as follows:
 - a. Up to \$100 for loss or damage to property by reason of the negligent operation by any employee and/or his/her agent of a state-owned (or leased) motor vehicle or other motorized equipment.
 - b. Up to \$500 for loss or damage to property by causes other than those listed above.

NOTE: The longer time lapse between the damage and the claim, the harder it may be to process the claim (e.g., receipts may be lost).

2. Any claim in excess of the above amounts is subject to the process and approval of the Joint Committee on Accounts and Claims outlined in Office of Accounts and Control policy/procedure A-49 (Attachment 1).
3. If any RIDOC employee receives an attorney claim letter alleging negligence as a result of an accident involving a State fleet vehicle, such letter shall be forwarded immediately to the RIDOC's Office of Legal Counsel. The Office of Legal Counsel will notify the State Risk Manager at the Department of Administration and RIDOC's Fiscal Management Officer (FMO) in the Department's Business Office.
4. Payment for damage or loss will be limited to the amounts set forth in Sections III.A.1. and III.A.2. of this policy.

5. Any authorized submission from a RIDOC employee for an item listed as a reimbursable expense in the employee's affiliated union contract, will be reimbursed at the stated rate in the union contract.
6. RIDOC is not responsible for any damage to an employee's privately owned vehicle due to road conditions at the Pastore Complex.

B. Processing of Claims

1. Any individual who wishes to file a claim of damage to or loss of personal property (hereinafter referred to as "claimant") must notify the senior manager of the building/property where the damage/loss occurred (hereinafter referred to as the "affected manager") (in writing) of any incident that results in damage to or loss of the claimant's property. When the damage has occurred outside of any facility, or where the manager of the property is otherwise unknown, the claimant notifies the (FMO) or designee at the RIDOC Business Operations Unit.
2. The affected manager provides the claimant with the appropriate form, Statement and Claim form Property Lost or Damaged (Attachment 3) or Incident Report (Attachment 4), which the claimant completes in full and returns to the affected manager with proof of payment by the claimant or a written estimate(s) obtained by the claimant (for the repair of damages or replacement of loss).

Proof of payment is the front and back of a canceled check, cash or credit card receipt, or a vendor's invoice billed to the claimant and marked "Paid". The claim shall take into account any other payments pending or received for the same incident.

3. The affected manager investigates the claim, submits the completed forms (Attachments 3 and Affidavit Release Form - Attachment 5) and/or his/her Incident Report Form (Attachment 4), to include a conclusion/recommendation regarding the claim's validity to the FMO at RIDOC's Central Business Office.

The affected manager's investigation/report should contain:

- a. substantial evidence supporting the claim;

- b. as much information as possible with respect to depreciated value and other factors impacting the validity of the claim.

NOTE: The affected manager views the damaged property in question whenever possible.

- c. written witness statements.

4. The FMO or designee reviews the claim package for completeness (to include supporting documentation) and forwards the package to the Assistant Director Financial & Contract Management, Financial Resources Unit, who will obtain approval by the Assistant Director of Administration, and/or the Director's approval.

NOTE: RIDOC's Assistant Director of Administration may solely approve claims up to and including five hundred dollars (\$ 500) only.

- a. If the claim package is incomplete, the FMO or designee returns said package to the affected manager for completion.
- b. No claim will be considered further if the investigation reveals the damage or loss was the result of the claimant's own negligence.

5. The claim and related paperwork are returned to the FMO or designee.

- a. If the claim is approved for payment, the FMO or designee will process a batch payment for an approved claim in accordance with the State of Rhode Island, Office of Accounts and Control policy/procedure A-49, Payment of Claims (Attachment 1).
- b. If the claim is denied, the FMO or designee returns a rejected claim and related paperwork to the claimant.

6. Appeal of a rejected claim or reductions from claim level would be through the Joint Committee on Accounts and Claims, to the attention of the Claims Examiner, for adjudication.

OFFICE OF ACCOUNTS AND CONTROL

SECTION A-49

POLICY/PROCEDURE NUMBER

SUBSECTION

EFFECTIVE DATE / PAGE NUMBER
January 1, 1996 / 1 of 4

**POLICY / PROCEDURE
PAYMENT OF CLAIMS FOR
PROPERTY LOSS/DAMAGE**

AMENDMENT / REVISION
November 1, 2013

Section A: Eligible Occurrences:

The State may reimburse a property owner for loss or damage sustained to personal or real property in the following instances:

1. The loss or damage sustained by the property owner results from an act, committed or omitted, by a state employee in the performance of their official duties (including the operation of any equipment that causes the loss or damage).
2. The loss or damage is sustained by the property owner during the lawful operation by the property owner of a motor vehicle on a state-owned highway, road, bridge, etc.
3. The loss or damage is sustained by the property owner during the conduct of normal business or recreation by the property owner while on state-owned property. The loss of personal property shall have occurred while this property is under the care, custody, or control of a state employee, or a duly authorized agent.
4. The loss or damage is sustained by the property owner while the property owner is providing or assisting in the provision of authorized program services to state patients, wards, or inmates (employees, foster parents, volunteers).
5. The claim for loss or damage is presented within two (2) years of occurrence or discovery.

PLEASE NOTE: The state's auto liability insurer will investigate and adjudicate all claims related to loss or damage resulting from operation of state-owned motor vehicles and off road equipment licensed for on road use. See related Section C.2.1.

Section B: Policy Application:

1. The policy shall apply to reimbursement claims presented by both state employees and non-state employees as owners of property lost /or damaged.
2. The policy shall not apply in the following instances:
 - 2.1. The claim does not involve loss or damage to real or personal property.

OFFICE OF ACCOUNTS AND CONTROL

SECTION A-49

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**POLICY / PROCEDURE
PAYMENT OF CLAIMS FOR
PROPERTY LOSS/DAMAGE**

AMENDMENT / REVISION
November 1, 2013

2.2. When the claim has been adjudicated by a state or federal court and a court order to pay the claim is issued.

2.3. When a specific act or resolve of the General Assembly authorizes payment of a claim(s).

2.4 When a claim is related to a dispute involving salary or wages and not to the loss or damage of real or personal property arising out of a union contract, grievance or arbitration process settled through negotiation before an order to pay is issued by the hearing officer/arbitrator.

2.5 When a claim is related to a dispute involving salary or wages and not to the loss or damage of real or personal property, has been adjudicated through a union contract grievance and/or arbitration process, and an order to pay is issued by the hearing officer/arbitrator.

Section C: Policy Limitations:

1. The property owner may be reimbursed for claims for loss or damage to his real or personal property as follows:

1.1 **Motor Vehicle:** Up to \$100 for loss or damage to person or property **by reason of the negligent operation by any officer or employee of a state-owned (or leased) motor vehicle or other motorized equipment** (Section 35-6-40 of the General Laws). It states that a payment of up to \$100 can be authorized by a department director. **In addition, the payment must be approved by the Attorney General and the Director of Administration.** Once approved by all required, the department director having charge of the claim may authorize the Office of Accounts and Control to make payment for damages up to \$100. Any claim in excess of \$100 shall be submitted to the Joint Committee on Accounts and Claims for adjudication and settlement.

a. Definition of "motorized equipment": Any item of equipment that is operated or propelled by an internal combustion engine, i.e., motorized leaf blower, motorized lawn mower (riding or push type), automobile, backhoe equipment, truck, earth grader, etc.

OFFICE OF ACCOUNTS AND CONTROL

SECTION A-49

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**POLICY / PROCEDURE
PAYMENT OF CLAIMS FOR
PROPERTY LOSS/DAMAGE**

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1.2 Pothole Damage: Up to \$300 for loss or damage to a person or property caused by a pothole on any state highway, causeway or bridge (Section 24-8-35 of the General Laws).

- a. All claims shall be made within 7 days of the date the damage was sustained.
- b. All claims shall be submitted in a manner prescribed by the Director of Transportation.
- c. The Director of Transportation may authorize the Office of Accounts and Control to make payment for damages.
- d. The Joint Committee on Accounts and Claims may delegate to the Director of Transportation its authority to adjudicate and settle a claim in excess of \$300.

1.3 \$500 Threshold: Up to \$500 for loss or damage to a person or property by causes other than those listed above.

1.4 The Joint Committee on Accounts and Claims: Any claim in excess of the above amounts shall be submitted to the Joint Committee on Accounts and Claim. The committee may reimburse the owner for claims for loss or damage to his personal property for claims in excess of the above amounts in accordance with Chapter 22-7 of the General Laws of Rhode Island. The Joint Committee may hear appeals of claims previously denied by a Department Director under these policies and procedures.

2. The payment for damage shall be limited to an amount that is reasonable and necessary to restore the property to its normal use or its fair market value. The payment for loss shall be limited to the item's original cost.
3. All claims for bodily injury, regardless of the amount, shall be referred to the Joint Committee on Accounts and Claims for adjudication.

OFFICE OF ACCOUNTS AND CONTROL

SECTION A-49

POLICY/PROCEDURE NUMBER

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PAYMENT OF CLAIMS FOR
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***Section D: Procedures for Payment of Claims by the Office of
Accounts and Control regarding eligible payments (see section C):***

1. The director of the department or agency in which the employee who caused or sustained the loss or damage is employed shall determine that the claim is proper and provide written authorization to pay.
2. The claim for reimbursement must be accompanied by a completed and signed Statement and Claim Form as well as any related incident reports.
3. The claim for reimbursement must be accompanied by either proof of payment or estimate of repair or replacement (for the repair of damages or replacement of loss). Proof of payment is the front and back of a canceled check, a credit card receipt, or a vendor's invoice billed to the claimant and marked "Paid." The claim shall take into account any other payments pending or received for the same incident.
4. The claim for reimbursement must be accompanied by a signed affidavit/release from liability signed by the claimant.
5. The claim for reimbursement must include the RIFANS account(s) to which the department expenditure is to be posted.

The Statement and Claim Form and Affidavit/Release may be found on the Controller's website.

OFFICE OF ACCOUNTS AND CONTROL

SECTION	POLICY/PROCEDURE NUMBER A-52
SUBSECTION	EFFECTIVE DATE/PAGE NUMBER October 6, 2014 / Page 1 of 2
POLICY/PROCEDURE INCIDENT RESPONSE POLICY	AMENDMENT / REVISION

Response & Reporting Requirements for Incidents Involving Business Invitees and Outside Third Parties

1. **PURPOSE**

- 1.1 In order to identify and investigate visitor incidents in an expeditious and objective manner, on State property, locations or facilities or involving State Employees, an Incident Report was developed to report such occurrences. This Policy also covers incident scene management
- 1.2 In completing this form and filing it with the appropriate departments, the State neither accepts, nor claims, responsibility for events that may have occurred.

2. **DEFINITIONS**

- 2.1 A visitor incident ("visitor incident") is an incident involving a visitor, contractor, invitee or other third party ("visitor") where the visitor suffers bodily injury; there is property damage or personal injury. For purposes of this Policy, a visitor will not be considered a patient or overnight client.

3. **LIMITATION**

- 3.1 This Policy does not cover:
 - 3.1.1 Illnesses or injuries sustained by employees in the course and in the scope of their employment. Such incidents must be reported in accordance with any policy of State Employees Workers' Compensation.

4. **INCIDENT SCENE MANAGEMENT**

- 4.1 If an employee witnesses or is involved in a visitor incident (and she/he is not incapacitated by injury), the employee shall immediately call 911 if the visitor incident requires such action. Such employee shall then report such incident to the proper State supervisor as well as the security office or law enforcement officer with responsibility for the area, if any ("Personnel"). Such Personnel shall assure proper steps are taken at the scene of a visitor incident to ensure safety and security and to manage the incident in the best interest of the State.
- 4.2 In addition, if the visitor incident results in major property damage, serious bodily injury or death, Personnel shall immediately contact the State Agency's Director's Office, the Executive Counsel of the appropriate Agency or Division, if any, and the Department of Administration Risk Manager.

STATE OF RHODE ISLAND
DEPARTMENT OF ADMINISTRATION

2.30-4 DOC
Attachment 2
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OFFICE OF ACCOUNTS AND CONTROL

SECTION

POLICY/PROCEDURE NUMBER
A-52

SUBSECTION

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October 6, 2014 / Page 2 of 2

POLICY/PROCEDURE
INCIDENT RESPONSE POLICY

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4.3 In addition, if this is a motor vehicle accident:

4.3.1 Unless incapacitated by injury, the employee operator of the motor vehicle involved in a reportable vehicle accident shall follow the procedures detailed above and shall remain at the scene until completion of all acts required by law or by this policy.

4.3.2 An employee operator shall obtain a copy of the State or local police report of the accident, as soon as reasonably possible. Within forty-eight (48) hours of availability, a copy of this report should be sent to State Fleet Operations and a copy should be sent to the driver's personnel office.

4.3.3 The employee operator shall also comply with all State Fleet Policies.

5. **FILING OF INCIDENT REPORTS**

5.1 Personnel shall complete the front page of the Incident Report and complete the bottom section of the third page. They should have the employee/witness involved in the visitor incident complete and sign the second page of the Incident Report (if not incapacitated from the visitor incident).

5.2 Personnel shall promptly e-mail the Incident Report to the Division Manager, Executive Counsel of the applicable agency or division (if any) and the Department of Administration's Risk Manager. In the event of major property damage, serious bodily injury or death, the form shall be sent within twenty-four (24) hours.

5.3 In completing the Incident Report, the employee and Personnel should not make subjective comments as to the circumstances surrounding the incident. They should merely report his or her observations and the comments of the visitor and/or witness to the event.

6. **STATEMENTS BY PARTIES INVOLVED**

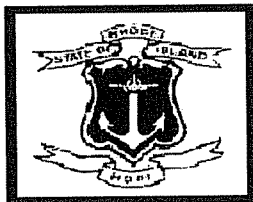
6.1 Employees shall cooperate with the State in any investigation and resolution of visitor incidents and the completion and/or signing of Incident Report Statements.

7. **RECISSION, REPLACEMENT OR AMENDMENT**

7.1 The State reserves the right to rescind, replace or amend this Policy at any time.

Attachments: Incident Report

State of Rhode Island and Providence Plantations



OFFICE OF ACCOUNTS AND CONTROL

STATEMENT AND CLAIM FORM
PROPERTY LOST OR DAMAGED

(Please Answer **All** Questions)

STATE EMPLOYEE ___ Yes ___ No

Name _____ Employer _____

Address _____ Insurance Co. _____

City, State, Zip _____ Date of Incident _____

Phone _____ Incident Reported ___ Yes ___ No

Property Damaged ___ Yes ___ No Reported To _____

Property Stolen ___ Yes ___ No Report Number _____

YOU MUST ATTACH A COMPLETED INCIDENT REPORT WITH THIS FORM

Please give a brief description of item (s) damaged or stolen.

Proof of Payment Attached ___ Yes ___ No

Repair or Replacement Quote/Estimate Attached ___ Yes ___ No

YOU MUST ATTACH A COMPLETED QUOTE/ESTIMATE WITH THIS FORM

Employee Signature: _____	Date: _____
Agency Director Signature: _____	Date: _____

For more information visit our web site: <http://controller.admin.ri.gov/Policies/index.php>

State of Rhode Island
Department of Administration

INCIDENT REPORT

•-----•
Last Name _____ First Name _____ MI _____

Age _____ Gender _____ Email Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ St _____ Zip _____

Injury Sustained/ Property Damage* _____

Where Incident Occurred _____

Agency Name & Division _____

Address _____

Date of Incident _____ Time (Including AM or PM) _____

Witness Info: Last Name _____ First Name _____ MI _____

State Employee? _____ If So, For Which Agency Do They Work? _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ St _____ Zip _____

Visitor Sought Medical Treatment? (Yes, No, Unknown) _____

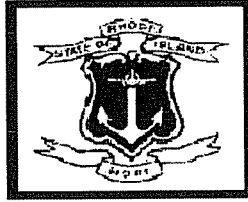
Treatment Facility _____ Main Phone _____

Address _____

Addit'l Comments* _____

* (If needed, continue answering the question on page 3.)

State of Rhode Island and Providence Plantations



OFFICE OF ACCOUNTS AND CONTROL

AFFIDAVIT/RELEASE

I, _____ the undersigned depose and say:
Print Claimant Name

1. That for and in consideration of the delivery of a draft or check to the undersigned in the sum of _____ which will be forth coming, each of the undersigned does hereby release and forever discharge the State of RHODE ISLAND AND PROVIDENCE PLANTATIONS from all claims, demands, damages, actions or causes of action, on account of damage to property resulting from an accident which occurred on or about _____ (See attached Claim form).
Date
2. That neither I nor anyone on my behalf has received payment on said claim, nor do I expect to receive payment on said claim from any other source and if I do receive any payment from any other source whatsoever, I shall immediately without demand, reimburse the State of Rhode Island.
3. That I have been made fully aware that the State of Rhode Island, its agents and servants may continue to investigate the circumstances of this claim and in the event the State of Rhode Island becomes aware of facts not presently known to
4. That it is understood and agreed that this is a FULL and FINAL RELEASE in full compromise settlement of all claims of every nature and kind whatsoever, and releases all claims whether known or unknown, suspected or unsuspected.

The undersigned (s) state (s) that this release has been carefully read and is signed as the free act and deed of such undersigned (s), and that this settlement is not to be construed as an admission of liability on the part of the parties released.

Date this _____ day of _____, 20_____.

Signature of Claimant

Signature of Witness

Address of Witness