

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 03/31/2016

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
Address: PO Box 4068, Deerfield Beach, FL 33442-4068			
Email: bobbi.pohlman@us.g4s.com			
Telephone number: 954-818-5131			
Date of facility visit: 08/06/2016			
Facility Information			
Facility name: Anthony Travisano Intake Center			
Facility physical address: 40 Howard Avenue, Cranston, RI 02920			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 401-462-0787			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Nelson Lefebvre			
Number of staff assigned to the facility in the last 12 months: 227			
Designed facility capacity: 1148			
Current population of facility: 998			
Facility security levels/inmate custody levels: Maximum and Awaiting Trial			
Age range of the population: 18+			
Name of PREA Compliance Manager: Richard Meunier		Title: Deputy Warden	
Email address: Richard.meunier@doc.ri.gov		Telephone number: 401-462-1410	
Agency Information			
Name of agency: Rhode Island Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Rhode Island			
Physical address: 40 Howard Avenue, Cranston, RI 02920			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 041-462-2611			
Agency Chief Executive Officer			
Name: Ashbel T. Wall II		Title: Director	
Email address: atwall@doc.ri.gov		Telephone number: 401-462-2611	
Agency-Wide PREA Coordinator			
Name: Jeff Renzi		Title: Assoc. Director/Research & Planning	
Email address: Jeffrey.renzi@doc.ri.gov		Telephone number: 401-462-0373	

AUDIT FINDINGS

NARRATIVE

Beginning August 6, 2015, the Anthony Trivisano Intake Service Center received an on-site PREA audit. Prior to the on-site, the facility provided the auditor with policy and procedure to review through the use of a flash drive. The auditor completed a review of the provided documents and the on-site was to review compliance with policy and procedure, as well as to be provided facility specific documents. On August 6, 2015, the auditor met with Deputy Warden/Facility PREA Manager Richard Meunier and the agency PREA Coordinator Jeff Renzi. The auditor reviewed the time line for the site visit, selected staff and inmates to interview, and conducted a tour of the facility.

During the tour, it was noted that there was inmate PREA information posted as well as the pre-audit notices. There is one building that contains 16 housing units. There are cameras in each unit. The facility has available phones in each unit. The agency encourages reports of abuse to the RIDOC Special Investigations Unit, the RIDOC Office of Inspections and to the RI State Police (outside agency). The medical unit has 4 cells used for Detox/Suicide, negative pressure rooms and 2 wards.

The facility holds a maximum of 1,148 inmates with the population at 998 at the time of the audit. The facility does not house youthful offenders. There are 300 cameras throughout the facility, of which 6 were not working. The tour included all housing units, administration, clinical offices, intake, medical, hospital, chapel, library, kitchen, and dining areas.

Following the tour, the auditor completed document review and interviews. Interviewed were 14 specialized staff positions, 10 random staff and 16 inmates.

Prior to the on-site, the auditor met and conducted interviews with the Agency Head, PREA Coordinator, Human Resources and Investigation on August 5 at their agency main building.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Anthony P. Trivisano Intake Service Center (ISC) is a maximum security facility which serves as Rhode Island's jail for male offenders. Rhode Island is one of six states that have unified systems, incorporating the jail and state prison into one Department. The facility is constructed with 16-module housing units, two of which serve as disciplinary - administrative segregation units. The south wing of the facility, constructed in 1982, houses the infirmary, eight housing modules, and committing area. The north wing, constructed in 1992, houses the kitchen, dining room, visiting room, eight housing modules, and an administration area.

Inmates housed at the ISC include pretrial detainees and newly sentenced inmates who are awaiting classification to other facilities, pretrial protective custody, and sentenced protective custody. The length of time an inmate remains housed in Awaiting Trial status at the ISC is approximately 23 days; this translates into a constant turnover of the inmate population.

The Anthony P. Trivisano Intake Service Center, as part of the Department of Corrections, provides for the protection of the public. Maintaining a secure, safe, and clean environment for the housing of pretrial detainees, newly sentenced offenders, parole violators, and other inmates into proper custody levels is begun at the Intake Service Center. This ongoing procedure will continue throughout the inmate's confinement at the Department of Corrections. Inmate available education opportunities are GED preparation, ESL and ABE.

Cells in the units are wet cells. Each unit holds between 12 and 60 inmates. There are showers available that are able to be observed by cross gender staff at both the floor level and through the second floor. There is one bathroom in the common area that is also able to be observed by cross gender staff. Four cells in medical for the use of Detox and Suicide Watch are able to be observed physically and through video. As these are wet cells, the video system and physical viewing do not allow privacy from cross-gender staff observing the toilet area.

As both a jail and a prison, there is a transient population. Both female and male inmate are initially brought here for intake. Intake consists of property, searches, records, showers, clothing distribution and medical services. Orientation is completed in this area. There are cells that have been retrofitted with video to allow the PREA video to run when the cells are occupied.

SUMMARY OF AUDIT FINDINGS

The on-site audit was completed on August 9, 2015. A meeting was held with Deputy Warden Meunier to review those standards that did not meet compliance with the Prison Rape Elimination Act. The auditor discussed with the Deputy Warden the areas where challenges existed in meeting the standards. The agency is committed to ensuring that all standards are met and will strive to complete the corrective actions within the 180 days allowed by the Act. The auditor also communicated with the Agency PREA Coordinator Jeff Renzi in regards to the non-compliant standards.

During the 180 days corrective action period, the agency completed the following tasks: updated policies and standard operating procedures, upgraded database systems, conducted training, updated the inmate brochures in both English and Spanish and made changes to their phone system to allow inmates complete access in reporting allegations of PREA violations. Copies of all information were provided by the facility, and the agency, to the auditor for verification. Updated policies are sent to all staff and the Warden is required to provide briefings of the new information which is documented at the facility level.

While steps have been taken to resolve the privacy issues with showers and toilets, the facility has not yet started actual construction of doors. The material has been purchased and construction is scheduled to begin the week of April 4, 2016. The facility also continues to review policy and post orders for the Detox/Suicide cells cross-gender viewing issue beyond the initial placement of an inmate.

The approach taken by the agency and this facility was to work diligently to complete all tasks as identified in the corrective action plan. The commitment to continued actions of the facility, and the agency, in regards to standard 115.15 has indicated that compliance is forthcoming.

It has been my pleasure to work with this facility towards compliance with the Prison Rape Elimination Act.

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 1

Number of standards not applicable: 3

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

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

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

Policy 9.49
Staff Interviews

The agency has a zero-tolerance policy that prohibits sexual misconduct between all inmates and staff, interns, contractors and other inmates. The policy outlines their approach to prevention, detection, reporting and response to all allegations of sexual misconduct. The policy includes definitions and strategies of the agency to prevent sexual abuse and sexual harassment. The facility organizational chart shows the position of the PREA Coordinator. The PREA Coordinator reports directly to the Assistant Director of Administration and indirectly to the Agency Director. The PREA Compliance Manager reports directly to the Warden. Both the PREA Agency Coordinator and the PREA Compliance Manager report sufficient time to attend to PREA duties with a variety of assistance from staff within the agency and within the facility. It is important to note that assistance was necessary due to this being the first audit. Both are familiar with PREA requirements and were well versed on the standards.

During the corrective action period, the agency provided organizational chart for the Agency PREA Coordinator.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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This standard is not applicable as they do not contract with other agencies for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

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

Policies 9.49, 3.02
Intake Center Post book
Review of post book
Staff Interviews

The agency has a policy that identifies the staffing plan for each shift. There is not annual review documented of the staffing plan. There is no system to document deviations from the staffing plan. Unannounced rounds are conducted and documented in the unit logbooks; however, these are not noted as unannounced rounds. Policy prohibits notification of staff regarding the unannounced rounds. There are no dedicated staff positions.

During the corrective action period, the facility provided the annual review of the staffing plan, dated 07/02/2015. All elements of the standard are noted in the review. There has not been a deviation from the staffing plan as the policy of the facility is to remove staff from posts that do not require direct supervision to posts that require direct supervision, thus being able to provide appropriate staffing. Additionally, mandatory hold-overs are a part of Policy 3.02 to ensure for the provision of a safe environment. The agency also provided copies of logbooks noting numerous unannounced rounds by Lieutenants and Captains.

Standard 115.14 Youthful inmates

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

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Policy 12.26

This standard is not applicable as the facility does not house youthful offenders. However, there is an agency policy that prohibits sight, sound, or physical contact with adult inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

Policy 9.14
PREA Audit Report

Policy 9.49
Unit logbooks
Staff Interviews
Inmate Interviews

The agency policy prohibits cross-gender searches except in exigent circumstances. Searches by opposite gender staff are required to be documented, but there were no reports of this having occurred. Policy prohibits the searching of transgender or intersex inmates outside of standard search policies. However, staff reported not having received training on searching of transgender/intersex inmates. Policies and procedures provide for privacy of inmates/residents showering, toileting or changing clothes; including where cameras are present, however showers and toilets in the units are able to be viewed by female staff and the 4 Detox/Suicide cells in medical are able to be viewed, both physically and by video, by female staff. This facility utilizes both signage and announcements of opposite gender staff in the housing area.

During the corrective action period, the agency provided training to all staff on the searching of transgender and intersex inmates, and verification of training was provided to the auditor.

In regards to the showers and toilets in the dorms that are able to be viewed by cross-gender staff, the agency wrote a purchase order for obtaining the materials necessary for the construction of privacy doors for the showers and toilets. However, construction is not set to begin until the week of April 4, 2016.

In regards to the 4 Detox/Suicide cells. These are used only in exigent circumstances. The agency continues to review the potential of cross-gender viewing when longer term placement is indicated.

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

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

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

The BigWord Contract, dated 12/1/11 - 12/31/16
Policy 9.49
Policy 18.22
Supplemental DOC - 18.22
Staff Interviews
Inmate Interviews

The agency has a contract with The Big Word, a language communication solutions company, which provides interpretation as needed. For those inmates with disabilities in reading, seeing or hearing, the Supplemental 18.22 provides alternative methods of education - such as larger print for limited sight inmates, reading material for deaf inmates, and a provision for social workers to provide individualized education based on inmate needs. However, interviews confirm these services are not provided. The PREA brochure is available in the two most common languages identified, English and Spanish. Agency policy prohibits the use of inmate interpreters, inmate readers or other inmate assistance unless an emergency.

During the corrective action period, the facility has notified all staff that in the event of a disability or barrier to PREA education, the Deputy Warden is to be notified and will be responsible for notifying the ADA. The Deputy Warden, in turn, will notify the counseling staff whose responsibility it will be to ensure that appropriate resources are identified and provided to that inmate to familiarize them with the provisions and resources of PREA. This information is being shared with all staff and documentation was provided.

Standard 115.17 Hiring and promotion decisions

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

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

Policy 9.40
 Policy 9.49
 Staff Interviews
 Application Packet
 File Review

The agency has a policy that meets the requirements of the standard. All employees, volunteers, and contractors receive a thorough background check prior to hire and at promotion. There are provisions for staff self-reporting any criminal activity. Contractors and volunteers receive a 2 year background recheck. However, the agency currently has not conducted 5-year background checks for staff. This was based on an interpretation of the PRC which is believed to be an incorrect interpretation. This auditor has reached back out to the PRC for additional guidance.

During the corrective action period, the agency submitted a policy change to 9-23-3 (Security and Control: Access to ACI Facilities). This policy identifies that employee, contractor, interns/students, and volunteers Identification Badges expire at a minimum every 2 years and at a maximum every 5 years. In order to renew the Identification Badge, the agency must complete a background screening that consists of a Bureau of Criminal Identification (BCI) and a National Crime Information Center (NCIC) inquiry. Additionally, the policy identifies who is authorized to conduct the background screening. The Chief Inspector has confirmed that his office has begun completing these backgrounds checks as required to meet the guidelines of both the new policy and the PREA standards. A list is maintained that shows the completion of each background check and the results. A review was conducted of 15 files and all show background checks within the last few months.

Standard 115.18 Upgrades to facilities and technologies

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

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

This standard is N/A as there have been no upgrades at the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy 9.49

Policy 9.16

RISP General Order 53B

PREA Investigations MOU - RISP

RIDOC PREA Investigations SOP

The agency Special Investigations Unit and Internal Affairs conducts all administrative investigations. The Rhode Island State Police conduct criminal investigations as per an MOU dated 10/9/2014. There is an evidence protocol used by the Rhode Island State Police for providing direction to evidence collection. The RIDOC is working with a sexual assault center who provides training, education, legal services (SART), advocates to completed a MOU. A SANE/SAFE service provider conducts examinations at the facility or inmates are transported to Rhode Island Hospital.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

RIDOC PREA Investigations SOP

The agency policy requires all criminal activities be reported to the Special Investigations Unit (SIU) who will in turn notify the Rhode Island State Police. The investigation policies are not yet available on the agency website.

During the CAP, the agency updated their policies to provide for specific tasks regarding the notification and joint investigations with the Rhode Island State Police (RISP). The website allows access to Policy 9.49 which provides for a brief description of the notification and joint investigations, and references the Investigations SOP. The Investigations SOP is not made publically available due to confidential information within the policy.

Standard 115.31 Employee training

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

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

PREA Training for Uniform Staff
PREA Training for Non-Uniform Staff
Policy 9.49
Sign-in Sheets
Staff Interviews

The agency has created PREA training for all staff in conjunction with a sexual assault center. The training meets all requirement except Child Abuse and Vulnerable Adult training. While no youthful offenders are held at this program, the staff may work at other facilities and therefore all staff should receive this training. The training material details differences between females and males. All staff have received training as documented by the sign-in rosters. While policy details all areas of PREA required training, the policy does not address the frequency of training.

During the corrective action period, the agency updated their training to include Vulnerable Adult Reporting for non-uniform and uniform staff, as well as contractors/vendors/volunteers. This training includes the requirement to report knowledge of sexual victimization to the state agency who accepts, and investigates, these calls. Additionally, the policy has been updated to show the frequency of training for all staff on PREA topics. All staff shall receive training every 2 years with refresher information being provided in alternate years. Refresher training for staff is in the form of electronical communication as well as briefings. The facility has provided appropriate documentation to show staff has received the updated training.

Standard 115.32 Volunteer and contractor training

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

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

PREA Training for Volunteers and Contractors
Policy 9.49
Sign-in Sheets
Staff Interviews
Volunteer Interview

The agency has created PREA training specifically for volunteers and contractors. Requirements of the training include notification to security staff and protection of the victim. A review of sample rosters indicates that volunteers and contractors of the agency have received the required PREA training.

Standard 115.33 Inmate education

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

- Does Not Meet Standard (requires corrective action)

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Policy 1.11
Policy 14.01
Inmate Brochure
PREA Video
INFACTS Screenshots
Inmate Interviews
Staff Interviews

The agency has an inmate education program that includes a brochure and video. The brochure is provided when an inmate enters into the facility and the video is shown while they are in the cell. However, interviews with inmates indicated that the video was either not playing or not audible. Standing inmates stated they had not viewed the video. The facility Rulebook contains a single page on PREA that details how to report. This information is provided in English and Spanish (most common LEP language). Each inmate is provided the brochure and Rule book on intake, as well as advised that a copy is available in the library. Additionally, the facility policy requires staff to conduct orientation every month, and sometimes more often. Comprehensive PREA information is included in this orientation, as well as a review of the rules/regulations, emergency procedures, programming available, institutional activities and programs, and concludes with a question and answer period.

During the corrective action period, the agency has worked to ensure that all inmates, during intake, receive appropriate PREA education. The PREA brochure which discussed the zero tolerance policy and how to report allegations of sexual abuse or sexual harassment was updated with new reporting contact information. This is provided to all inmates at intake. Inmates are then transferred, usually within 30 days, to their assigned custody facility and are provided comprehensive training at this time. Inmate PREA education is documented in the inmate database (INFACTS), showing the date that the inmate completed a PREA education. A sample of recent intakes indicate that the standard is being met regarding timeframes and education. The monitors in the holding cells provide the PREA video; however it was earlier reported that these were not working as expected. The agency is in the process of upgrading the current DVD system with an industrial continuous loop DVD player that will allow all inmates to view the PREA video at intake.

Standard 115.34 Specialized training: Investigations

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

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

PREA Training for Non-Uniform Staff
NIC - PREA Investigation Training
RIDOC Investigators Training
NIC Certificates
Sign-in Rosters
Staff Interviews

All investigators receive the agency PREA training as required. All investigators have also completed the NIC - PREA training for Investigations. This training includes all requirements of the standard. Additionally, all investigators complete the RIDOC training for

Investigators which is a detailed presentation regarding their duties as an investigator beginning with receipt of information through evidence preservation and reporting requirements. A review of the sign-in rosters confirms all investigators have completed the training. Interviews confirmed education.

Standard 115.35 Specialized training: Medical and mental health care

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

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PREA Training for Non-Uniform Staff
PREA Training for Volunteers and Contractors
Sign-in Rosters
Staff Interviews

All medical and mental health care staff have received training that meets the requirements of the standard. This training is provided through either the PREA Training for Non-Uniform Staff or the PREA Training for Volunteers and Contractors, and the PRC Specialized Training for PREA Medical and Mental Care Standards (4 Modules). Confirmation of training was made through the sign-in rosters. Staff interviews confirm education. Medical staff do not conduct forensic examinations.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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INFACTS Intake Assessment
Policy 9.33
Policy 14.05
Staff Interviews

The agency uses the INFACTS Intake Assessment to complete the vulnerability/abusiveness screening. This system addresses all components except specifically addressing whether the inmate is LGBTI or gender non-conforming. This question is addressed in a form that the inmate completes privately and then signs. File reviews indicate that this is completed on intake and within 72 hours. There is no re-screening within 30 days though policy directs this. There is no re-screening or assessment of vulnerability/aggressiveness when new information is gathered. Policy prohibits discipline towards an inmate for not answering questions. Information is available to those identified with appropriate access being granted through the system (Warden, Deputy Warden, Lieutenants)

During the corrective action period, the agency provided an updated policy that requires 30 day reviews of an inmate's risk of victimization, as well as a review when new information is obtained. The agency provided samples of the new system. The web based system now includes a 30-day review button that will prompt for a review within the 30 days, a PREA screen that allows for changes to be made, a comment section that allows for documentation of the 30-day review, a prompt when new information identifies an inmate's status change to victim or sexual aggressor, and a review log screen that will show documentation of each review. This system allows for ease in ensuring that all information is updated as required.

Standard 115.42 Use of screening information

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

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Policy 9.33
Count Board
Staff Interviews
Computer File Reviews

INFACTS Assessment Screening identifies those as vulnerable or aggressive through a different color font (Red=predator; Blue=victim; Green=both victim and predator; and Black=not identified). This allows staff to reassign housing providing safety to the inmate and security measures to ensure the privacy of the information. All inmates are initially assigned to a facility based upon birth gender. Policy does not address a transgender or intersex inmates own view regarding housing; nor does policy address semi-annual reassessments regarding programming and placement. The agency does not segregate LGBTI or gender non-conforming inmates.

During the corrective action period, the agency updated their policies to include the reassessment for both transgender and intersex at a minimum of twice per year. Additionally, the updated computer system allows for staff to document an inmates views regarding their own risk of placement in the facility which is used in determining appropriate placement. A copy of the policy and screenshots of the new system were provided to the auditor.

Standard 115.43 Protective custody

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

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Policy 12.01
Policy 12.02

Protective Custody is only used, per policy, when there is a need to protect an inmate from further harm. When used regarding PREA allegations, the investigation is required to be completed within 24 hours. Each inmate placed in Protective Custody receives an individualized meeting to identify access to programming and services, to include visitation, recreation, programming, telephone, and work. Interviews confirm that protective custody is usually no longer than 15 days, with 30-day reviews.

Standard 115.51 Inmate reporting

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

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

Facility Rulebook
PREA Brochure
PREA Video
Staff Interviews
Inmate Interviews

The Inmate Rulebook identifies the following reporting methods: telling any staff; calling SIU; RIDOC Office of Investigations, Rhode Island State Police (RISP), or filing a request slip to talk with an upper level staff person. Reporting to the RISP is the external method of reporting. All staff and residents interviewed were able to articulate these methods of reporting, including telling a friend or family member, or notifying their attorney of record. Staff is required to report any knowledge, information or suspicion to their immediate supervisor or directly to the SIU. The brochure was posted in each unit and provides the phone numbers for outside contacts. Upon the auditor's arrival and check of the phone system, the system did not allow a call to be made regarding PREA without the inmate's PIN number. This was discussed with SIU, and was corrected. There is no reporting information for immigration inmates; however it is reported that they do not hold inmates solely for civil immigration purposes.

During the corrective action period, the brochure was updated with correct phone numbers as well as the system was updated for use without the inmates PIN number for PREA calls. The facility provided photographs of the new posters posted near phones in the housing units for inmate use. Immigration information is available at the facility per inmate request.

Standard 115.52 Exhaustion of administrative remedies

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

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

Policy 9.49
Policy 1310
Staff Interviews

While agency policy allows for allegations of sexual abuse or sexual misconduct to be filed through the grievance process, inmates are not advised of this process. Conversation with the Deputy Warden stated that if a grievance was received alleging sexual misconduct, that it would be referred to SIU as a report of sexual abuse or sexual harassment and would follow the requirements of policy 9.49 The agency policy with regards to timeframes for an emergency grievance, however, does meet the requirements of the standard.

Standard 115.53 Inmate access to outside confidential support services

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

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

Sexual Assault Awareness Brochure
Inmate Interviews
Staff Interviews

The agency is working with a local sexual assault center to provide services to inmates. There is a brochure available to all inmates that provides information to sexual assault and how to report. The brochure does not identify available services. Inmates were not aware of any services that are available.

During the corrective action period, the agency updated the inmate PREA brochure to include contact information and a narrative of services that are available from Day One, an agency that provides sexual abuse support services state-wide. This information was posted near all phones at the facility and photographs were provided to the auditor.

Standard 115.54 Third-party reporting

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

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

Policy 9.49
Agency website: www.doc.ri.gov/PREA/PREA.php
Staff Interviews

The agency has updated their PREA page with four ways for inmates to report allegations of sexual assault or sexual harassment. These

include SIU, Office of Inspections, Rhode Island State Police and the Rhode Island Victim of Crime Hotline. Phone numbers are present on the website. Staff interviews confirm that they accept third-party reporting and are required to report these immediately through their chain of command.

Standard 115.61 Staff and agency reporting duties

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

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

Policy 9.49
PREA Investigations SOP
Staff Interviews

All interviews confirm that staff are required to report all knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the Special Investigative Unit. Policy mirrors the standard regarding reporting and confidentiality. No inmate reported an allegation that was not investigated.

Standard 115.62 Agency protection duties

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

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

Policy 12.01
File Review
Staff Interviews

The agency is dedicated to ensuring that all inmates are provided a safe environment. Agency policy mirrors the standard and provides for immediate protection when advised of imminent risk of abuse. In the one allegation in the past 12 months, the agency reported and documented an immediate response.

Standard 115.63 Reporting to other confinement facilities

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy 9.49
Staff Interviews

The agency policy requires that allegations received from inmates regarding incidents at other facilities be documented and reported within 72 hours. There were no allegations received by this agency. The agency policy also requires receipt of similar incidents be reported immediately to the PREA Coordinator. Interviews confirmed procedures for documenting allegations.

Standard 115.64 Staff first responder duties

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

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

PREA Investigations SOP
Staff Interviews
Inmate Interviews
File Review

There was 1 allegation of sexual abuse received in the past 12 months. This was reported in a timely manner that allowed for the collection of physical evidence. However, the agency reported that the non-security staff member, who was the first responder, did not request protection of physical evidence and did not immediately notify security staff. Interviews did confirm that the majority did know the appropriate steps for responding to a PREA allegation.

During the corrective action period, the facility re-trained all non-uniform staff on the appropriate response to receiving a report of sexual abuse. Training was conducted on 12/30/15, 1/4/16, 1/6/16, 1/7/16, 1/9/16, and 1/12-15/16. The facility provided signed rosters and completed tests for verification of training.

Standard 115.65 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

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

Rhode Island State Police MOU
PREA Investigations SOP
Staff Interviews

There is no Coordinated Response Plan that details all duties of each discipline nor one that is facility specific.

During the corrective action plan, the facility updated its Procedures for Response to Allegations of Inmate Sexual Violence and Staff Misconduct/Harassment toward Inmates SOP. This SOP details all steps of first responders, Shift Commanders, Special Investigations Unit, Office of Inspections, Medical and Mental Health Staff. Attached to the SOP is a list of contact names and phone numbers of key staff, Rhode Island Hospital and Day One (rape crisis center).

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

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

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

RIBCO Professional 201-2013 MOS
RIBCO Pro Unit 203-2017 MOS

The agency utilizes bargaining unit staff through the Rhode Island Brotherhood of Correctional Officers. There is no current signed contract. The prior contract does not limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. There is no such restriction on the pending contract.

Standard 115.67 Agency protection against retaliation

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

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

Policy 9.49
Staff Interviews

The agency has a policy which addresses most of the components of the standard regarding monitoring for retaliation. It does not address continued monitoring if indicated nor does it address periodic status checks. Policy requires retaliation monitoring to be completed by the Warden or designee. During the interviews it was apparent that there is no individual responsible for retaliation monitoring nor is there a system set up to complete this requirement.

During the corrective action period, the agency updated its' investigative computerized system to include areas for documenting retaliation monitoring and by whom. The system will prompt for updates indefinitely, as well as periodic status checks. Once the monitoring is no longer required, the agency will complete the Date Ended box.

Standard 115.68 Post-allegation protective custody

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

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

Policy 12.01
Policy 12.02
Supplement 11.01
Staff Interviews

Protective Custody is only used, per policy, when there is a need to protect an inmate from further harm. When as a result of a PREA allegation, the investigation is required to be completed within 24 hours. Each inmate placed in Protective Custody receives an individualized meeting to identify access to services. Protective custody is usually no longer than 15 days, with 30-day reviews. There were no reported instances where protective custody were reportedly used.

Standard 115.71 Criminal and administrative agency investigations

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

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

Policy 9.49
PREA Investigations SOP
Rhode Island State Police MOU
Staff Interviews

There is an agency policy regarding administrative investigations. The policy requires immediate notification to the Special Investigative Unit. All investigators have completed appropriate training. The policy does not address all forms of evidence, interviews, and a review of

prior complaints/reports of sexual abuse involving the suspected perpetrator. The policy does not address credibility assessments. The policy does not address administrative outcomes. The policy does not address retention of information. Any allegation that implies a criminal offense is referred to the RISP. The RISP MOU provides that the criminal investigation documents shall be shared with the RIDOC, along with updates as requested.

During the corrective action period, the agency updated the PREA Investigations SOP to include all missing items that were identified during the initial review of documents, to include a review of prior complaints/reports of sexual abuse involving the suspected perpetrator, credibility assessment, and administrative outcomes. Additionally, the agency updated the retention policy to include retention of PREA investigation files for both staff and inmates

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Staff Interviews

Interviews with investigatory staff confirm no standard higher than a preponderance of the evidence is required when investigating allegations of sexual abuse or sexual harassment.

Standard 115.73 Reporting to inmates

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

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

Policy 9.49
File review
Staff Interviews

The agency policy provides for all requirements of the standard. There were 3 allegations of sexual abuse that were completed in the past 12 months. Of these 3, there was no documented notification to the inmate. The MOU with Rhode Island State Police allows for the obtaining of information for a criminal investigation.

During the corrective action period, the investigations database was updated with an area to document victim notification. This is to be conducted by SIU (Special Investigations Unit) on hardcopy and the date notification was made is uploaded into the system.

Standard 115.76 Disciplinary sanctions for staff

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

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

Policy 9.49
Policy 3.14
Staff Interviews

The agency policy allows for disciplinary sanctions up to and including termination. All discipline is commensurate with the nature and circumstances of the acts committed. Terminations are reported to law enforcement, if criminal, and to relevant licensing bodies. There have been no staff terminations, or resignations, as a result of discipline nor have any been reported to law enforcement. Policy notes that any sexual contact or harassment of an inmate is grounds for staff disciplinary action, up to and including termination.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Policy 9.49
Policy 9.40
Staff Interviews

Both policies address criminal actions being forwarded to law enforcement and relevant licensing bodies. There have been no reported contractors or volunteers alleged to have engaged in sexual misconduct with an inmate. Policy requires the alleged abuser shall have no contact with inmates when allegations of sexual misconduct have been made.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policy 9.49
Policy 11.01
Staff Interviews

The agency policy addresses disciplinary sanctions and the formal disciplinary process for Class 1 misconduct (sexual abuse, sexual harassment). This process does address mental health disabilities/illnesses. Agency policy does not allow for disciplinary actions when there is an allegation of sexual contact between inmate and staff if the staff consented to contact. Allegations made in good faith are not considered false reporting. There were 3 allegations of inmate on inmate sexual abuse, 1 which required a criminal investigation.

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

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

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

Policy 18.30
Staff Interviews
Inmate Interview

Agency policy addresses referrals for mental health services when an inmate reports at orientation having been victimized or having perpetrated a sexual abuse prior to intake. These are required to be completed within 14 days. Staff interviews found that there is little understanding of informed consent requirements if the victimization occurred outside of an institutional setting.

During the corrective action period, the agency updated its' policy to include a requirement for the authorization to release information to be signed by an inmate before reporting incidents of sexual abuse that occurred outside of the institutional setting. Staff do have an understanding of the authorization to release requirements. It is noted that all policy changes result in immediate notification to staff of the new policy requirements.

Standard 115.82 Access to emergency medical and mental health services

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

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

corrective actions taken by the facility.

Policy 9.49
PREA Investigations SOP
Staff Interviews

All interviews confirmed access to emergency medical and mental health services. Agency policies only address medical services. Access to timely STD prophylaxis, and STD testing are addressed in policy. Interviews confirm availability. All treatment to the victim is provided free of cost.

During the corrective action period, the agency updated its' policy regarding the provisions of crisis intervention services and behavioral health care requirements for victims or perpetrators. The policy also now addresses followup mental health care services.

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

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

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

Policy 9.49
Staff Interviews

Agency policy addresses ongoing medical care for inmates but does not address ongoing medical health care. Staff interviews confirm both medical and mental health services are made available through initial treatment, follow-up and treatment plans when necessary. All services are provided without cost to the victim, and include STD testing and treatment. There is no reference to a 60-day mental health evaluation of abusers in policy or during interviews.

During the corrective action period, the agency updated its' policies regarding the on-going medical and mental health care services available to both victims and perpetrators, of which the scope and services are of the professional judgement of the providers. The updated information was provided to all security and non-security staff.

Standard 115.86 Sexual abuse incident reviews

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

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

Policy 9.49
Staff Interviews

Agency policy addresses all components of the standards regarding sexual abuse incident reviews. However, there is no system currently in place to conduct and document the incident reviews. This was confirmed with the Director.

During the corrective action period, the agency updated their investigations database to include specific areas for documenting the PREA Incident Review. There are four screens where information is required to be entered that includes participants as well as other required fields as per the standard. This is a comprehensive system that allows for all corrective action to be documented.

Standard 115.87 Data collection

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

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

Policy 9.49
Staff Interview

The agency policy addresses the collection of accurate, uniform data for every allegation of sexual abuse at its' facilities. The Planning & Research department is responsible for this task. Blank forms were provided for the auditor for review, so it is unknown if the agency maintains data as required by the DOJ-SSV.

During the corrective action period, the agency provided the DOJ-SSV for 2014. This information was used in the 2014 annual report that was also provided. The agency maintains investigative reports in order to accurately complete the DOJ-SSV.

Standard 115.88 Data review for corrective action

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

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

2014 Annual Report
Staff Interview

The annual report was reviewed and it is available on the agency website. The report shows some 2012, 2013 and 2014 data. There is a brief comparison narrative but does not provide an assessment of the agency's progress. The incident are not broken down by facility but

only reported by agency. Corrective action is noted that was completed agency wide.

During the corrective action period, the agency updated their 2014 report to include specific data regarding any corrective actions taken at each facility under its' direction. Additionally, there was narrative included to show facility specific data regarding the number of allegations.

Standard 115.89 Data storage, publication, and destruction

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

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

Policy 9.49
2014 Annual Report

The agency provides the annual report publicly through its' website. All personal identifiers are removed. Agency policy requires retention for ten (10) years.

AUDITOR CERTIFICATION

I certify that:

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

Bobbi Pohlman-Rodgers

April 3, 2016

Auditor Signature

Date