

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 07/30/2022

Auditor Information

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Company Name: PREA Auditors of America	
Mailing Address: PO Box 171	City, State, Zip: Franklinton, PA 17323
Telephone: 570-762-2295	Date of Facility Visit: 6/30/2022 – 7/1/2022

Agency Information

Name of Agency: Rhode Island Department of Corrections			
Governing Authority or Parent Agency (If Applicable): State of Rhode Island			
Physical Address: 40 Howard Avenue		City, State, Zip: Cranston, RI 02920	
Mailing Address: 40 Howard Avenue		City, State, Zip: Cranston, RI 02920	
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 Website with PREA Information: https://doc.ri.gov			

Agency Chief Executive Officer

Name: Patricia A. Coyne-Fague	
Email: Patricia.CoyneFague@doc.ri.gov	Telephone: 401-462-2611

Agency-Wide PREA Coordinator

Name: Heather Daglieri	
Email: Heather.Daglieri@doc.ri.gov	Telephone: 401-462-3087
PREA Coordinator Reports to: Ruiz Diniz, Assistant Director Institutions/Operations	Number of Compliance Managers who report to the PREA Coordinator: 6

Facility Information

Name of Facility: Minimum Security

Physical Address: 18 Howard Avenue

City, State, Zip: Cranston, RI 02920

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://doc.ri.gov/more-resources/prison-rape-elimination-act-prea>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Rhode Island Department of Corrections Security Audit

Warden/Jail Administrator/Sheriff/Director

Name: Carole Dwyer

Email: Carole.Dwyer@doc.ri.gov

Telephone: 401-462-2168

Facility PREA Compliance Manager

Name: Mario Sousa

Email: Mario.Sousa@doc.ri.gov

Telephone: 401-462-0326

Facility Health Service Administrator N/A

Name: Justin Berk

Email: Justin.Berk@doc.ri.gov

Telephone: 401-462-0326

Facility Characteristics

Designated Facility Capacity:

692

Current Population of Facility:

128

Average daily population for the past 12 months:	111	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	21-72	
Average length of stay or time under supervision:	514 days	
Facility security levels/inmate custody levels:	Minimum	
Number of inmates admitted to facility during the past 12 months:	276	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	257	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	202	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	110	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	53	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	74	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	728	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	728	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	3
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	6
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	6
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	0
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>14</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded: 115.16; 115.71

Standards Met

Number of Standards Met: 43

115.11, 115.12, 115.13, 115.14, 115.15, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	06/30/2022
2. End date of the onsite portion of the audit:	07/01/2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Day One and The Counseling and Psychotherapy Center Inc (CPC)
Audited Facility Information	
4. Designated Facility Capacity:	692
5. Average daily population for the past 12 months:	111
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	6
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	133
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	unknown
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	Unknown
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	unknown
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1 known
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	1 known
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	3
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	3
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	5
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>RIDOC does not collect medical statistics or keep these records. Known numbers provided were given by medical and mental health. The auditor was able to identify additional individuals who fell in these specialized categories through interview.</p>
<p><i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>110</p>
<p>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>728 volunteers and contractors</p>
<p>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>728 volunteers and contractors</p>
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Number of volunteers and contractors are for all RIDOC facilities. All facilities are on the same campus.</p>
<p>Interviews</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>13</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p><input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>The inmate roster provided was categorized by housing unit,</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>Click or tap here to enter text.</p>

<p>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>This auditor was provided with an inmate roster indicating where each inmate was housed, their date of birth, and race. This auditor chose random inmates based on housing assignment, age, and race in order to get a fair cross-section of the inmate population.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>18</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The inmate roster provided listed the date of birth of all inmates. No inmates were under the age of 18.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The medical department did not have any records of any inmates having significant visual impairment or blind.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor did not observe any transgender inmates, and staff did not report any transgender or intersex inmates.</p>

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>5</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>4</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Click or tap here to enter text.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregated housing unit and the policy does not allow inmates to be held in Segregated Housing due to risk of sexual victimization.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>It was difficult to identify the specialized populations being the RIDOC does not track them.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p align="center">12</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (describe) Gender <input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Selected staff from the rosters based on where they worked in the facility while also ensuring staff were interviewed from all shifts as well as interviewing newer and older staff. Being it is a male facility, this auditor made certain to interview a sample of female staff as well. The random interviews were conducted with both uniform staff of all ranks as well as non-uniform staff.</p>
<p align="center"><i>Specialized Staff, Volunteers, and Contractor Interviews</i></p> <p align="center"><i>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</i></p>	
<p>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p align="center">35</p>
<p>51. Were you able to interview the Agency Head?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Agency Head:</p>	<p>The Director was not on-site during the visit but designated the Assistant Director of Administration as her designee. The interview was completed with the Director's designee.</p>
<p>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</p>	<p>Click or tap here to enter text.</p>

53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	Click or tap here to enter text.
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	Click or tap here to enter text.
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other (describe) Training Academy Staff
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious

	<input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	36 total specialized interviews were conducted during the onsite phase of this audit. Multiple Specialized Interviews were conducted to get an adequate sample when appropriate and able.
Site Review and Documentation Sampling	
Site Review	
<i>PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.</i>	
59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	Click or tap here to enter text.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>This auditor toured all areas of the facility with security staff. Of the six housing units, only three are in use. The housing units are open, dormitory style pods ranging in size from 2-12 inmates. The three vacant housing units are locked and toured daily by security staff to ensure no maintenance issues. Inmates are not permitted on the units alone. The work release housing unit is not staffed during first shift due to so many inmates out to work. The inmates that remain at the facility would take their daily supplies to an open housing unit for the day to ensure supervision. The facility has only two cameras inside the facility, one in the Warden’s hallway and another in the medical area. The facility has adequate mirror coverage and staffing to ensure appropriate supervision of inmates. The kitchen area is open with no observable blind spots not covered with mirrors. The bathrooms and showers provide privacy for inmates to use the facilities while allowing for supervision. The language line was tested and is functional. Closets and staff bathrooms were checked to ensure they were locked. All classrooms had windows that provided security staff full view of the classroom. The law library is small providing no areas of concern as all areas can be viewed from the door window. The library is larger with a tall bookshelf that has spacing enough to see through to the other side. The medical area is smaller and each exam room door has a window which the officer can see the entire exam room from. The corner in the dental area is covered by a mirror which shows full view of the blind spot. Security staff monitor each area continuously throughout the day. All stairwells have mirrors and all doors are locked with a key, therefore no inmates can enter areas without security staff awareness. Overall this auditor had no areas of concern regarding inmate privacy to change clothing, use facilities and shower without being viewed by the opposite sex, no areas of concern regarding visual supervision.</p>
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Documentation Sampling	
<i>Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.</i>	

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.

Staff, contractor, and volunteer training records were reviewed. Background check records were reviewed. Log books were reviewed while touring the facility on the dorms. Samples of PREA round forms were reviewed. All investigative files for the last eighteen months were provided and reviewed.

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	1	0	1	0
<u>Staff-on-inmate sexual abuse</u>	2	0	2	0
Total	3	0	3	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	2	0	2	0
<u>Staff-on-inmate sexual harassment</u>	1	0	1	0
Total	3	0	3	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

69. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate</u> sexual abuse	0	0	0	0	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate</u> sexual abuse	1	0	0	0
<u>Staff-on-inmate</u> sexual abuse	0	1	1	0
Total	1	1	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

71. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate</u> sexual harassment	0	0	0	0	0
<u>Staff-on-inmate</u> sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	1	0	0
Total	0	1	2	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>6</p>
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<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>Click or tap here to enter text.</p>
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<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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Staff-on-inmate sexual abuse investigation files

<p>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
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<p>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
a. If 0, explain why you were unable to review any sexual harassment investigation files:	Click or tap here to enter text.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	There were no criminal investigation files to review as no sexual abuse or sexual harassment investigations in the last 18 months were referred for prosecution nor were any substantiated.

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	Click or tap here to enter text.

Non-certified Support Staff

91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?

Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes No

a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:

Click or tap here to enter text.

Auditing Arrangements and Compensation

92. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

115.11 (a)

Rhode Island Department of Corrections (RIDOC) Prison Rape Elimination Act Policy, 9.49.5 mandates a zero tolerance of inmate sexual abuse and sexual harassment. RIDOC Policy 9.49.5 establishes guidance for staff and inmates regarding the prevention, detection, and response efforts to eliminate incidents of sexual abuse and sexual harassment of inmates in the custody of RIDOC. 9.49.5 provides definitions for prohibited behaviors, outlines the training procedures for inmates and staff, provides procedures for supervision and cross gender viewing, internal and external reporting information, response to sexual abuse and sexual harassment procedures, inmate, staff, volunteer, contractor, and intern sanctions, incident reviews, hiring and promotion requirements, and data collection and review. This auditor finds that the RIDOC Prison Rape Elimination Act Policy 9.29.5 meets the standard for 115.11 (a) It provides the written policy for mandating zero tolerance toward all forms of sexual abuse and sexual harassment and it adequately outlines the agency's approach to detecting, and responding to sexual abuse and sexual harassment. The policy also includes sanction information for those who violate the policy. The policy outlines prevention methods such as training and cross-gender supervision and viewing.

115.11 (b)

Rhode Island Department of Corrections (RIDOC) employs an agency wide PREA Coordinator. This position reports to the Assistant Director of Institutions/Operations, which is one layer removed from the Department's Director. The position has sufficient authority to implement department efforts to comply with PREA standards. The PREA Coordinator's only duty is to act as the PREA Coordinator for all six RIDOC facilities. The PREA Coordinator was interviewed and concurs that she has enough time to manage all of the RIDOC's PREA responsibilities. The PREA Coordinator reiterated that this is her full-time role and there are no other duties assigned to her position. There are six PREA Compliance Managers, one per RIDOC facility. All the RIDOC correctional facilities are on the same campus, so the PREA Coordinator has regular communication with the facility PREA Compliance Managers through in person meetings, and telephone or email communication. The PREA Coordinator is also in communication with the facility Warden's regularly. The PREA Coordinator position falls under the same Assistant Director as the Wardens. Being that all of the RIDOC correctional facilities are on the same campus the PREA Coordinator is able to visit all sites as needed for consultation and compliance checks. The PREA Coordinator has a good relationship with the facility leadership as well as the investigations unit.

115.11 (c)

Minimum Security Prison has a Lieutenant who reports to the Warden designated as the facility PREA Compliance Manager. The PREA Compliance Manager (PCM) concurred that he had enough time to manage all of the PREA related responsibilities required of him at the facility. The facility PCM reported that he works with the PREA Coordinator and the Warden to rectify any identified issues with compliance to any PREA standards. The PCM explained how he coordinates the facility's efforts to comply with PREA standards by touring the facility regularly to check for compliance by ensuring all the proper signage is displayed in the appropriate areas, females are announcing their presence on male housing units or where males may be utilizing the restrooms, ensures literature is being handed out to inmates upon commitment regarding the PREA specific instructions for the facility and the inmates are able to understand that literature. The PCM also noted that he does checks to ensure the showers are in compliance with the rules set forth by the facility to ensure standards of privacy are met without compromising security. The PCM also ensures weekly orientation is conducted for all new commitments, where they would receive PREA training.

After review of the interviews conducted on-site, review of the policies and procedures, and review of the additional documentation provided showing training records, organization structure, and job descriptions for the PREA Coordinator and the PREA Compliance Manager this auditor finds that Minimum Security Facility is in compliance with all elements of 115.11.

Recommendation: RIDOC Policy is very comprehensive in regard to all aspects of PREA with the exception of the intake screening of inmates. It is not required, but would enhance your current policy/procedure to incorporate the intake screening process.

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.) 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.

Rhode Island Department of Corrections (RIDOC) has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA Audit. As of the date of the audit, no contracts have been awarded or sought to house inmates from RIDOC.

This auditor finds Minimum Security Facility in compliance with all elements of 115.12.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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.

115.13 (a)

115.13 requires each facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing, and where applicable video monitoring to protect inmates against abuse. This auditor was provided with the facility staffing plan, a copy of the Annual Staffing Plan Review forms from the last five years, the Institutional Log Book System policy, PREA unannounced rounds logs and PREA Unannounced Rounds Training. Since the last PREA Audit in June 2019 the average daily number of inmates is reported to be 169, the staffing plan was predicated on the average daily population being 169. As per the Warden the facility has a staffing plan that takes into account all considerations under 115.13. The Warden stated that the staffing plan cannot go below the minimum number set. With the reduction of inmates the last two years the facility has reduced staffing levels, and those reductions took into account all of the considerations outlined in 115.13. The Warden stated that the facility staffing needs are assessed daily to determine staff placement. The PREA Coordinator and the PREA Compliance Manager reported that they are consulted at least annually regarding the staffing plan for Minimum Security Facility. The PREA Coordinator works with the Warden, Security Specialist, and the PREA Compliance Manager to review and update the facility staffing plan. If questions should come up outside of the annual review they are addressed at that time in the same interdisciplinary manner. The staffing plan provided to this auditor cites the operating capacity, current capacity, reviews the staffing numbers assigned to the facility, notes that there are no findings of inadequacy from judiciary, federal investigative agency, internal or external oversight body. The staffing plan notes that numbers and placement of supervisory staff and prevalence of substantiated and unsubstantiated incidents of sexual abuse are considered in the plan. The most recent staffing plan from December 15, 2021 states that no additional posts were added, some were eliminated since the previous year plan. The plan states that the PREA Coordinator had no additional requests to the staffing plan. The facility monitoring system was reviewed within the staffing plan as well. This auditor finds Minimum Security Facility to be in compliance with element a. of this standard.

115.13 (b)

There were no reported deviations from the staffing plan at Minimum Security Facility in the last twelve months. The Warden confirmed this in her interview. She stated that if there were any deviations to the staffing plan she would be notified, and it is assured at roll call each shift that there is adequate staffing. As per the Department's PREA Policy, if for any reason the staffing plan is not complied with, the facility's Warden shall document and justify all deviations. There is no documentation of deviations from the staffing plan. Minimum Security Facility is compliant with provision b. of this standard.

115.13 (c)

Minimum Security Facility conducts annual staffing plan reviews. This auditor was provided with annual staffing plan reviews for the last five years. The facility leadership consults with the PREA Coordinator to assess, determine, and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems, or monitoring technologies, and resources available to commit and ensure adherence to the staffing plan. Based on the documentation provided and interviews conducted with the Warden, PREA Compliance Manager and the PREA Coordinator this auditor finds Minimum Security Facility to be in compliance with provision c. of this standard.

115.13 (d)

Minimum Security Facility outlines in the PREA Policy the requirement of unannounced rounds to be conducted in all areas of the facility on each shift at a minimum of once a month. These rounds are documented on PREA Unannounced Round Log forms, which were provided to this auditor for review. The PREA Policy also prohibits staff from alerting other staff members to supervisory rounds unless the announcement is related to legitimate operational functions of the facility. Policy 9.05-3 Institutional Log Book System also outlines the use of log books within the institution to document supervisory unannounced

rounds. This auditor interviewed three staff who were responsible for conducting unannounced PREA rounds. All three confirmed that PREA rounds are conducted monthly, even vacant cells are checked for compliance, and the PREA Unannounced Log form is completed and the rounds are also documented in the log books throughout the facility. The staff stated that they do not discuss the rounds with staff and do not do rounds in a predictable pattern to prevent staff from alerting other staff of the rounds. Regular rounds are conducted in addition to PREA Unannounced Rounds by the Warden at least once a week, the Captains once per shift, and the Lieutenants must do rounds three times per shift. Intermediate level or higher level supervisors conduct a more than adequate amount of rounds at Minimum Security Facility including the one PREA Unannounced Round per shift per month. Minimum Security Facility is in compliance with provision d. of this standard.

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.

Minimum Security Facility does not house youthful offenders. This was evidenced by observations made by the auditor throughout the on-site facility tour and a review of the inmate roster. Minimum Security Facility is an adult, male facility, housing only males over the age of 18. Rhode Island Department of Corrections Policy 12.26-5 Special Management of Juvenile Offenders outlines the Department’s approach to housing youthful inmates. Department policy dictates that under no circumstances are juvenile offenders to be housed with adults. This is also reiterated in the Department’s PREA Policy. Juveniles shall not be denied exercise, education, or other programming and work opportunities absent exigent circumstances. The policy also dictates that in common areas sight and sound separation between juvenile offenders and adult offenders must be maintained or direct staff supervision must be provided. This auditor finds that Minimum Security Facility is in compliance with all elements of 115.14.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies 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 have procedures 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.

115.15 (a)

Rhode Island Department of Corrections policy 9.14-8 Detecting and Confiscating Contraband on or in the Possession of Inmates/Detainees dictates the procedures for strip searches. The procedure states that strip searches are to be conducted by Correctional Officers of the same sex as the inmate being searched, except during emergencies. Minimum Security Facility reports zero cross-gender visual body cavity searches of inmates and zero number of cross-gender strip or cross-gender visual body cavity searches of inmates performed by non-medical staff within the twelve months preceding this audit and within the last three year audit cycle. Twelve random staff were interviewed while on-site and none of them have ever conducted a cross-gender strip search. This auditor finds that Minimum Security Facility is compliant with element a. of this standard.

115.15 (b)

Minimum Security Facility does not house female inmates as evidenced by the inmate roster and observations made by the auditor during the on-site audit tour. Minimum Security Facility is compliant with element b. of this standard.

115.15 (c)

Rhode Island Department of Corrections policy 9.14-8 Detecting and Confiscating Contraband on or in the Possession of Inmates/Detainees states that all cross-gender strip searches are to be approved by the Shift Commander prior to the search and documentation is to be noted on the shift command report and included in the daily package. Observation made throughout the on-site facility tour and review of inmate rosters confirm that no female inmates are housed at Minimum Security Facility. Minimum Security Facility is compliant with provision c. of this standard.

115.15 (d)

Rhode Island Department of Corrections PREA Policy 9.49-5 states that each facility shall allow inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Minimum Security Facility procedure 9.49-3 PREA Cross Gender Announcing, and Notification Procedure outlines the facility specific procedures regarding cross gender announcements when entering housing units. Minimum Security is an all-male facility. The procedure states that all female staff must announce themselves when entering inmate housing areas, the committing areas, and strip search areas. Each housing unit, committing area, and strip search area notes for each shift the gender of the staff working that area on visible signage at the entrances of the housing units, committing area, and strip search area. Minimum Security Prison also has eight (8) posts that are gender specific to males to further prevent cross gender viewing, this auditor received the list of these posts along with the post orders. All post orders regardless of gender specification include a statement for PREA. It states that "whenever a female staff member enters an area in which male offenders may be using the showers, bathroom, and/or changing clothing, the female officer will announce their presence upon entering the area. If a female non-security staff enters one of these designated areas, the Correctional Officer supervising that unit will be responsible for announcing there is a female on the mod. The announcement, made in a clear and distinct voice, will be; "Female on the mod." The use of the signs and the announcements was observed by this auditor throughout the tour of the facility. Twelve random staff were interviewed, and all reported that female staff announce themselves when first entering a housing unit and any area where a male inmate may be in a state of undress. More than half of the thirteen randomly selected inmates interviewed confirmed that female staff announce themselves when entering male housing

units. Some inmates were unsure because there are not a lot of females working in the facility but they were aware of the signs indicating what gender staff was on the unit. All twelve staff and all thirteen inmates report that inmates have the ability to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances. No one interviewed could recall circumstance where this occurred at Minimum Security Facility. This auditor finds that Minimum Security exceeds this element of the standard by identifying and implementing gender specific posts to reduce the probable occurrence of cross-gender viewing.

115.15 (e)

Rhode Island Department of Corrections policy 9.14-8 Detecting and Confiscating Contraband on or in the Possession of Inmates/Detainees explicitly states that frisk and/or strip searches are not to be conducted for the sole purpose of determining an inmate's gender. Rhode Island Department of Corrections' Standard Operating Procedure, Identification, Treatment, and Management of Transgender and Intersex Inmates outlines the procedures for determining the gender status of an inmate. Questions of an inmate's gender identity or gender expression shall only be asked for the purpose of making intake and housing assignments, classification, programming, providing health care and health assessments, or where information is necessary to ensure the safety, security, and order of inmates, staff, visitors, the facility, and the community. All questions shall be asked in a respectful manner to preserve confidentiality. This SOP outlines the process for determining an inmate's gender. Upon intake the officer will take into consideration the inmate's appearance and behavior, inmate's self-report, information provided by the arresting/transporting agency, and inmate's documented history. If the inmate's gender is still undetermined a referral to medical will be done. A clinician will do an examination at this time to determine gender. Transgender and Intersex inmates are also afforded the opportunity to complete a Statement of Search Preference Form to state what sex they prefer to conduct searches of their person. All staff interviewed stated that they were aware of the facility policy that they were not to search or physically examine an inmate solely to determine their genital status. This auditor finds that Minimum Security Facility is compliant with element e. of this standard.

115.15 (f)

Minimum Security Facility reports that 100% of their security staff received training on conducting pat down searches for transgender and gender dysphoria inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The training provided to all staff is computer based and created by The Moss Group, Inc. The training was created in partnership with the PREA Resource Center and is titled "Guidance in Cross-Gender and Transgender Pat Searches." The training meets all of the standards set forth in the PREA Standards. This auditor met with the training academy staff and discussed pat down search training. The training academy staff report that pat down search training is done in person annually and appropriate cross-gender or transgender/intersex pat search is always reviewed. All twelve staff interviewed report receiving cross-gender, transgender and gender dysphoric inmates pat down search training annually, several staff showed this auditor the proper way to conduct such a search with their hands in the air mimicking the movements with the proper hand position. This auditor finds that Minimum Security Facility is compliant with element f. of this standard.

This auditor finds that Minimum Security Facility is compliant with all elements of 115.15.

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

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

115.16 (a)

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.16 (a)

The Rhode Island Department of Corrections PREA Policy 9.49-5 states that inmates with disability shall be given 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. The RIDOC Inmate Grievances policy (13.10-4 DOC) states that special provisions are made to ensure access for inmates with a language barrier, disability, or impairment. While on-site this auditor was shown the braille versions of the required PREA documentation. This auditor finds that Minimum Security Facility makes all appropriate efforts to ensure 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 those who are deaf or hard of hearing, blind or have low vision, have intellectual disabilities, psychiatric disabilities, speech disabilities, and other learning disabilities. An inmate who was hard of hearing, had psychiatric disabilities, and vision impairment reported that all information provided to him regarding PREA was easy for him to understand and if he needed help he knew could ask for it. Two other inmates interviewed reported having a learning disability, stated that all information they received from the facility regarding PREA was able to be understood. A hard of hearing inmate interviewed report the same. The review of policies, documentation, on-site observations, and inmate interviews indicate that Minimum Security Facility is compliant with provision a. of this standard.

115.16 (b)

Rhode Island Department of Corrections has a Policy and Procedure for Limited English Proficiency (LEP) Individuals (1.13-1 DOC) which address how the department ensures effective communication with LEP inmates. The Rhode Island Department of Corrections has a LEP Coordinator responsible for overseeing and directing language services, including applicable contracts and provides meaningful access for LEP persons to the services and benefits Rhode Island Department of Corrections provides in all department conducted programs or activities. Each facility is assigned a LEP Monitor who oversees the coordination of LEP services in the assigned facility. Minimum Security Facility Building Specific Procedure "PREA Awareness Upon Commitment to Minimum Security to Include Limited English Proficient Inmates" was reviewed by this auditor. The procedure outlines the process Minimum Security Facility utilizes to ensure that all inmates including LEP inmates, receive the RIDOC PREA pamphlet regarding sexual abuse and harassment and how to report incidents of such, the Day One pamphlet, and provide the inmates with the PREA Orientation in a format they can understand. Other documentation provided to this auditor for review includes PREA Orientation video transcripts in various languages, LEP monitoring data collection sheets, Day One and PREA pamphlets in various languages and in audio format. This auditor tested the contracted language line to ensure it was active. Most interpreter services are in Spanish and provided by staff who test to become translators within the department. This auditor observed signage in both English and Spanish throughout the facility. An interview with the Agency Head's Designee confirmed that PREA related materials are provided in various languages. Two LEP inmates were interviewed and both report receiving all information in Spanish and stated that staff interpreters help them if they request it. This auditor finds that Minimum Security Facility exceeds compliance with provision b. of this standard.

115.16 (c)

The Rhode Island Department of Corrections PREA Policy states that the use of inmate interpreters, inmate readers, or inmate assistants is prohibited unless in limited circumstance where a delay in services would result in compromising the inmate's safety, first responder duties, or the investigation. All twelve random staff interviewed report that inmate interpreters, inmate readers, or other types of inmate assistants are never used in investigations including any PREA Investigations. Minimum Security Facility is compliant with provision c. of this standard.

This auditor finds that Minimum Security exceeds compliance with this standard. The RIDOC has a staff interpreter program to identify and test staff who wish to be interpreters. The LEP program at the RIDOC is unique in that it not only provides staff interpreters but tests them to ensure they are qualified. The LEP program provided, in conjunction with the language line available, and the various formats of PREA materials available to RIDOC inmates as evidenced through interview, documentation review, and observation while on site indicates that RIDOC excels at ensuring all inmates are provided with materials they can understand.

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 who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether 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.

115.17 (a)

The Code of Ethics and Conduct and the RIDOC PREA Policy states that the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or

administratively adjudicated to have engaged in such activity. Minimum Security Facility is found to be compliant with provision a. of this standard.

115.17 (b)

Two Human Resource staff were interviewed during the on-site audit. HR staff confirmed that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with inmates. Minimum Security Facility is compliant with provision b. of this standard.

115.17 (c)

RIDOC PREA Policy states that the department shall conduct background checks on all applicants and employees prior to hiring and promotion. Policy 3.32 Pre-Employment Background Investigations outlines the pre-employment background investigation process. RIDOC Adult Probation and Parole Unit conducts new employee background investigations. The Chief of Internal Affairs was interviewed and he reported that the facility performs criminal record background checks for all newly hired employees who may have contact with inmates and those employees who are considered for promotion. Promotional background checks are done by Internal Affairs and Adult Probation and Parole does the background checks for new hires to the Department. This auditor was provided with copies of employee background checks to review while on-site. It was reported that 100 percent of employees hired by the Department in the last twelve months have received background checks. Minimum Security Facility is compliant with provision c. of this standard.

115.17 (d)

9.23-3 Access to ACI Facilities states that all non-RIDOC employees must complete an Access to Facilities Application where a criminal background check will be conducted prior to issuance of access to any facility. As per Human Resources Staff interviewed and Internal Affairs, Records and ID conducts these background checks. This auditor was provided with copies of background checks for contractors and volunteers while on-site. It was reported that 100 percent of all contractors and volunteers who have access to the facility and inmates in the last twelve months received background checks. Minimum Security Facility is compliant with provision d. of this standard.

115.17 (e)

While on-site this auditor was provided with a sampling of random background checks to include contractors, staff promotions, new hires, and staff of varying positions. Background checks are run every five years for employees and every two years for contractors and volunteers. The PREA Policy states that all volunteers and contractors shall have background checks conducted every two years and all RIDOC employees will have background checks completed every five years. The HR staff confirmed that staff background checks are completed every five years and every two years volunteers and contractors have background checks completed. The badging system triggers these background checks. Minimum Security Facility is compliant with provision e. of this standard.

115.17 (f/g)

The Rhode Island Department of Corrections Code of Ethics and Conduct states that all applicants and employees who have contact with inmates will be asked about previous misconducts in written applications and interviews when hiring and promoting. RIDOC also imposes upon employees a continuing affirmative duty to disclose any such misconduct. An interview was conducted with two Human Resources staff regarding background checks and hiring processes. HR staff interviewed confirm that background checks are conducted at time of hire and prior to promotions. The RIDOC PREA Questionnaire for all new employees was reviewed by this auditor and was found to ask the appropriate questions regarding history of sexual misconduct. The RIDOC Hiring Manual states that the PREA Questionnaire must be completed prior to the start of the interview. The Hiring Manual also identified Adult Probation and Parole as being the Unit responsible for background checks of new employees. The RIDOC PREA Policy also states that the PREA Questionnaire is required prior to hire or promotion. HR staff stated that all applicants and employees are

asked about previous sexual misconduct in written applications for hiring or promotion. HR Staff stated that all staff are provided with the code of ethics and the training academy keeps records of all trainee's initial signed acknowledgement of the Code of Ethics. Within the Code of Ethics is the continuing affirmative duty to disclose any such previous sexual misconduct as well as any off-duty arrests. This auditor finds that Minimum Security Facility is compliant with provisions f/g of this standard.

115.17 (h)

Internal Affairs provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees when they apply for work at another institution. As per the Chief of Internal Affairs a waiver is signed and provided, therefore IA has no restriction on what they can share regarding PREA. Minimum Security Facility is compliant with provision h. of this standard.

After review of policy, procedure, additional documentation provided, staff interviews, and review of records on-site this auditor find Minimum Security Facility compliant with all elements of 115.17.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.18 a.b.

There have been no substantial expansions or modifications to Minimum Security Facility nor were there any installations or updates to the video monitoring system, electronic surveillance system, or other monitoring technology.

The Warden was interviewed and confirmed the above. The Warden stated that when minor changes are made to the facility layout the PREA Coordinator is very much involved specifically to review for blind spots and privacy. The Warden also stated that there has been no upgrades to the camera system or electronic monitoring system, despite their requests it has not been budgeted.

An interview was conducted with the Assistant Director of Administration, acting as the designee of the Agency head for the Rhode Island Department of Corrections. He stated that when planning for substantial modifications to facilities the agency considers line of sight issues, where electronic or camera surveillance is placed, staffing needs, security posts, where non-security staff is posted, sound and sight separation if necessary. The Assistant Director stated that the agency's use of monitoring technology is used to enhance the protection of inmates from incidents of sexual abuse but it is a supplemental aid, there is no substitute for staff presence. He further stated that cameras are prevalent in all RIDOC facilities and used for investigatory purposes.

Minimum Security Facility is compliant with all elements of 115.18.

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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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.

115.21 (a)(b)

RIDOC's PREA Policy states that the Special Investigations Unit (SIU) investigates all allegations of inmate-on-inmate sexual abuse and sexual harassment, and the Office of Inspection (OI) investigates allegations of sexual abuse and sexual harassment of inmates involving staff, volunteers, and contractors. The PREA Policy also states that all allegations are investigated thoroughly by SIU, OI, or the Rhode Island State Police (RISP) when indicated. 9.50 RIDOC Office of Inspection policy and procedure outlines the role of the Office of Inspection in investigating staff misconduct. Twelve random staff were interviewed, and all were able to identify that SIU, OI, and RISP conduct sexual abuse investigations for the facility.

9.16-1 RIDOC Procedure for Protecting, Gathering, and Preserving Evidence establishes the policy and procedures for the systematic protection, acquisition, and preservation of evidence from crime scenes within the RIDOC facilities. 9.16-1 outlines the process from notification, to securing the scene, obtaining photographs, preserving the evidence, and logging the evidence. All twelve random staff interviewed were familiar with the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. Staff responded by stating that they must separate the victim from the perpetrator, do not let them wash, eat or drink, use the bathroom, or change clothing, secure the scene, use paper bags to bag clothing. While on-site the Special Investigations Unit Chief showed this auditor the "PREA Bag," which included all necessary tools to collect evidence for a sexual abuse investigation. RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations was reviewed by this auditor and it is in line with all appropriate responses and investigatory requirements of the PREA Standards. Minimum Security Facility is compliant with provision a and b of this standard.

115.21 (c)

Minimum Security Facility does not offer forensic medical examinations on-site. All inmates requiring forensic medical examinations are taken to a local hospital where a SANE/SAFE or other qualified medical professional completes the examination. Minimum Security Facility reports no occurrences of a need for forensic medical examinations in the last twelve months. A review of the investigatory files for Minimum Security Facility indicate that no forensic medical examinations were warranted. Minimum Security Facility is compliant with provision c. of this standard.

115.21 (d)(e)

Emotional support services are provided to inmates involved in incidents of sexual abuse within the facility by Counseling and Psychotherapy Center (CPC). These services are contracted between CPC and RIDOC. This auditor was provided with and reviewed said contract. Interviews were conducted with two staff from CPC who manages the contract with RIDOC. They both confirmed that they have a contract in place with RIDOC for emotional support services for victims of sexual abuse. The staff stated that they meet with everyone referred by the PREA Coordinator for services and allow them to either accept or decline services. A CPC staff will accompany alleged victims during investigatory interviews and court proceedings if requested, provide emotional support as requested, crisis intervention, information on resources in the community and regarding sexual abuse, and provide all other relevant referrals. The services are provided in-person, on-site, only once do they recall doing it over the phone and that was due to COVID-19. CPC has Spanish speaking emotional support staff and any other languages needed they would utilize the language line. Two inmates who reported sexual abuse were asked if they were able to contact anyone after the allegation. One reported that a counselor from CPC came to see them and offered services and provide contact information for follow ups as needed and the other inmate reported he did not wish to speak to anyone. Minimum Security Facility is compliant with provision d. and e. of this standard.

115.21 (f)

This auditor was provided with a copy of the Memorandum of Understanding (MOU) between Rhode Island State Police (RISP) and Rhode Island Department of Corrections (RIDOC) stating that RISP will conduct all criminal investigations of sexual abuse or misconduct within the RIDOC. The MOU also states that when conducting such investigations within RIDOC, RISP will follow a uniform evidence protocol that maximizes the potential of obtaining usable physical evidence. The MOU states that RISP will allow a victim advocate to accompany and support an alleged victim of sexual abuse through the forensic medical examination and investigatory interviews. The following policies were also reviewed by this auditor Rhode Island State Police procedure on Collection, Preservation, and Analysis of Evidence; Rhode Island State Police procedure on Criminal Investigations, Rhode Island State Police procedure on Major Crimes Investigations. This auditor found all RISP Procedures reviewed to be in compliance with elements a through e of this standard. The PREA Compliance Manager explained that if an inmate is sent to the hospital for a forensic medical examination Day One is contacted by the hospital to provide advocacy services. The PREA Coordinator refers all alleged victims of sexual abuse to Counseling and Psychotherapy Center (CPC) for emotional support services which are provided on-site within the RIDOC facilities. Investigative files were reviewed for all PREA Incidents. This auditor found all files to be organized and include all appropriate referrals. Minimum Security Facility is compliant with provision f. of this standard.

115.21 (h)

The Minimum Security Facility utilizes Day One therefore this provision is not applicable.

This auditor finds that Minimum Security Facility is compliant with all provisions of this standard.

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 the policy 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.

115.22 (a)

The Rhode Island Department of Corrections ensures that all investigations are completed for all allegations of sexual abuse and harassment. As evidenced by policy/procedure, an interview with the agency head's designee, and review of investigation files while on-site. The RIDOC PREA Policy states that all allegations of sexual abuse and sexual harassment are to be thoroughly investigated and where warranted proportional sanctions up to and including prosecution are implemented. PREA related allegations are referred to the Special Investigations Unit (SIU) or the Office of Inspection (OI) if it involves staff. The PREA Policy states that the Chief Investigator of SIU and Chief Inspector of OI is responsible for ensuring there is a timely response to all PREA related incidents and that a comprehensive investigation is completed. If there is evidence to support criminal prosecution Rhode Island State Police (RISP) is immediately notified. Minimum Security Facility reports that four allegations of sexual abuse and sexual harassment were received in the 12 months prior to this audit, all four resulted in an administrative investigation, none were criminal and all were completed. The Agency Head's Designee stated that the Special Investigation Unit (SIU) and Office of Inspection (OI) conducts all administrative investigations and liaisons with the Rhode Island State Police (RISP) for all criminal investigations. The Agency Head Designee stated that there are two state police detectives assigned to the Department of Corrections responsible for conducting all RIDOC investigations. This allows for continuity and consistency as well as better communication. The Agency Head Designee assured the auditor that all allegations of sexual abuse and sexual harassment are completed in their entirety. A review of all investigation files shows that SIU and OI comprehensively review and investigate each allegation. A routing check list is within each file involving staff to indicate all required parties reviewed the investigation, these required parties include the Office of Inspections' Chief, the Assistant Director of Administration, and the Director of the RIDOC. All investigation files for incidents not involving staff include a memo from the Chief of the Office of Inspections indicating whether or not staff's failure to act or inaction contributed to the abuse. All files reviewed also contained a copy of the notification of outcome. This auditor finds Minimum Security Facility to be in compliance with provision a. of this standard.

115.22 (b)(c)

RIDOC has a policy and practice in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to an agency with legal authority to conduct criminal investigations. RIDOC refers all criminal investigations to Rhode Island State Police (RISP). The Memorandum of Understanding (MOU) between Rhode Island Department of Corrections (RIDOC) and Rhode Island State Police (RISP) states that once a report of sexual harassment or sexual abuse is received the RISP will immediately forward it to the RIDOC Chief of Inspections for SIU and the Chief Inspector for OI. The MOU also states that when investigating criminal misconducts of sexual abuse or sexual harassment the RISP will notify RIDOC of the results of that investigation upon completion. The MOU also states that nothing shall prevent RISP from keeping RIDOC staff informed of the progress of its investigation prior to completion. 9.31-5 Reporting of Events is the policy and procedure that outlines how staff are to report unusual events. The policy states that staff are required to submit reports in writing of any unusual incident, and it must be completed by the end of the staff member's shift on the date the incident occurred. These reports must be filed with a shift commander. 9.50 Office of Inspection outlines the structure, responsibilities, and purpose regarding the operations of the Office of Inspection. The RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations outlines the procedures when responding to and investigating any allegations of sexual abuse by inmates within an RIDOC facility. This auditor also reviewed a memo dated 12/20/2016 from PREA Coordinator stating the Office of Inspections' Chief will review all PREA related incidents to determine if staff inaction or action participated in or contributed to the event. The interview with the Agency Head Designee also confirmed that RISP conducts all criminal investigations for RIDOC in collaboration with the SIU and OI. The interviews, MOU, and various policy and procedures outline the roles and responsibilities of all investigatory parties from line-staff to RISP. This auditor finds Minimum Security Facility to be in compliance with provisions b and c of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.31 (a)

Minimum Security Facility provides all required training as per 115.31 (a.) as evidenced by staff interviews, documents review, and policy review. 9.49-5 PREA Policy states that all RIDOC employees shall receive training which includes all of the elements outlined in 115.31. This auditor was provided with a copy of the PREA Training, Refresher Training, and Refresher Information handouts. This auditor finds all employee PREA Training materials to be in compliance with this standard. All twelve random staff interviewed report being provided with annual PREA Training or information and affirmed all training elements outlined in 115.31 (a) are addressed within the training. This auditor finds Minimum Security Facility to be in compliance with provision a. of this standard.

115.31 (c.)

This auditor reviewed the training and it is tailored to both genders as RIDOC houses both males and females at it's facilities. Minimum Security Facility is compliant with provision b. of this standard.

115.31 (c.) (d.)

9.49-5 PREA Policy states that the training academy shall maintain a record of all individuals who receive PREA Training, PREA Refresher Training, PREA Specialized Training, and PREA Refresher Information. The RIDOC verifies through employee signature that employees understand the PREA Training they receive. Employees receive biannual training on PREA and years where they do not receive a refresher training, they are provided with a PREA Refresher Information handout. It is reported that 100 percent of staff have received PREA Training. This auditor reviewed a sampling of six employee training files and finds adequate documentation and that training was completed for PREA on a biannual basis. This auditor was also provided with a copy of the PREA Information Acknowledgement form which is signed by all staff, volunteers, and contractors stating that the facility has a zero tolerance policy for sexual abuse and sexual harassment. Minimum Security Facility is compliant with provisions c. and d. of this standard.

This auditor finds Minimum Security Facility to meet all provisions of this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.32 (a)

Rhode Island Department of Corrections ensures that all contractors and volunteers who have contact with inmates receive training on their responsibilities under the RIDOC PREA policy. RIDOC PREA Policy states that volunteers, contractors, and interns who have contact with inmates shall be trained on their responsibilities relating to RIDOC's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. One contracted provider was interviewed during the on-site phase of this audit. The contracted employee verified that PREA Training was required and received, and it included what her responsibilities were regarding sexual abuse and harassment prevention, detection, and response. She stated that the training defined what sexual abuse and harassment were, what the policies and procedures for RIDOC were, and that the RIDOC had a zero tolerance policy for sexual abuse and harassment. She stated that's he was trained on how to report such incidents and explained to this auditor how she would go about reporting. Minimum Security Facility is compliant with provision a. of this standard.

115.32 (b)

It is reported that 100 percent of all contractors and volunteers who have contact with inmates have been provided with training on their responsibilities under the RIDOC PREA policy. This auditor was provided with and reviewed a copy of the training provided and find it to meet all provisions of the standard. Minimum Security Facility is compliant with provision b. of this standard.

115.32 (c.)

The RIDOC Training Academy maintains all training records for volunteers and contractors. This auditor reviewed one contractor training file and found the appropriate documentation for PREA Training completion. All RIDOC contractors, volunteers, and interns must complete the PREA Acknowledgement form indicating that they understand the Department's zero tolerance policy for sexual abuse and harassment. Minimum Security Facility is compliant with provision c. of this standard.

This auditor finds Minimum Security Facility to be compliant with all provisions of this standard.

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 the comprehensive education referenced in 115.33(b)? 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.

115.33 (a)

As per the RIDOC PREA Policy during intake within the RIDOC inmates receive comprehensive PREA information on the Department's zero tolerance policy for sexual abuse and sexual harassment outlining how to report incidents or suspicions of sexual abuse and sexual harassment. When inmates are moved into Minimum Security Facility from other RIDOC facilities they receive facility specific PREA information at intake. The facility commitment room officer reported that during intake he provides inmates with PREA information. The commitment officer reports that the inmates must sign that they have received and understand the information. The officer reports that he provides inmates with the PREA information immediately upon intake and then within five days they receive a facility orientation. All thirteen random inmates interviewed report receiving information on the zero-tolerance policy and how to report incidents of sexual abuse and harassment immediately upon intake into Minimum Security Facility. This auditor was provided a copy of the handout received at intake. Minimum Security facility is compliant with provision a. of this standard.

115.33 (b)

As per the RIDOC PREA Policy, within 30 days of intake to a facility, the facility shall provide comprehensive education to inmates regarding PREA. This auditor found that within two weeks after arriving at Minimum Security Facility, inmates receive orientation which includes a PREA video. The orientation video provides comprehensive education on the inmate's right to be free from sexual abuse and sexual harassment, retaliation for reporting such incidents, and the agency's policies and procedures for responding to such incidents. The commitment officer was interviewed and confirmed this as did all twelve random inmates interviewed. This auditor reviewed the orientation video transcript and find it to be in compliance with requirements of this standard. Minimum Security Facility is compliant with provision b. of this standard.

115.33 (c.)

All inmates receive the PREA information and orientation at Department Intake and when transferred to another facility within RIDOC the facility specific PREA information and orientation is provided. Policy 1.11-7 Inmate Communications outlines the inmate orientation program. The commitment officer was interviewed and confirmed this as did all twelve random inmates interviewed. The inmates reported receiving this orientation within one to two weeks of arrival at Minimum Security Facility. This auditor finds Minimum Security Facility to be compliant with provision c. of this standard.

115.33 (d)

The RIDOC provides PREA education to inmates in various formats to not exclude any population based on language barrier, physical or cognitive impairment, or any other disability. 1.11-7 Inmate Communications policy states that bilingual staff members or printed materials in the specific language will be provided to inmates on the facility orientation communications for limited English proficient inmates. Minimum Security Facility Building Specific Procedure "PREA Awareness Upon Commitment to Minimum Security to Include Limited English Proficient Inmates" outlines the facility procedures for identifying and providing information to LEP inmates in a format they can understand. This auditor was provided with and reviewed various formats of the inmate education to include an audio version, spanish version, video version with subtitles, and while on-site the PREA Coordinator showed this auditor the braille versions. This auditor finds Minimum Security Facility to be in compliance with provision d. of this standard.

115.33 (e.)

RIDOC maintains documentation of inmate participation in the orientation education session. 1.11-7 Inmate Communications policy states that all facilities are to document in writing every inmate's attendance at orientation or when receiving orientation materials. The commitment officer also stated that all inmates must sign that they received the information at intake. This auditor finds Minimum Security Facility to be in compliance with provision e. of this standard.

115.33 (f)

The RIDOC ensures that key information such as reporting mechanisms and the zero tolerance policy statement is continuously and readily available to all inmates. This auditor observes posters throughout the facility stating the Department's zero tolerance policy for sexual abuse and harassment as well as how to report such incidents. All inmate telephones have contact information on them for reporting incidents of sexual abuse and sexual harassment. This auditor finds Minimum Security Facility to be in compliance with provision f. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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 receive 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.

115.34 (a)

The RIDOC PREA Policy states that in addition to the general PREA training provided to all RIDOC employees, the RIDOC requires all investigators to complete specialized training in conducting sexual abuse investigation in a confinement setting. There are fourteen investigators currently employed by RIDOC. All fourteen are reported to have received this specialized training. Two investigative staff were interviewed and both report receiving this specialized training. Minimum Security Facility is compliant with provision a. of this standard.

115.34 (b)

As per the RIDOC PREA Policy the Specialized PREA Investigator training must consist of techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, evidence collection, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. This auditor reviewed the specialized training provided to investigators. The training provided was developed by the Moss Group and meets all requirements of the standard. Both investigators interviewed report that the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warning, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. Minimum Security Facility is compliant with provision b. of this standard.

115.34 (c.)

As per RIDOC PREA Policy, documentation of that PREA Specialized Investigator training is maintained in the employee training files at the training academy. This auditor reviewed a sampling of files, to include those of investigators where it is documented that the training was completed. Minimum Security Facility is compliant with provision c. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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.

115.35 (a)

As per the RIDOC PREA Policy all full- and part- time medical and mental health care practitioners who work for RIDOC have been trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to and whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews conducted with medical and mental health staff on site verify that the specialized training was completed in addition to the general PREA staff training. The specialized training as per the two mental health and medical staff

interviewed, consists of all the information required by this standard. Minimum Security Facility is compliant with provision a. of this standard.

115.35 (b)

Forensic medical examinations are conducted at the local hospital, not on-site. This provision is not applicable to Minimum Security Facility.

115.35 (c.)

As per RIDOC PREA Policy, documentation of PREA Specialized training for Medical and Mental Health care is maintained in the employee training files at the training academy. This auditor reviewed a sampling of files, to include those of medical and mental health care staff where it is documented that the training was completed. Minimum Security Facility is compliant with provision c. of this standard.

115.35 (d)

All medical and mental health care staff either employed or contracted also must complete mandated PREA training as per 115.31 and 115.32. This is documented in the training files maintained by the RIDOC Training Academy. This auditor reviewed such files and find that Minimum Security Facility is compliant with this provision of the standard. Minimum Security Facility is compliant with provision d. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as 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, as 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, as 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.41 (a)

9.33-6 Inmate Housing Assignments policy states that all 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 towards other inmates. Minimum Security Facility Standard Operating Procedure "Housing for General Population Inmate/PREA" states that all inmates are screened for risk of being sexually abused by other inmates and risk of being sexually abusive towards other inmates prior to transfer to the facility. The PREA Coordinator and PREA Compliance Manager confirmed that this policy is adhered to. Minimum Security Facility is compliant with provision a. of this standard

115.41 (b)

As per Minimum Security Facility Standard Operating Procedure "Housing for General Population Inmate/PREA" the inmates are screened prior to transfer to the facility. The interview with the PREA Coordinator and PREA Compliance Manager verify that this is the practice of the RIDOC. The PREA Coordinator showed the auditor on-site how the system will not allow the inmate to be transferred until the PREA Risk Screening is completed. Minimum Security Facility is compliant with provision b. of this standard

115.41 (c.)

The screening instrument was reviewed by this auditor and found to be objective. Minimum Security Facility is compliant with provision c. of this standard.

115.41 (d)

The PREA Risk Screening tool was reviewed by this auditor. The screening considers all required criteria of this standard. Minimum Security Facility is compliant with provision d. of this standard.

115.41 (e.)

This auditor reviewed the PREA Risk Screening tool and found that it does consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Minimum Security Facility is compliant with provision e. of this standard.

115.41 (f)(g)

9.33-6 Inmate Housing Assignments policy states that within 30 days of arrival at the facility the inmate is to be reassessed for risk of victimization or abusiveness. The PREA Compliance Manager at the Minimum Security Facility ensures these 30 day reviews are completed. A report is printed weekly indicating what inmates are due for a 30 day review. This ensures that the reviews are completed timely. 9.33-6 also states that risk levels shall be reassessed when warranted due to referral, request of the inmate, incident of sexual abuse, and receipt of additional information since the initial screening. Of the thirteen random inmates interviewed, twelve reported entering the facility within the last twelve months 83% recall being screened at intake, and 44% remember being asked the questions similar to those at intake again while being at Minimum Security Facility. The PREA Coordinator explained that the questions are asked verbally within 30 days of arrival at the facility and they are asked if they feel unsafe or are having adjustment issues. After reviewing the 30 day report provided to the PREA Compliance Manager indicating who is due for a 30 day review and the fact that the transfer cannot be completed until the box for the transfer review is checked, this auditor finds that Minimum Security Facility is compliant with provisions f. and g. of this standard.

115.41 (h)

9.33-6 Inmate Housing Assignments policy states that no inmate is to be disciplined for refusing to answer screening questions. The PREA Compliance Manager confirmed that inmates cannot be disciplined for

refusing to answer risk screen questions. Minimum Security Facility is compliant with provision h. of this standard

115.41 (i)

The PREA Color Codes Procedure states that inmate color code assignments are to be kept confidential. During interviews with the PREA Coordinator, PREA Compliance Manager, and the Deputy Warden for Intake it was explained that only specific staff members have access to the risk screening tool due to sensitivity of information and confidentiality. After interviews with various staff and review of documentation and policies, this auditor finds Minimum Security Facility to be in compliance with provision i. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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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115.42 (a)(b)

9.33-6 Inmate Housing Assignments policy states that the risk screening tool is used to ensure that housing of inmates is done in a systematic way to minimize the possibility of physical; or mental harm to inmates. The screening tool assesses risk of sexual abuse victimization and risk of being a victim of sexual abuse. The tool assigns a color code to the inmate which dictates who the inmate can share a cell or living space with. Minimum Security Facility Standard Operating Procedure "Housing for General Population Inmate/PREA" outlines how the count board officer utilizes the PREA Risk Screening information to determine housing assignment. RIDOC policy on the Color Codes was reviewed as well, which also indicates how the risk screening tool assigns colors to inmates based on risk and how that effects their housing assignments. The policies reviewed also state that these determinations are individualized for each inmate. The PREA Compliance Manager was interviewed and confirmed that the risk screening tool is used to assign colors to inmates which effect their housing assignments, bed assignments, work assignments, education assignments, and program assignments with the goal to reduce risk of victimization to those inmates who are vulnerable. Minimum Security Facility to be in compliance with provision a. and b. of this standard.

115.42 (c.)

The Rhode Island Department of Corrections Standard Operating Procedure (SOP) for the Identification, Treatment, and Management of Transgender and Intersex Inmates states that transgender and intersex inmates are housed based off of case-by-case reviews by the Transgender and Intersex Review Board. The RIDOC Transgender and Intersex Review Board conducts a risk assessment on each individual inmate who identifies as transgender or intersex to determine risk. The assessment considers the inmate's past disciplinary record, criminal history, physical appearance and size, and mental, physical and developmental disabilities of the inmate. Minimum Security Facility to be in compliance with provision c. of this standard.

115.42 (d)

The Rhode Island Department of Corrections Standard Operating Procedure (SOP) for the Identification, Treatment, and Management of Transgender and Intersex Inmates states that the Warden/designee shall reassess the placement and programming assignments of each transgender and intersex inmate every six months. The PREA Compliance Manager confirmed that the review is conducted every six months. Minimum Security Facility to be in compliance with provision d. of this standard.

115.42 (e.)

The Rhode Island Department of Corrections Standard Operating Procedure (SOP) for the Identification, Treatment, and Management of Transgender and Intersex Inmates outlines how transgender and intersex inmates are provided with a Gender Housing Request Form. RIDOC Gender Housing Request Form was reviewed. The form allows the transgender or intersex inmate the opportunity to express their preference as to where they are housed. The PREA Compliance Manager was interviewed and stated that the preference of transgender and intersex inmates is accounted for when determining housing and programming decisions for transgender and intersex inmates. Minimum Security Facility to be in compliance with provision e. of this standard.

115.42 (f)

The Rhode Island Department of Corrections Standard Operating Procedure (SOP) for the Identification, Treatment, and Management of Transgender and Intersex Inmates states that all transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PREA Compliance Manager confirmed this during his interview. Minimum Security Facility to be in compliance with provision f. of this standard.

115.42 (g)

Minimum Security Facility has no dedicated facility, unit, or wing for inmates who identify as transgender and intersex. This reported by facility staff and this auditor observed no such facility, unit, or wing during the on-site phase of the audit. Two inmates who identify as gay or bisexual reported that they have never been housed separately in an area where only LGBTI inmates were housed. Minimum Security Facility had no transgender or intersex inmates residing in the facility at the time of the audit. Minimum Security Facility to be in compliance with provision g. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.43 (a)(b)(c)(d)

12.01-2 Protective Custody for Inmates states that 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 there is no other available alternative means of separation from likely abusers. The policy further states that investigations with regard to risk of sexual victimization must be completed within twenty-four hours. The decision to house an inmate in protective custody must be documented. Minimum Security Facility does not have segregated housing as evidenced by the on-site observations made by this auditor and reported from the Department PREA Coordinator and Warden. Minimum Security Facility is compliant with provisions a. b. c. and d. of this standard.

115.43 (e.)

As per 12.01-2 Protective Custody for Inmates the status of all inmates placed in segregated housing for risk of sexual victimization must be reviewed every 30 days. There is no segregated housing available at the Minimum Security Facility as observed by this auditor and reported by the PREA Coordinator and Warden. Minimum Security Facility is compliant with provision e. of this standard.

This auditor finds that Minimum Security Facility complies with all requirements of this standard.

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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.

115.51(a)

Minimum Security Facility provides inmates with multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation for reporting such incidents, and staff neglect or violation of responsibilities which contributed to such incidents. Inmates are able to write correspondence to the facility chain of command as outlined in 1.11-7 Inmate Communications. As per RIDOC PREA Policy, inmates are able to verbally report incidents as stated above to all staff, call the Special Investigations Unit, Office of

Inspection, Rhode Island State Police, the Helpline, or ICE. The PREA Policy also states that inmates may write, call, or email any public or private entity not part of RIDOC to report. The RIDOC PREA Brochure provided to all inmates at intake further provides them with all methods of reporting. PREA notices posted throughout the facility also display various ways to report instances of sexual abuse and harassment. All twelve random staff interviewed were able to identify the various reporting methods for inmates. All thirteen random inmates interviewed were able to identify various ways in which they could report such incidents as well. Most inmates reported that they felt comfortable telling an officer. All were aware that they could make the report anonymously and in person or in writing. Minimum Security Facility is compliant with provision a. of this standard.

115.51(b)

PREA Policy states that inmates can contact the Rhode Island State Police (RISP). The MOU between RIDOC and RISP states that the RISP will accept calls from RIDOC inmates wanting to report alleged incidents of sexual abuse or harassment. Inmates are also provided with Day One brochures upon intake at the facility. The brochures include a helpline number which they can call if they should need help in regards to instances of sexual abuse. This auditor observed the various reporting methods while on-site. Telephone numbers were displayed on all inmate phone and reporting methods were noted on PREA Zero Tolerance signs throughout the facility. Minimum Security Facility is compliant with provision b. of this standard.

115.51(c.)

As per RIDOC PREA Policy staff must accept and act on all reported allegations of sexual abuse and sexual harassment. Staff are required to report up their chain of command and document the allegation as part of the investigation which begins immediately. Minimum Security Facility is compliant with provision c. of this standard.

115.51(d)

As per the RIDOC PREA Policy staff can privately report sexual abuse and sexual harassment, retaliation for reporting such incidents, and staff neglect or violation of responsibilities which contributed to such incidents through their chain of command or by directly contacting the Special Investigations Unit or Office of Inspections. All twelve random staff interviewed were able to identify how they would report sexual abuse or sexual harassment, retaliation, and staff neglect or violation of responsibilities which contributed to such incidents. Minimum Security Facility is compliant with provision d. of this standard.

Based off of observations while on-site, inmate and staff interviews, and review of policy, procedures and other supporting documentation this auditor finds Minimum Security Facility to be in compliance with all provisions of this standard.

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

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 13.10-4 Inmate Grievances exempts the reporting of sexual abuse or harassment from the grievance system. All reporting of sexual abuse and harassment is referred to the Special Investigations Unit or the Office of Inspections. Minimum Security Facility is exempt from the provisions of this standard.

Minimum Security Facility meets the requirements for this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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.

115.53 (a)

As per the PREA Policy RIDOC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Inmates are all provided with a copy of the Day One brochure upon intake as well as the PREA Brochure, which has contact information for advocacy services and the RIDOC has a contract with Counseling and Psychotherapy Center (CPC) to provide emotional support services to all inmates who are victims of sexual abuse within the facility. This auditor observed the contact number for DayOne help line on the telephones when on-site. The PREA Brochure and telephones also include the number for ICE. Calls to these numbers are not recorded and inmates do not need to enter their PINS for these numbers. As per the PREA Policy communication between victim advocacy organizations shall be provided in as confidential a manner as possible. Minimum Security Facility is compliant with provision a. of this standard.

115.53 (b)

As per the RIDOC PREA Policy inmates should be made aware of the extent to which communication will be monitored as well as mandatory reporting laws. Minimum Security Facility is compliant with provision b. of this standard.

115.53 (c.)

RIDOC has a contract with CPC to provide emotional support to all inmates who are victims of sexual abuse within the facility. This auditor was provided with a copy of that contract. This auditor also interviewed two staff from CPC who administer the contract for emotional support services. Both staff report providing services in the RIDOC facilities as needed. The staff reports that they receive a referral and meet in person with the inmate to offer services. The staff report that they provide on-going emotional support services as needed. Two inmates were interviewed who reported sexual abuse or harassment within the facility. One accepted services from CPC and noted that he has the ability to contact them whenever he needs them. Minimum Security Facility is compliant with provision c. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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.

115.54 (a)

Minimum Security Facility provides inmates with the PREA Brochure upon commitment to the facility, signage is hung throughout the facility as well which instructs inmates as to ways in which they can report sexual harassment and sexual abuse. These signs are also in the visitation area and the lobby of the facility to inform the public as to ways in which they can also report sexual abuse and sexual harassment as observed by this auditor while on-site. Interviews with random staff and random inmates regarding reporting methods all indicate that inmates and staff are aware that reports can be made by third parties and notifications will be made to the Special Investigations Unit and the Office of Inspections. The PREA Policy states that all staff must accept all forms of reports including third-party reports of sexual abuse and sexual harassment. The RIDOC website also provides information to the public on how to report sexual abuse and sexual harassment (i.e. phone numbers, emails, etc.) This auditor finds Minimum Security Facility to be in compliance with this standard due to observation, interviews, and policy and documentation review.

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.

115.61 (a)

RIDOC PREA Policy states that all staff members, contractors, volunteers, and interns are mandatory reporters and shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against inmates or staff who reported such incidents, and staff neglect or violation of responsibilities that contributed to an incident. All twelve random staff interviewed, and the contracted staff interviewed report being aware of this policy and identified the process for reporting. Minimum Security Facility meets all requirements of provision a. of this standard.

115.61 (b)

RIDOC PREA Policy states that other than reporting to the designated supervisor, Special Investigations Unit, or Office of Inspections, individuals shall not reveal any information regarding the incident reported to anyone other than to the extent necessary to make treatment, investigation, and other security management decisions. Twelve random staff were interviewed, and the contracted staff emphasized this during their interview when explaining the process for reporting incidents of sexual abuse, harassment, retaliation, or staff neglect or violation of responsibilities. Minimum Security Facility meets all requirements of provision b. of this standard.

115.61 (c.)

RIDOC PREA Policy states that medical and mental health staff must obtain informed consent to report past incidents of sexual abuse that did not occur in the facility, but they must also advise inmates of their duty to report and limits of confidentiality. One medical and one mental health staff member was interviewed. Both reported that they inform the inmates of their limits to confidentiality regarding the need to report incidents of sexual abuse within the facility and their need to obtain informed consent to report prior incidents that did not occur within the facility. Minimum Security Facility meets all requirements of provision c. of this standard.

115.61 (d)

As per the RIDOC PREA Policy if the inmate is under the age of 18 or considered a vulnerable adult, additional notifications must be made to the appropriate state agencies. The PREA Coordinator confirmed this is the practice during her interview. Minimum Security Facility meets all requirements of provision c. of this standard.

115.61 (e.)

All reports of sexual abuse and sexual harassment, including third party reports, are sent to the Special Investigations Unit for investigation. This is stated in the PREA Policy, confirmed by the investigators interviewed, the PREA Coordinator and PREA Compliance Manager interview, and a review of investigation files shows all reports are investigated. Minimum Security Facility meets all requirements of provision d. of this standard.

Medium Security Facility is in compliance with all provisions of this standard.

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.

115.62

Medium Security Facility takes immediate action to protect inmates when learning they are at substantial risk of imminent sexual abuse. All twelve staff interviewed and the Warden report that they would take immediate action by ensuring the inmate was separated from the alleged perpetrator and in a safe, non-threatening environment. The facility reports zero occurrences of this in the last twelve months. This auditor finds Medium Security Facility in compliance with this standard based on interviews and policy review of PREA Policy and 12.01-2 Protective Custody of Inmates policy.

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.

115.63 (a)

As per the RIDOC PREA Policy, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Special Investigation Unit (SIU) and the Office of Inspections (OI) shall notify the facility or appropriate office of the agency where the alleged sexual abuse occurred. The RIDOC Director's designee interviewed reviewed the process with the auditor when an inmate reports an incident of sexual abuse that occurred in another facility. The Director's designee stated that the SIU/OI would notify the appropriate institution in a timely manner. Minimum Security Facility is compliant with provision a. of this standard.

115.63 (b)

As per RIDOC PREA Policy the notification should be provided as soon as possible but no more than seventy-two hours after receiving the allegation. Minimum Security Facility is compliant with provision b. of this standard.

115.63 (c.)

The RIDOC PREA Policy indicates that such notifications will be documented by SIU and OI. Interviews were conducted with the Chiefs of SIU and OI and both Chiefs report documenting all allegations and steps taken including those allegations sent to other facilities. Minimum Security Facility is compliant with provision c. of this standard.

115.63 (d)

RIDOC PREA Policy states that upon receipt of notification from another facility that an inmate was sexually abused while incarcerated at RIDOC, notification will immediately be sent to the PREA Coordinator, SIU, and OI for investigation. Investigation will be in accordance with RIDOC PREA Policy and PREA Standards. The RIDOC Director's designee reported during his interview an example as to when this occurred and investigators were sent to the institution who contacted RIDOC in order to conduct interviews. Minimum Security Facility is compliant with provision d. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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.

115.64 (a)(b)

The RIDOC PREA Policy states that each facility under the RIDOC shall have a PREA Sexual Abuse Incident Coordinated Response Plan that outline actions to be taken in response to an incident of sexual abuse. The RIDOC Standard Operating Procedures for PREA Sexual Abuse Investigations outlines the duties of a first responder. The RIDOC staff are all issued a pocket card titled "PREA First Responder Responsibilities Sexual Abuse Allegation." While onsite conducting interviews and touring the facility, this auditor observed staff referencing these cards when asked questions by the auditor regarding their responsibilities. Procedure states and all twelve random staff interviewed and ten first responders interviewed stated that first the alleged victim and abuser are to be separated, then the supervisor is to be notified, the alleged victim is then to be escorted to a secure and non-hostile environment, the alleged perpetrator is to be escorted to disciplinary confinement, the crime scene is to be secured, the victim and perpetrator shall be monitored and notified to not take any actions that may destroy physical evidence, ensure the alleged perpetrator is under constant surveillance, an officer is assigned to secure the crime scene, notifications to SIU, OI, Warden, and submit an incident report. Of the two sexual abuse allegations in the last twelve months, both instances the first responder separated the alleged victim from the alleged perpetrator. Both allegations were responded to by preserving and protecting the crime scene and instructing the alleged victim and alleged perpetrator to not take any action that could compromise physical evidence. There were no occurrences within the last twelve month where a non-security staff was the first responder.

This auditor finds that Medium Security Facility is compliant with all provisions of this standard.

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.

115.65 (a)

Minimum Security Facility has a PREA Sexual Abuse Incident Coordinated Response Plan which outlines the duties of the first responder, shift commander or supervisor, Warden, Chief Inspector, Health Services staff, Mental Health Staff, SIU, and OI. The RIDOC SOP for PREA Sexual Abuse Investigations outlines the entirety of the investigation process for Sexual Abuse investigations. Interviews with investigative staff, and first responders indicates that a coordinated response is used with all allegations of sexual abuse. In interviews with staff they indicated referrals to medical and mental health, notifying SIU/OI, the Warden, and supervisors. A review of investigations files is further evidence that a coordinated response is in place at Minimum Security Facility. Each file shows the referrals to medical, mental health, and routes the investigation through the appropriate reviewers (OI, SIU, Warden, Director). This auditor finds that Minimum Security Facility is in compliance with this standard.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.66 (a)

This auditor was provided a copy of the most recent collective bargaining agreement between RIDOC and the Rhode Island Brotherhood of Correctional Officers. The Department reports that it prohibits entering into or renewing any collective bargaining agreement or other agreement that limits the department's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. As per the Agency head's designee interviewed while this auditor was on-site, the department has the ability to discipline or remove staff alleged to have been sexually abusive towards inmates as part of the Director's authority. Minimum Security Facility is in compliance with this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.67 (a)

The RIDOC PREA Policy outlines the department's policy regarding retaliation prevention and monitoring. The PREA Compliance Manager is responsible for retaliation monitoring at the Minimum Security Facility. This auditor was also provided with a PREA Retaliation Monitoring Training video for Retaliation Monitors. The training video reviews the standard, the requirements for retaliation monitoring, and what things to watch for when doing retaliation monitoring. Minimum Security Facility is compliant with provision a. of this standard.

115.67 (b)

Minimum Security Facility utilizes housing changes, facility transfers, and emotional support services to protect inmates from fear of retaliation as per the PREA Compliance Manager who is the designated staff responsible for retaliation monitoring. Minimum Security Facility is compliant with provision b. of this standard.

115.67 (c.)

Except in instances where the agency determines that the report of sexual abuse or sexual harassment is unfounded for at least 90 days following a report of sexual abuse or sexual harassment the agency monitors the conduct and treatment of inmates who reported and who have allegedly been victims of sexual abuse or sexual harassment . If it is found that retaliation may be occurring, it is immediately investigated. Disciplinary reports, housing changes, performance reviews for staff, and reassignments of staff are all reviewed as part of the retaliation monitoring process. As per the PREA Compliance Manager, such monitoring can continue past 90 days if warranted. Minimum Security Facility is compliant with provision c. of this standard.

116.67 (d)

As per the RIDOC PREA Policy and an interview with the PREA Compliance Manager retaliation monitoring includes periodic status checks. The PREA Compliance Manager states that he meets with the inmates usually once every two weeks to see how they are doing and if they are having any issues. Minimum Security Facility is compliant with provision d. of this standard.

115.67 (e.)

As per PREA Policy any individual expressing fear of retaliation will have protection measures afforded to them. Both inmates interviewed who reported incidents of sexual abuse or harassment in the facility stated that they felt safe and reported that the PREA Compliance Manager checked on them regularly to ensure there were no issues. Minimum Security Facility is compliant with provision e. of this standard.

Minimum Security Facility is compliant with all provisions of this standard as evidenced by the policies, document review, and interviews with staff and inmates.

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 12.01-1 Protective Custody for Inmates prohibits placing inmates who have alleged sexual abuse in involuntary segregated housing unless there are no other alternatives to keep inmate safe from likely abusers. Minimum Security Facility does not have segregated housing units or areas as evidenced by the on-site tour of the facility. Minimum Security Facility is compliant with this standard.

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.

115.71 (a)

As per the RIDOC PREA Policy the Special Investigations Unit (SIU) and Office of Inspections (OI) investigate all allegations of sexual abuse and sexual harassment within the RIDOC. Investigations are conducted promptly, thoroughly, and objectively, this includes third party and anonymous reports. A review of investigation files on-site indicates that thorough, objective, and prompt investigations are completed. All investigation files are organized in a manner that you can follow the timeline of the investigation. Interviews with investigative staff affirm that investigations are done in a timely manner, beginning immediately upon notification of the allegation. The two investigative staff interviewed also stated that anonymous and third party reports are handled the same way as any other report. Inmates who reported sexual abuse or harassment report that This auditor finds Minimum Security Prison to exceed at this provision. In review of investigation files it is evidenced that every allegation is looked at in a thorough and timely manner. Investigatory action begins immediately and investigations are completed in a timely manner. Inmates who

were interviewed throughout the on-site audit reported their confidence in the SIU and OI to be objective and thorough in their investigations. Staff interviewed report that SIU/OI take immediate action on all PREA allegations in a professional, thorough, and objective manner.

115.71 (b)

All fourteen investigators for the SIU and OI have received specialized training in sexual abuse investigations. This was evidenced by training records reviewed on-site and verified in interviews with investigatory staff. Two investigative staff interviewed report receiving this training. This auditor finds Minimum Security Facility to be compliant with this provision of the standard.

115.71 (c.)

Investigators gather and preserve direct and circumstantial evidence including any physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and witnesses. Prior reports and complaints of sexual abuse involving the suspected perpetrator are also reviewed. The investigation process is outlined in the RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations. This auditor reviewed this process with the two investigators interviewed and found them to be knowledgeable of the process. In review of PREA investigatory files, this auditor found further evidence of the evidence gathered throughout the investigation process. Investigation files included interviews, witness statements, alleged perpetrator's disciplinary history and criminal history, photographs, and video surveillance if available. This auditor finds Minimum Security Facility to be in compliance with provision c. of this standard.

115.71 (d)

As per the RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations, compelled interviews shall only be conducted after consulting prosecutors and when evidence appears to support criminal prosecution. This auditor finds Minimum Security Facility to be in compliance with provision d. of this standard.

115.71 (e.)

As per the RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations the credibility of an alleged victim, suspect, or witness statement shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. A review of investigation files involving staff is evidence that this is in practice as per procedure. Investigative staff interviewed stated that the credibility of the victim, suspect, or witness is based on a case-by-case review of the history of the alleged victims and perpetrators. This auditor finds that Minimum Security Facility is in compliance with provision e. of this standard.

115.71 (f)

As per the RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations, OI shall conduct administrative investigations and shall include an effort to determine whether staff action, or failures to act contributed to the abuse and shall be documented in written reports to include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Two interviews were conducted with investigative staff and both concur that the procedure as stated is followed. A review of the investigation files shows that all investigations are reviewed by OI to determine if staff inaction or failure to act contributed to the abuse. The administrative investigatory files are organized and thorough, containing all documentation involved in the investigation including a thorough investigation report outlining the investigation from start to finish, including descriptions of evidence collected and reviewed. This auditor finds that Minimum Security Facility exceeds the expectation of this provision of the standard.

115.71 (g)

As per the RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations, investigative staff interviews, and review of the PREA Investigation files, all criminal and administrative investigations are 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. This auditor finds that Medium Security Facility exceeded the expectation of this provision of the standard.

115.71 (h)

As per the RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations all substantiated allegations of conduct that appears to be criminal is referred for prosecution. The investigators interviewed stated that when it appears an allegation is criminal it will be referred to Rhode Island State Police (RISP) for criminal investigation. If substantiated, RISP will refer for prosecution. This auditor finds that Minimum Security Facility is in compliance with provision h. of this standard.

115.71 (i)

The RIDOC policy 5.01 Management of Semi-Active and Archival Records dictates how files are maintained. All written PREA investigatory reports go into the investigation system which is maintained forever. Written reports are therefore maintained for the course of the alleged abusers incarceration or employment, plus five years. This auditor finds that Minimum Security Facility is in compliance with provision i. of this standard.

115.71 (j)

As per the RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations and the interviews conducted with the Investigative Staff and the PREA Coordinator, all investigations are completed regardless of whether the alleged victim or the alleged perpetrator has left employment or control of the RIDOC. This auditor finds that Minimum Security Facility is in compliance with provision j. of this standard.

115.71 (i)

Rhode Island State Police (RISP) conducts criminal investigations within the RIDOC. The SIU and OI work closely with the RISP to stay informed and provide assistance as needed. The SIU and the OI are department wide entities within the RIDOC. SIU and OI conduct all PREA related investigations at initiation. The facility leadership work closely in collaboration with these Department wide units to ensure investigations are completed in a timely, concise, and professional manner. The two investigators interviewed, Warden, PREA Compliance Manager and PREA Coordinator Interview all verified that investigations are done in this manner and keep all parties notified of the investigation status, and cooperation is imperative. This auditor finds that Minimum Facility exceeds the expectation of this provision.

This auditor finds that Minimum Facility Exceeds at 115.71. Investigations are done promptly, in an organized well documented manner, meeting and exceeding all requirements of this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.72 (a)

As per the RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations and further validated by the two investigative staff interviewed, the preponderance of evidence standard shall be used in determining whether allegations of sexual abuse are substantiated. Minimum Security Facility is compliant with this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.73 (a)

As per RIDOC PREA Policy following an investigation into an allegation of sexual abuse of an inmate, Special Investigations Unit (SIU) and the Office of Inspections (OI) are to provide inmates with notification of the outcome of the investigation. This auditor reviewed all PREA Investigation files while

on-site and found a copy of these letters in each file. The two investigators, Warden, and PREA Coordinator interviewed state that inmates are always provided a copy of such letter at the conclusion of every PREA investigation. It is reported that three allegations of sexual abuse were made in the twelve-month reporting period for this audit. All three investigations have been completed and notifications were provided as per RIDOC policy and 115.73. This auditor finds that Minimum Security Facility is in compliance with provision a. of this standard.

115.73 (b)

As per RIDOC PREA Policy, if the SIU or OI did not conduct the investigation the investigation report is requested from the investigating agency and the SIU or OI reviews the report. Following review of the investigation report the SIU or OI sends a letter to the alleged victim. There were no investigations conducted by an outside agency within the twelve-month reporting period for this audit. This auditor finds that Minimum Security Facility is in compliance with provision b. of this standard.

115.73 (c.)

As per RIDOC PREA Policy, following an inmate's allegation that a staff member has committed sexual abuse against an inmate, Office of Inspections (OI) shall inform the alleged victim of when the staff member no longer works in the housing unit, no longer works at the facility, has been indicted on a charge related to sexual abuse within the facility, and when the staff member has been convicted of sexual abuse within the facility. Notifications such as this are not required if the allegation is unfounded. This auditor finds that Minimum Security Facility is in compliance with provision c. of this standard.

115.73 (d)

As per RIDOC PREA Policy, following an inmate's allegation of sexual abuse by another inmate the SIU shall inform the alleged victim whenever the alleged abuser is indicted and convicted on a charge of sexual abuse within the facility. This auditor interviewed two inmates who reported sexual abuse. One report was unfounded, the other reported that the inmate perpetrator was released, and he has not been made aware of any convictions or indictments. This auditor finds that Minimum Security Facility is in compliance with provision d. of this standard.

115.73 (e.)

As per RIDOC PREA Policy all notifications and attempted notifications pursuant to this standard must be documented. This was evidenced by the notification letters in the investigation files reviewed on site, and the one file which was reviewed where the inmate was released, and the documentation was present indicating the notification letter was sent via US Mail to the address on file.

Minimum Facility is compliant with all provisions of this standard.

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.

115.76 (a)

RIDOC PREA Policy states that all staff are subject to disciplinary sanctions up to and including termination and criminal prosecution for violating agency sexual abuse or sexual harassment policies. Minimum Security Facility is compliant with provision a. of this standard.

115.76 (b)

Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Code of Ethics and Conduct explicitly states that RIDOC maintains a zero tolerance policy for staff sexual misconduct and harassment towards offenders. Minimum Security Facility is compliant with provision b. of this standard.

115.76 (c.)

The RIDOC PREA Policy states that disciplinary sanctions for staff that commit acts of sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Minimum Security Facility reports zero occurrences of staff being disciplined or terminated for sexual abuse and sexual harassment within the twelve month reporting period for this audit. Minimum Security Facility is compliant with provision c. of this standard.

115.76 (d)

As per RIDOC PREA Policy all terminations for violations of sexual abuse and sexual harassment policies or resignations by staff who would have otherwise been terminated will be reported to law enforcement agencies unless the activity was clearly not criminal and to any relevant licensing bodies. Minimum Security Facility is compliant with provision d. of this standard.

Minimum Security Facility is compliant with all provision of this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.77 (a)(b)

As per RIDOC PREA Policy and 9.40-5 Procedures for Contractors at Institutional Facilities, any contractor, volunteer, or intern who engages in sexual abuse or sexual harassment shall be prohibited from contact with inmates, banned from entering RIDOC secure facilities, and reported to law enforcement and appropriate licensing bodies if the action was criminal. The PREA Coordinator and Warden discussed this process with the auditor. The facility badging system would flag the individual, therefore it would be assured that they could not access any RIDOC facilities. Minimum Security Facility is compliant with all provisions of this standard.

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)

- If the agency prohibits all sexual activity between inmates, 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.

115.78 (a)

RIDOC PREA Policy states that inmates who commit acts of inmate-on-inmate sexual abuse or sexual harassment shall be punished in accordance with the code of inmate discipline, up to and including criminal prosecution. The facility reports that there were no occurrences of inmates being found guilty of inmate-on-inmate sexual abuse within the twelve month review period for this audit. Minimum Security Facility is compliant with provision a. of this standard.

115.78 (b)

Policy 11.01-7 Code of Inmate Discipline categorizes offenses by class, each class of offenses is assigned an appropriate sanction. This auditor reviewed the Code of Inmate Discipline and finds that the various circumstances of sexual harassment and sexual abuse are all addressed appropriately within the policy, ensuring that the sanctions are commensurate with the nature of the circumstance of the abuse committed and commensurate with sanctions imposed on similar offenses by other inmates. The Code of Inmate Discipline addresses how the inmate's prior disciplinary history is taken into consideration for all offenses committed within RIDOC facilities. This auditor finds that Minimum Security Facility is in compliance with provision b. of this standard.

115.78 (c.)

As per the RIDOC PREA Policy and the Code of Inmate Discipline policy, when determining sanctions, the disciplinary process considers whether an inmate's disabilities or mental health contributed to the behavior. Minimum Security Facility is compliant with provision c. of this standard.

115.78 (d)

As per RIDOC PREA Policy and interviews with mental health staff, inmates who are found to be perpetrators of sexual abuse are offered mental health services and are referred to sex offender programming if they meet the criteria. The RIDOC PREA Policy states that therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the sexual abuse shall be considered when determining whether to allow inmates access to programming or other privileges. Minimum Security Facility is compliant with provision d. of this standard.

115.78 (e.)

The RIDOC PREA Policy states that inmates may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact. Minimum Security Facility is compliant with provision e. of this standard.

115.78 (f)

As per RIDOC PREA Policy and interviews with investigative staff and the PREA Coordinator, the department does not discipline inmates who make reports of sexual abuse in good faith. Minimum Security Facility is compliant with provision f. of this standard.

115.78 (g)

As per RIDOC PREA Policy, all sexual activity between inmates is prohibited and subject to disciplinary action. As per the policy all reports of sexual activity between inmates are documented as a possible PREA incident and investigated as such. If it is found that the sexual activity was consensual it will not be found to be sexual abuse. Minimum Security Facility is compliant with provision g. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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.

115.81 (a)(b)(c.)

As per RIDOC policy 18.30-2 Receiving Screening and Mental Health Evaluation of New Commitments, states that inmates identified during intake and commitment screening to have experienced prior sexual victimization or perpetrated sexual abuse in the community or within an institutional setting are to be referred to a medical or behavioral health practitioner with fourteen days and offered a follow-up meeting. Four inmates were interviewed who reported prior sexual victimization during their risk screening. All four reported that they received mental health services within the week of intake and two of them have continued

mental health services since their intake on a regular basis. The facility reports that all inmates who reported victimization were referred to medical or mental health services to be offered follow up services. This auditor finds Minimum Security Facility to be in compliance with provisions a. b. and c. of this standard.

115.81 (d)

As per RIDOC PREA Policy staff shall not reveal any information regarding sexual abuse to anyone other than to the extent necessary for treatment, investigation, and other security and management decisions. This auditor finds Minimum Security Facility to be in compliance with provisions e. of this standard.

115.81 (e.)

As per RIDOC PREA Policy and the two medical and mental health staff interviewed, medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior incidents of sexual victimization that did not occur in an institutional setting. This auditor finds Minimum Security Facility to be in compliance with provisions e. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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.

115.82 (a)

RIDOC PREA Policy states that inmate victims of sexual abuse while incarcerated shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the scope of which is determined by medical and mental health services in accordance to their professional judgment. Both mental health and medical staff interviewed confirm this. Both report that inmates who are alleged victim's of sexual abuse are seen immediately by medical (within an hour) and as soon as possible by mental health staff. All three inmates interviewed who reported sexual abuse or harassment stated that they received timely follow up with both medical and mental health. This auditor reviewed investigation files which include referrals to medical and mental health. The RIDOC Standard Operating Procedure for PREA Sexual Abuse Investigations also notes that medical and mental health services must meet with each alleged victim to evaluate for further services. Minimum Security Facility is found to be in compliance with provision a. of this standard.

115.82 (b)

Ten staff considered to be first responders were interviewed and all ten reported that their duty is to ensure the safety of the victim and all ten reported that most often inmates are taken directly to medical as it is a non-hostile environment and is safe and separate from any alleged abusers. Minimum Security Facility is compliant with provision b. of this standard.

115.82 (c.)

As per the medical staff interviewed and the RIDOC PREA Policy, victims of sexual abuse are offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis where medically appropriate. The RIDOC Medical Director met with this auditor while on-site and reviewed with the auditor the medical responsibilities for PREA. Of those responsibilities he stated that medical ensures proper care is received by inmate in need of medical attention including screening for sexually transmitted disease and providing prophylaxis to victims to prevent sexually transmitted infections. This was not applicable to the three inmates interviewed who reported sexual abuse. Minimum Security Facility is compliant with provision b. of this standard.

115.82 (d)

As per the RIDOC PREA Policy, the three inmates interviewed who reported sexual abuse, and the two medical and mental health care staff interviewed, inmates are not charged a fee for any services provided related to an allegation of sexual abuse regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. Minimum Security Facility is compliant with provision d. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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.

115.83 (a)

As per the RIDOC PREA Policy and interviews with inmates who reported being victimized, and interviews with medical and mental health staff, Minimum Security Facility offers a medical and mental health evaluation to all inmates who have been victimized by sexual abuse in a prison, jail, lock up, or juvenile facility. Medical and mental health staff interviewed that this occurs within 24-48 hours upon learning of the victimization. This is further evidenced by this auditor's on-site review of investigation files which document referrals to medical and mental health. Minimum Security Facility is compliant with this provision of the standard.

115.83 (b)

As per RIDOC PREA Policy, interviews with medical and mental health staff, and interviews with inmates who reported victimization, evaluation and treatment of those victimized includes follow-up services, treatment plans, and when necessary, referrals for continued care. Medical staff indicated that their evaluation consists of checking for injuries or physical evidence such as marks or bruises. Mental Health staff indicated that their evaluation consists of evaluating the inmate to determine if they are at risk for self-harm, emotionally unstable, and if there is a need for follow up. Minimum Security Facility is compliant with provision b. of this standard.

115.83 (c.)

As per RIDOC PREA Policy and the interviews with both medical and mental health staff, Minimum Security Facility provides victims with medical and mental health care consistent with the community level of care. Minimum Security Facility is compliant with provision c. of this standard.

115.83 (d)

All male facility, this provision is not applicable.

115.83 (e.)

All male facility, this provision is not applicable.

115.83 (f)

As per RIDOC PREA Policy and interviews with medical and mental health care staff, all inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as deemed medically appropriate. Minimum Security Facility is compliant with provision f. of this standard.

115.83 (g)

As per the RIDOC PREA Policy, the three inmates interviewed who reported sexual abuse, and the two medical and mental health care staff interviewed, inmates are not charged a fee for any services provided related to an allegation of sexual abuse regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. Minimum Security Facility is compliant with provision g. of this standard.

115.83 (h)

As per RIDOC PREA Policy and interviews with medical and mental health care staff, a mental health evaluation is conducted on all known inmate-on-inmates abusers within 60 days of learning of such abuse. The medical staff interviewed reported that a referral is done for mental health to complete the evaluation and the mental health staff confirmed that they receive the referral and conduct the evaluation as soon as possible. Minimum Security Facility is compliant with provision h. of this standard.

Minimum Security Facility is compliant with all provisions of this standard.

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.

115.86 (a)

As per RIDOC PREA Policy, interviews with the Warden, PREA Compliance Manager, Security Specialist, Mental Health and Medical staff, the Lieutenant Investigative staff and the Captain; at the conclusion of every sexual abuse investigation an incident review is conducted unless the allegation has been determined to be unfounded. Minimum Security Facility is compliant with provision a. of this standard.

115.86 (b)

As per RIDOC PREA Policy, interviews with the Warden, and PREA Compliance Manager, sexual abuse incident reviews are conducted within thirty days of the conclusion of the investigation. As per RIDOC PREA Policy the 30 days begins on the date the investigation outcome letter is sent to the Warden or their designee. Minimum Security Facility is compliant with provision b. of this standard.

115.86 (c.)

As per RIDOC PREA Policy, interviews with the Warden, PREA Coordinator, PREA Compliance Manager, and Security Specialist, the incident review team consists of the Warden, PREA Compliance Manager, Security Specialist, Medical and/or mental health staff, Special Investigations Unit representative and/or the Office of Inspectors representative. The PREA Coordinator is invited to all Incident Reviews but does not need to attend. Minimum Security Facility is compliant with provision c. of this standard.

115.86 (d)

As per RIDOC PREA Policy, interviews with the Warden, PREA Compliance Manager, Security Specialist, Mental Health and Medical staff, the Lieutenant Investigative staff and the Captain; the incident review team considers 1) whether the allegation or investigation indicates a need to change policy or practice in order to better prevent, detect, or respond to sexual abuse, 2) whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, or other group dynamics of the facility; 4) examine the areas of the facility where the incident occurred or was alleged to have occurred to determine if there are physical barriers in the area which may enable abusers; 5) assess adequacy of staffing levels, and 6) assess monitoring technology. Individuals interviewed who participate in the incident reviews stated that they review specifically if there are any blind spots, additional staffing needs, lighting in certain areas, color code changes needed, increased mirrors or cameras in areas where line of sight may be diminished. This auditor finds Minimum Security Facility to be compliant with provision d. of this standard.

115.86 (e.)

As per the RIDOC PREA Policy and interviews with the Warden, PREA Compliance Manager, PREA Coordinator, Investigative Staff, and Security Specialist. The facility typically implements all recommendations for improvement and if not, it is documented with the reasoning for not doing so. The staff interviewed explained the process they would go through to increase staffing and the Warden and Captain confirmed that they could add posts where they see a need immediately. The posts can be added on a temporary basis until approved by administration. Minimum Security Facility has two cameras within the facility. The facility is staffed appropriately to manage appropriate supervision of the entirety of the facility, however while not required, additional cameras throughout the facility would certainly aid in supervision of inmates, safety of staff, and inmates, and would be an uncontested investigatory tool. This auditor highly recommends increased cameras within the Minimum Security Facility. It was reported during the incident review team interviews by all staff interviewed that cameras are always highly recommended at the incident reviews but denied due to budgetary reasons. This auditor finds Minimum Security Facility to be in compliance with this provision of the standard.

Minimum Security Facility is compliant with all provisions of this standard.

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.

115.87 (a)

RIDOC PREA Policy states that RIDOC Planning, and Research Unit shall collect accurate, uniform data for every allegation of sexual abuse using standardized instruments and set definitions. As per the PREA Coordinator the information is entered through the incident database. Minimum Security Facility is compliant with this provision of the standard.

115.87 (b)

As per RIDOC PREA Policy, the Planning and Research Unit shall aggregate the incident based sexual abuse data annually. Minimum Security Facility is compliant with this provision of the standard.

115.87 (c.)

As per the RIDOC PREA Policy, and as evidenced by the provided 2020 Survey for Sexual Victimization (SSV), the incident-based data includes the data necessary to answer as questions from the survey. Minimum Security Facility is compliant with this provision of the standard.

115.87 (d)

The RIDOC maintains, reviews, and collects data as needed from all available incident-based documents as per the PREA Coordinator. Minimum Security Facility is compliant with this provision of the standard.

115.87 (f)

As per RIDOC PREA Policy and as evidenced by the SSV provided to this auditor, all such data from the previous calendar year is provided to the Department of Justice no later than June 30th. Minimum Security Facility is compliant with this provision of the standard.

Minimum Security Facility is compliant with all provisions of this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.88 (a)

As per RIDOC PREA policy, interviews conducted with the facility PREA Compliance Manager, PREA Coordinator, and the Department Director's Designee, the PREA Coordinator shall review all collected and aggregated data to assess and improve effectiveness of the RIDOC's sexual abuse prevention, detection, and response policies, practices, and training. The RIDOC will use the information to identify problem areas and take corrective action. The Department Director's Designee reported that the information is used to identify trends and areas that may need changed or altered. An annual report of the findings and corrective action will be prepared for each facility and for the Department as a whole. This auditor was provided with the PREA Annual Reports from the last eight years. Minimum Security Facility is compliant with this provision of the standard.

115.88 (b)

RIDOC PREA Annual reviews include a comparative data analysis as evidenced by review of the last eight PREA Annual reviews, and the RIDOC PREA Policy. Minimum Security Facility is compliant with this provision of the standard.

115.88 (c.)

The agency head approves the annual PREA report as evidenced by the eight reports provided with the Director's signature, RIDOC PREA Policy, and interviews with the PREA Coordinator and Department Director's Designee. The reports are all available on the RIDOC website under the PREA section. This auditor was provided with screen shots of the website and navigated to the website to review prior reports during the pre-on-site phase of the audit. Minimum Security Facility is compliant with this provision of the standard.

115.88 (d)

The RIDOC PREA Policy states that redacted material from an annual report is limited to specific materials whether publication would present a clear and specific threat to the safety and security of the facility and/or the confidentiality of the alleged victims and/or perpetrators. The PREA Coordinator stated that typically redacted information is limited to personal identifying information. Minimum Security Facility is compliant with this provision of the standard.

Minimum Security is compliant with all provisions of this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.89 (a)

The Rhode Island Department of Corrections PREA Policy 9.49-5 states that the Planning and Research Unit shall ensure that data collected is securely retained. As per the PREA Coordinator the Department the data is securely maintained and retained in the investigation system. Minimum Security Facility is compliant with provision a. of this standard.

115.89 (b)

Rhode Island Department of Corrections makes all aggregated sexual abuse data from facilities under its control readily available to the public on the Department's website. This auditor verified that the reports were available on the public website. Minimum Security Facility is compliant with element b. of this standard.

115.89 (c)

The Rhode Island Department of Corrections PREA Policy 9.49-5 dictates that all personal identifiers be removed prior to making aggregated sexual abuse data publicly available. This auditor reviewed published data available to the public and all personal identifiers were removed. Minimum Security Facility is compliant with provision c. of this standard.

115.89 (d)

As per the Rhode Island Department of Corrections PREA policy 9.49-5 all sexual abuse data is maintained for at least ten years by the Planning and Research Unit. Minimum Security Facility is compliant with provision d. of this standard.

This auditor finds that Minimum Security Facility is compliant with all provisions of this standard.

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.

115.401 (a) (b)

RIDOC audits 1/3 of its facilities annually, equivalent to two facilities per year. RIDOC follows the federal audit cycle, this being year three of Audit Cycle 3.

115.401 (h)(i)(m)(n)

The auditor had access to all areas of the facility. All relevant documents requested were reviewed and copies were provided upon request by this auditor. Private interviews were able to be conducted on-site with staff and inmates. Inmates were provided the opportunity to send confidential correspondence to this auditor via the US Mail. PREA Audit notices placed throughout the facility provided the address to send this correspondence if desired. This auditor observed these notices on-site and was provided with dated photographs of the audits when they posted.

Minimum Security Facility is compliant with all provisions of this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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

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115.403 (f)

Rhode Island Department of Corrections has published on its agency website all Final Audit Reports.

This auditor finds that Minimum Security Facility meets the standard 115.403.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Grace A Franks

7/30/2022

Auditor Signature

Date

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

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