

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: July 28, 2020

Auditor Information

Name: Brian Sutherland	Email: brian@preaauditing.com
Company Name: PREA Auditors of America, LLC.	
Mailing Address: P.O. Box 3	City, State, Zip: Aylett, VA. 23009
Telephone: 804-313-0636	Date of Facility Visit: June 18-19, 2020

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: http://www.doc.ri.gov/PREA/PREA.php			

Agency Chief Executive Officer

Name: Patricia A. Coyne-Fague, Esq., Director, RIDOC	
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: Central Office Warden	Number of Compliance Managers who report to the PREA Coordinator: 6

Facility Information

Name of Facility: Women's Facility

Physical Address: 20 Fleming Road

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: <http://www.doc.ri.gov/PREA/PREA.php>

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:
The facility has had an RIDOC security audit and an RIDOC food service audit.

Warden/Jail Administrator/Sheriff/Director

Name: Donna Collins, Warden

Email: Donna.Collins@doc.ri.gov

Telephone: 401-462-2364

Facility PREA Compliance Manager

Name: Lisa Santagata, Deputy Warden

Email: Lisa.Santagata@doc.ri.gov

Telephone: 401-462-3127

Facility Health Service Administrator N/A

Name: Jennifer Clarke, MD, MPH, Medical Director, RIDOC

Email: Jennifer.Clarke@doc.ri.gov

Telephone: 401-462-1115

Facility Characteristics

Designated Facility Capacity:

313

Current Population of Facility:

87

Average daily population for the past 12 months:	144
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 checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-77
Average length of stay or time under supervision:	Unknown
Facility security levels/inmate custody levels:	Awaiting Trial, and classified sentenced inmates to Medium, Minimum security, and Work Release.
Number of inmates admitted to facility during the past 12 months:	2,080
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	N/A
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	832
Does the facility hold youthful inmates?	<input checked="" type="checkbox"/> Yes <input 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)	0 <input 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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> U.S. Marshals Service <input checked="" 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 type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	108
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	N/A
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	N/A
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1132

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1132
Physical Plant	
<p>Number of buildings:</p> <p>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.</p>	2 – The Bernadette Building was open for a short time in 2020 as a temporary measure due to COVID-19, and the need to space inmates apart in accordance with recommended health and safety measures. It is currently closed.
<p>Number of inmate housing units:</p> <p>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.</p>	6
Number of single cell housing units:	4
Number of multiple occupancy cell housing units:	69
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	13
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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
Where are sexual assault forensic medical exams provided? Select all that apply.	<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.)
Investigations	
Criminal Investigations	
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:	0
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.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<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
Administrative Investigations	
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?	14
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	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<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

Audit Findings

Audit Narrative (including Audit Methodology)

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

Pre-Audit Phase:

The Rhode Island Department of Corrections Women's Facility entered a contract for the Prison Rape Elimination Act (PREA) auditing services with PREA Auditors of America, LLC on April 12, 2020. The primary sole auditor is Brian Sutherland and no conflict of interest exists between the two parties. Brian is a twenty-four-year correctional veteran and has completed the PREA audit certification process. The terms of this contract began on April 12, 2020 and conclude on or before August 1, 2020 with the submission of the final report. The contract explained the efforts toward transparency, the role of third parties and support staff, compliance considerations regarding the PREA Standards, Department of Justice certification requirements, enough time to conduct the audit, and planning for any corrective action phases. The amount of time to complete the final report could extend past the August 1, 2020 date discussed due to a possible 180-day corrective action period. No corrective action period was required throughout the conclusion of this audit. The contract specified the on-site review was conducted on June 18, and 19, 2020, and the final contract submission included the standard provisions 401-405.

The Rhode Island Department of Corrections operates the Women's Facility (WOM) and is located at 20 Fleming Road Cranston, RI. 02920. Initial barriers existed toward the completion of the audit that included concerns with the COVID-19 pandemic however, universal precautions, social distancing, COVID testing, and daily temperature checks were utilized throughout the performance of the audit process and on-site review. The PREA Coordinator was established as the facility point of contact. No third-party entity exists between PREA Auditors of America, LLC, and the Rhode Island Department of Corrections to include private contractors, operators, facilities, governmental entities, or ACA paid affiliates.

The preaudit phase began on April 12, 2020, during the contract negotiation process as the auditor reviewed the Women's Facility website for information relating to PREA. The website confirmed the most recent PREA audit report was finalized on December 31, 2017, and the facility was found in compliance on 43 standards, standards 115.11, 115.33, 115.51, and 115.61 were found to exceed the requirements. The auditor noted 1 standard was not applicable at the time of the final report submission. The auditor also noted the first cycle PREA audit report was submitted on March 25, 2016, and the facility was found in compliance on 43 standards, standard 115.15 Limits to Cross-Gender Viewing and Searches, and 115.34 Specialized Training: Investigations was found to exceed the requirements. Three of the standards were found not applicable at the time of the audit. The auditor reviewed the 2016 and 2017 PREA Audit Reports posted on the Agency website and notated all previously recommended corrective action responses. The website included data collection reports from 2014 through 2019 and the auditor noted all statistical data throughout the review.

The auditor prepared a timeline of events, issue log, and corrective action notations file at this time and informed the PREA Coordinator regarding the issue log communication process. The corrective action notations file attempted to explain the purpose of corrective action, the generalized outcome for facility audits,

and the corrective action process is a supportive mechanism utilized to enhance the facility compliance practices. The process map was supplied to the PREA Coordinator and this included specific steps within the preaudit, audit, and post audit phases. The auditor noted on the facility website an Annual Data Findings and Corrective Actions Report, the agency PREA policy, a zero tolerance statement toward all forms of sexual abuse, sexual assault, and sexual harassment, and a third-party reporting mechanism utilized to report all criminal acts of sexual abuse or sexual harassment to the Rhode Island State Police, PREA Helpline, facility email, website, the Special Investigations Unit (SIU), Inspector's Office, or the Immigrations and Customs Enforcement (ICE).

The auditor reviewed internet searches for the following considerations: pending litigation reports, Department of Justice involvement, federal consent decrees, local oversight, news articles, and press clippings. The auditor found no litigation reports or Department of Justice involvement in the past 12 months leading up to the audit regarding sexual abuse or sexual harassment. This was confirmed with the Agency Director during the onsite interview processes. The auditor reviewed the mandatory reporting laws in Rhode Island and determined the following legal considerations: definition of child abuse, time calculations, definition of a juvenile, age considerations, persons required to report, the basis to report, a listing of staff members at institutions, persons encouraged to report suspected abuse, reporting procedures, and applicability of the Mental Health Procedures Act. The auditor reviewed the 2017 PREA Audit Report for the WOM and determined the facility does accept youthful offenders. Their population is dedicated to inmates 18 years of age or older, however they are statutorily authorized to confine juvenile offenders who are waived out of juvenile court and into adult court. This was confirmed by statements on the agency website, inmate housing rosters, staff and inmate interviews, and population reports indicating inmate ages for the past 12 months. The Women's Facility has not housed any youthful offenders in the last 12 months.

The auditor submitted the preaudit reporting notification to the PREA Resource Center, and an email confirmation was received. On April 16, 2020, communication was established with the agency PREA Coordinator and the determination was made to utilize the written preaudit questionnaire final report paper document as opposed to the on-line audit system (OAS). The On-line Audit System is a secure software platform that will prevent the transfer of personally identifiable information and provide the user to have the ability to upload documents, retain the documentation for future use, and record the auditing process through all three important phases. On May 12, 2020, the auditor received one USB flash drive that included the preaudit questionnaire and this tool is utilized by the auditor to determine the facility information, policies, agency organization chart, contracts, staffing plans, written justifications for deviations within the staffing plan, PREA reviews, staff rounds, population reports, searches, cross-gender viewing incidents, training curriculums, training logs, special needs documentation, hiring and promotion considerations, evidence protocols, medical treatment obligations, intake screening instruments, inmate grievances, investigation reports, and data collection.

There were no barriers to communication involved in the initiation of this preaudit process as the auditor established clear communication with the PREA Coordinator for all electronic follow-up. The preaudit questionnaire included 26 pages and 527 attachments upon completion. All documentation was reviewed by the auditor to triangulate compliance considerations, form the basis for the facility operations, terminology, structure, population, staffing, training, medical outreach, SANE/SAFE requirements, volunteer support, local advocacy, and the physical plant. The auditor submitted the PREA Audit Notice to the PREA Coordinator. This included both English and Spanish versions, directions regarding the minimum 6 weeks posting requirement prior to the on-site visit, the posting must be in all inmate living areas, visible throughout the facility, utilizing large text, colored paper, must discuss the confidentiality of inmate and staff correspondence, and the facility must provide proof of posting to the auditor. The auditor submitted the on-site review agenda to the PREA Coordinator and the request for interview lists including the following criteria: complete inmate rosters on the first day of the audit and each day thereafter during the on-site review, inmates with disabilities, limited English proficiency, inmates classified as lesbian, gay, bi-sexual, transgender, intersex, inmates in segregated housing,

inmates who reported sexual abuse, inmates reporting sexual victimization during risk screening, a complete staff roster, specialized staff, contractors, and volunteers list. The auditor also requested data regarding the total number of inmate grievances, incident reports, all allegations of sexual abuse and sexual harassment, all helpline calls that occurred within the last 12 months, all investigations reported in the last 12 months, and all grievances for allegations made within the last 12 months.

On May 4, 2020, the auditor received confirmation from the PREA Coordinator and photographic evidence regarding the posting of the auditor notice in all living units. The auditor observed each photo was date and time stamped to indicate the 6-week mandatory compliance, the color of the paper was a bright red, and the writing was visible within the photos. The photos were labeled with the housing unit locations, common areas, reception, and visitation. The posting was confirmed during the on-site review and through random and informal staff and inmate interviews. The facility provided the notice in both English and Spanish versions and included a statement regarding confidentiality of inmate and staff correspondence. A private post office box was assigned to the auditor for confidential communication from both staff and inmates. The post office box was inspected weekly, by the auditor, and continued to be inspected for correspondence throughout the post audit phase. The PREA Coordinator informed the auditor regarding confidential communication and described the legal mail process. The auditor informed the PREA Coordinator regarding the postal communications and advised none of the correspondence included information regarding the sexual safety of the facility. The auditor received 1 postal communication from an inmate at WOM. No correspondence was received by the auditor from staff.

On May 20, 2020, the auditor received notice from the PREA Coordinator that the allegations and investigations overview document as requested along with the following data would not be accessible due to the conditions associated with the COVID-19 pandemic. The PREA Coordinator advised due to staff working from home the data requested would not be available during the preaudit phase. All of the requested information may be provided in the preaudit questionnaire for the following data: staff-on-inmate allegations of sexual abuse within the last 12 months, inmate-on-inmate allegations of sexual abuse within the last 12 months, staff-on-inmate allegations of sexual harassment in the past 12 months, inmate-on-inmate allegations of sexual harassment in the past 12 months, incident reports regarding sexual abuse, incident reports involving sexual harassment, and grievances reporting allegations of sexual abuse. The auditor was provided the following information regarding the grievance process: when a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is rejected and forwarded immediately to the Special Investigations Unit (SIU) or the Office of Inspections (OI) for investigation. The WOM provides a helpline number as an outside method of reporting sexual abuse or sexual harassment. The inmate may also report the abuse to any staff member, write a letter or request form to any facility or department administrator, use the inmate payphone to make a free call to the Special Investigations Unit (SIU), Inspector's Office, Rhode Island State Police, or the Immigrations and Customs Enforcement (ICE). WOM reported a total of 77 investigations conducted within the past 12 months. This includes Administrative sexual abuse cases, criminal sexual abuse cases, and cases involving sexual harassment. The administrative investigations are conducted following the outcome of the criminal investigations. Investigations resulted in substantiated claims for administrative actions, unsubstantiated claims, and claims that the investigation was determined to be unfounded. There was 1 criminal case that resulted in a substantiated allegation that is still pending an outcome.

On May 28, 2020, the auditor received notification from the PREA Coordinator that due to the current conditions associated with the COVID-19 pandemic the following precautions must be adhered to for continuation of the audit process:

1. The auditor will be required to undergo a COVID-19 rapid test with negative results to continue with the on-site review.

2. Each time the auditor entered the facility/building, health screening questions related to COVID-19 will be asked and determinations made by facility staff to provide clearance.
3. Each time the auditor entered the facility/building, a temperature check will be performed.
4. Face masks are mandatory and shall always be worn in the facility or buildings.
5. Social distancing of at least 6 feet shall be maintained during interviews with staff and inmates as well as during facility tours.

On-Site Audit Phase:

The on-site review began on June 18, 2020 and continued until June 19, 2020. The in-brief with facility leadership began at 0800 hours and included the following staff: Facility Warden, Deputy Warden/facility PREA Compliance Manager, and the agency PREA Coordinator. The Warden provided the welcoming remarks, and the staff introductions commenced following the auditor introduction. The auditor reviewed the agenda for the week, explained the auditor conduct and the site review process, discussed the expectations for informal interactions with staff and inmates, the file review process, interview expectations, site review, and out briefing on the final day. The PREA Coordinator provided the auditor with a current inmate alpha roster, and this roster included 89 inmates. The inmate population on the first day of the audit was 89 inmates. The facility provided the auditor with a private workstation that included the ability to print and secure documents. The current staffing rosters included 108 staff, 1132 agency contractors and volunteers. The shift activity reports for the last 60 days were provided by the PREA Coordinator. Additional documents and files reviewed by the auditor during the on-site review included the following: specialized staff and targeted inmate population reports, facility audit logs for the past 30 days, 22 investigative files, 8 staff personnel files, 10 inmate classification files, and 10 inmate medical files.

The audit methodology and selection process consisted of specialized staff and targeted inmate populations selected by the auditor. The auditor selected the 5th inmate from each housing unit roster, the 5th inmate listed on the targeted populations roster, and the 5th staff member listed on the daily duty rosters. The auditor conducted interviews with 1 Victim Advocate, however: the auditor was unable to speak with an investigator from the Rhode Island State Police regarding external investigations due to time constraints. The auditor was unable to speak with a representative from the Rhode Island hospital regarding SANE evaluations as no point of contact was established. Email communication was provided by a representative from Just Detention International on June 14, 2020, indicating a review of the database found no PREA-related information regarding WOM has been received within the last 12 months. The auditor reviewed the MOU for the Rhode Island State Police, and the contract for The Counseling & Psychotherapy Center, Inc. for victim services.

The facility provided a private area for conducting formal interviews with staff and the inmate population. The interviews were conducted with COVID-19 precautions in place such as: at least 6 feet of separation between the auditor and the interview, the auditor wore a mask, and a plastic divider was positioned between the interview area. The selection process for conducting the inmate interviews consisted of utilizing an inmate alpha roster that is organized by housing and bed assignment. The auditor methodology for selecting the random and targeted inmate interviews involved inmates from all living units, PREA education dates, odd number listings, age, and length of stay. The selection process for random staff consisted of staff members from each shift, department, sworn, and non-sworn staff, multiple roles, post locations, job titles, and time of service. A total of 23 interviews were conducted with the inmate population and these consisted of the following: 8 random inmates, 1 inmate identifying as transgender, 1 limited cognitive disability, 1 limited English proficiency, 2 with a physical disability, 0 inmates in segregation for high risk of sexual victimization, 4 inmates who reported sexual abuse, and 1 inmate who reported sexual victimization during the risk screening. The auditor also conducted 5 informal inmate interviews throughout the site review. The informal interviews supplied the auditor with the knowledge regarding 0 blind inmates and 1 inmate with a physical disability listed in the totals previously discussed. No youthful inmates were available for interview, but the facility does house youthful

offenders, and this was verified during the population review, staff, and inmate interviews, and posted website materials. No victims of sexual assault were available during the on-site visit as the facility has not reported any substantiated allegations of criminal sexual abuse in the past 12 months. A total of 1 interview with inmates demonstrated multiple categories.

The staff interviews consisted of 38 total interviews that were selected from shift rosters, specialized staff rosters, and staff identified during inmate interviews: 12 random staff interviews, 7 informal staff interviews, 1 segregated housing staff, 1 incident review team staff, 1 first responder staff security, 1 non-security first responder, 1 Intermediate staff, 1 staff that screens for victimization and abusiveness, 1 PREA Coordinator, 1 PREA Compliance Manager, 1 intake staff, 2 investigative staff, 1 Facility Warden, 1 Agency Head, 2 human resource staff, 0 SANE Nurse, 1 staff designated to monitor retaliation, 0 program volunteers, 1 Victim Advocate, 1 Medical Staff, 1 Mental Health Staff, and 0 program staff who work with youthful inmates. The informal staff interviews indicated training received regarding the proper procedures for conducting searches, exigent circumstances for conducting the searches, and efforts to enhance safety when performing searches such as utilizing the back of the hand. The staff interviews indicated no cross-gender searches have been conducted in the past 12 months. The auditor conducted 7 informal staff interviews throughout the site review, and this assisted with identifying specialized staff for interviews such as the staff that monitor retaliation. No interviews were conducted with non-medical staff involved in cross gender strip searches as the facility has not reported any cross-gender strip searches in the past 12 months.

The facility design consists of 2 total buildings that includes 6 inmate housing units. The Bernadette Building is closed and does not house inmates. The auditor observed 69 cells designed for multiple occupancy within the housing units, a total of 13 cells that make up the restricted housing unit, and 4 cells that are utilized for single cell housing. The WOM maintains an average daily inmate population of 143 inmates and the population on the first day of the audit was 89 inmates. The site review provided additional opportunities to conduct informal interviews with staff and inmates. The site review lasted approximately 2 days and the auditor was unable to physically visit the following sections of the facility due to possible exposure concerns with COVID-19: D housing unit, and the disciplinary housing unit. However, the auditor was able to receive a virtual tour by video monitoring equipment and the auditor observed staff conducting rounds, PREA audit notices posted on the walls, and the video monitoring equipment did not indicate any concerns with cross gender viewing.

During the site review the observation consisted of looking for blind spots and concerns with inmate access and identifying potential concerns with areas that may indicate a 1 staff to 1 inmate ratio. This may include limited access areas such as closets, offices, limited visibility concerns, no video monitoring equipment, or potential hiding areas that may impact the sexual safety of the facility. There are no concerns with overcrowding due to the current population of 89 inmates versus an overall holding capacity of 313 inmates. The facility reported an average daily population count of 144 inmates. The auditor observed the activities associated with dayshift operations and night shift movements to include supervision practices, staff to inmate ratios, post assignments, video monitoring equipment, inmate activities, and housing unit dayroom practices. Each housing unit had security officers and Supervisors present and responsible to monitor each section within the facility. The facility master control staff provided an overview of all video monitoring equipment, camera placements in the facility, observations of PREA related materials posted in intake, reception, medical, visitation, and 6 inmate living units. The auditor notice was confirmed and verified through staff rounds and observed cross gender announcements made and documented in the logbooks. The auditor observed the system utilized for the deaf and hard of hearing populations regarding male staff entering the housing units. Male staff entering the housing units will announce their presence by stating "Male on the unit". This process was highly effective and positive feedback was received from both staff and inmates. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, restroom barriers for inmate privacy while using the restroom, and camera placements throughout the facility that did not indicate cross gender viewing during periods of undress by the population. The bathroom doors are installed for privacy

and staff are still able to visibly discern one inmate in the stall at a time. The showers are designed with a shower door and a locking device. The inmates are required to place their ID cards in the officer view and a limit of 3 inmates are allowed in the shower area at a time. There are no concerns with the mirror placement in relation to shower or restroom exposure. This prevents inmate viewing while changing clothes and using the restroom except during incidental viewing during routine staff rounds. The WOM utilizes the intercom system to announce male staff entering the units. The WOM is also initiating a doorbell notification system as a pilot program for other facilities within the state.

There is gender-specific post assignments within the facility and the gender-specific post assignments are a direct plan of action performed by the WOM to remove the viewing capabilities from the monitoring stations of cameras that have the potential to violate the cross-gender viewing concerns. The following posts are dedicated gender specific staff assignments: Transport Officer - a minimum of 1 transport team member will be gender specific, Search Team Officers - a minimum of 1 search team member will be gender specific, Visiting Room Search Officer - this post is dedicated gender specific, Infirmary - this post will remain gender specific, Sally Port this post will remain gender specific, and Outside Hospital In Room Officer - will be gender specific. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. The auditor observed roll call briefing for night shift and witnessed facility count and inmate movements being conducted. The auditor verified the staffing plan associated with each shift and confirmed the current staffing levels of 108 employees, 1132 agency contractors, and volunteers.

The auditor observed staff during the booking process and performing intake procedures. These procedures included the following methods: staff were utilizing the screening instrument, verifying the classification process, providing the inmate with the PREA handout, and observed the strip-searching location to ensure no cross-gender viewing concerns. The intake PREA handout described the facility zero tolerance policy, methods of reporting, detection, response, and methods to avoid manipulation that may lead to abuse. The auditor utilized the abuse helpline and received confirmation from the PREA Coordinator of receipt. The auditor observed PREA information posted throughout the facility. The inmate and staff records are stored electronically, and access is limited requiring the I. T. Manager approval. This includes all electronic classification records and once the risk screening information is uploaded into the server there are limited participants that may have access to this information such as the PREA Compliance Manager, PREA Coordinator, and facility Managers. Inmate phones are in all the inmate living areas and intake section of the facility. An external reporting mechanism is available to the inmate population by dialing specific toll-free numbers to the Special Investigations Unit (SIU), Inspector's Office, Rhode Island State Police, the Helpline, and Immigration and Customs Enforcement (ICE) for consulates. These systems are designed to allow inmates the opportunity to report allegations of sexual abuse or sexual harassment to the staff directly. The auditor tested these systems and left a message on the provided helpline while utilizing an inmate phone in a housing unit. The PREA Coordinator confirmed the agency receipt of the tested call and forwarded a response to the facility for notification. The auditor received the emailed response during the on-site review. The abuse helpline is provided in both English and Spanish and the facility offers a language line for diverse populations and interpreting.

The auditor noted the following discrepancies throughout the on-site review:

The staff interviews indicated a small concern with the lack of knowledge regarding the topic of transgender searches. The RIDOC utilizes an ID system that indicates an F or an M on the back of the inmate ID card to determine the inmate search preference. The random staff interviews indicated limited knowledge of this procedure. The response to these questions varied in correct understanding and a few staff did not know how to properly respond. The PREA Coordinator acknowledged the deficiency and conducted a set of roll call trainings associated with this important topic. The PREA Coordinator supplied training rosters to the auditor on July 2, 2020 indicating thorough documentation that this training was received. An emphasis was made to the training department to ensure this educational piece was included in all facility training sessions moving

forward. The auditor reviewed the training lesson plan and noted this information was already a part of the learning environment.

The exit briefing was conducted solely with the PREA Coordinator due to the possible exposures to the COVID-19. The auditor provided an overview that included the following topics: positive reinforcement and compliance considerations, recommendations and areas of improvement, recommendations and areas of concern, wrap-up, and a final thought. The PREA Coordinator provided an overall discussion regarding corrective action plans and the auditor authorized a 14-day time frame to provide documentation necessary to satisfy compliance. The PREA Coordinator provided an overall critique of the auditor performance. The auditor explained the requirements for development of the final report and completion of the audit.

Post Audit Phase:

The agency PREA Coordinator provided the necessary documentation to satisfy the recommendations during the on-site review. The specific standards provide additional information relative to auditor recommendations. The auditor reviewed all supporting revisions, documents, investigation reports, training materials, and policy changes during the post audit review. The auditor verified all corrective action efforts and continued preparation of the Final Report. The auditor and PREA Coordinator continued electronic communications and finalized the implementations and recommendations associated with compliance. The Women's Facility demonstrated all corrective action procedures and practice based on the audit requirements, and additional discussion is documented in each specific standard.

Facility Characteristics

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

The Women's Facility (WOM) is located at 20 Fleming Road, Cranston, Rhode Island 02920. Rhode Island is one of six states that have unified systems, incorporating the jail and state prison into one Department. The Women's Facility holds inmates classified as Awaiting Trial, Minimum, Medium, and Work Release status. The RIDOC Women's Facility is dedicated to the protection of society by providing appropriate, safe, and humane control of female offenders and women awaiting trial, and also by encouraging and assisting women, through treatment and educational programs, to become productive and law-abiding members of the community. This facility is dedicated to promoting the health and well-being of inmates and staff and encouraging positive interactions between staff and offenders. This facility respects the unique social, cultural, and gender-specific needs of female offenders and addresses these needs with opportunities for treatment.

The Women's Facility consists of two buildings. The Gloria McDonald Facility, opened in December 2010, is for those awaiting trial and medium security. The Bernadette Building, opened in 2011, is next door is for Minimum Security and Work Release inmates. However, during the audit, the Bernadette Building was not in operation and all inmates are currently held within the Gloria McDonald Facility.

The length of time an inmate remains housed in Awaiting Trial status at the WOM is approximately twenty-three days; this translates into a constant turnover of the inmate population. The seven facilities that encompass RIDOC are all within one mile of each other – Anthony P. Travisano Intake Service Center, Gloria McDonald Awaiting Trial and Medium Security Facility, Maximum Security, High Security Center (HSC), John J. Moran

Medium Security, Minimum Security, and the Bernadette Building. The Bernadette Building was temporarily opened to accommodate housing for COVID-19 but has since been closed and unused. The Women's Facility maintains an average daily inmate population of 144 inmates and the population on the first day of the audit was 89 inmates. The WOM reported a maximum facility capacity of 313 inmates. The WOM reported an age range population of 19-77 years of age, and a total of 2080 inmates admitted during the past 12 months. The facility advised a total of 0 youthful offenders were held at the facility in the past 12 months, and no youthful offenders were being housed at WOM during the on-site review.

Video monitoring systems are strategically placed throughout the facility to enhance security and surveillance. Security rounds are conducted at a minimum twice hourly. I observed the camera views with confinement staff and determined there were no areas that allowed for private viewing of inmates showering during clothing exchange, or property release. The showers contain curtains, doors, and specific post assignments are gender specific. Male staff announce their presence when entering female housing units and this was confirmed during inmate and staff interviews. The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. This includes mounted cameras, in fixed locations, pan-tilt zoom functions, and full vision recording. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. The camera coverage is monitored twenty-four hours-a-day by a dedicated officer located in the control center, and the on-site review did not indicate any concerns with cross-gender viewing. There is a total of 112 cameras positioned throughout the facility.

The facility employs 108 authorized positions. The staffing plan is within accepted guidelines and is reviewed annually by WOM staff and the administrative leadership. Overtime is used to fill mandatory posts, if needed, and a preferred staffing level is mandated and monitored by the WOM Deputy Warden. The WOM also indicates 1132 contractors and volunteers processed in the last 12 months agency wide. The facility provides commissary services, numerous programs, PREA trained volunteer services, visitation, and food service. All criminal investigations are performed by the Rhode Island State Police, and administrative investigations are conducted by the Special Investigations Unit and Office of Inspections Trained Investigators. The department reports 14 investigators are employed by the agency who are responsible for conducting administrative investigations into allegations of sexual abuse or sexual harassment. The Office of Inspections would conduct investigations regarding allegations of sexual abuse or sexual harassment involving staff. The WOM offers various types of programs and religious services for inmates and promotes a reentry program that prepares inmates leaving with knowledge, skills, and abilities that aid in a productive life. The agency provides programs that include: General Educational Development, Life Skills, Drug Treatment, Faith-based, The Serve Safe Program assists inmates seeking restaurant employment while the Re-entry Dorm prepares inmates for release in ninety days. This program includes employment, education, housing, drug treatment, driver's license assistance, life skills, and anger management.

The facility has a variety of confidential reporting resources for reporting sexual abuse and assault. This auditor successfully utilized the PREA helpline by dialing a star code that is free of charge. Additional toll-free telephone reporting methods include contacting the Special Investigations Unit, Inspector's Office, Rhode Island State Police, and the Immigration and Customs Enforcement (ICE) for consulate reporting methods. The WOM did not have any judicial findings of inadequacy during this rating period.

The health care services are provided by WOM staff and a few contract medical positions. Medical is centrally located within the compound. The building allows for an infirmary, negative pressure isolation rooms, observation cells, a trauma/triage room, examination rooms, a secure pharmacy with pill-call windows, mental health services, administrative office space, patient record storage, and a dental unit. Patients report according to a posted schedule and wait on benches in the spacious hallway. Medical education material is available by way of pamphlets and inmate television. Bathroom services are available with officer escort while in the medical

waiting area. The current staffing consists of: Correctional Health Care Administrator, part-time doctors who provide full-time coverage, physician assistants, nurse practitioners, health services administrator, RN supervisors, RN, LPN positions, lab technician, physician's assistant, dentist, hygienist, and a tele-med psychiatrist. Medical staff interviews indicated the treatment is equivalent to the services received within the community.

The kitchen is an open area with windows in the freezer and coolers for supervision. The Dining area is a large space with dividers that can separate the area into two rooms. There are two cameras present. The recreation yard offers six phones for inmate use. The laundry room is open and has two cameras. The library, chaplain office, adult counselors' offices, interview room, substance abuse offices all contain motion sensors to alert if there is movement in the room. The barbershop is open and provides clear sight lines for supervision. Visitation has two cameras and two mirrors to assist with supervision. PREA reporting information was observed in this area. The search room is another of the BFOQ positions that allow only for female staff. The staff room contains no door and allows for staff to obtain mail, utilize phones, and has a mini kitchen with refrigerator, television, and dining table. The Warden's hallway contains offices for the Warden, Secretary and Deputy Warden/Facility PREA Compliance Manager which have windows with film on ½ of the window to allow for privacy and supervision.

The WOM is a four-floor building. The facility houses four dormitories, kitchen, dining hall, recreation yards, chapel, laundry, barber, classroom, library, computer room, visitation, stairway, property, intake, medical infirmary, dental, counselor offices and administrative offices. All females detained are brought to this facility for intake. The committing area contains two holding cells and a phone that allows for the reporting of sexual abuse or sexual harassment. The position of the committing officer is a BFOQ position and can only be filled by female staff. In this area an inmate is processed which includes property, strip search, shower, and is also provided the PREA videos to watch. The offices in this area all have windows with film on ½ of the window to allow for privacy and supervision. There are five housing units (A-D and a disciplinary confinement – restrictive housing unit. Unit A provides six rooms that can hold 2-6 inmates per room. A general bathroom and showers are available that allow for privacy through doors. This Unit also is utilized should a youthful offender be committed to the facility as it is the smallest unit and has staff stationed within close range. Unit B provides fourteen rooms that can hold up to four inmates per room. A general bathroom and showers are available that allow for privacy through a barrier at the door and shower curtains. Unit C provides individual wet cells with showers that provide privacy. Unit D provides fifteen rooms that can hold up to three inmates per room. A general bathroom and shower with doors provide privacy. Disciplinary Confinement provides fourteen rooms that can hold up to three inmates per room. Rooms contain a toilet and showers are provided with a screen to allow for privacy. It is noted that the unit has a BFOQ position for a female staff only. Cameras are present in four cells that are used specifically for Psych. Observation and Suicide Observation/ Crisis Management.

The facility provides high grade fencing and barb wire to control the outside perimeter along with armed transportation staff. A highly trained emergency response team is available during activation requirements and trains monthly. Security supervisors are required to conduct unannounced rounds, two times per shift and the facility employs 24-hour security coverage. The auditor reviewed logbook entries, and rounds verification reports indicating compliance with this standard. The facility offers additional control and safety measures to combat the threat of sexual abuse and enhance the safety of the facility by deploying perimeter patrols, fence designs, mobile patrols, sally port entrances, perimeter lighting, alarm systems, electronic systems, counts, pass system, personal body alarms, unique security systems or alarms, biometric systems, and corrections emergency response teams.

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, 115.17

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

The evidence reviewed by the auditor reveals a significant level of facility importance regarding inmates with disabilities or inmates with limited English proficiency having the ability to communicate effectively with staff. This includes efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken an above average approach to accommodate steps to communicate effectively with inmates who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes a language line contract, and the 52 potential staff interpreter lists. The agency has a policy in a written format and the review of the agency training materials indicated the facility training aligns with the written policy. The Warden interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy. The facility is fully compliant with this standard.

115.17 – Hiring and Promotion Decisions

Based on the evidence reviewed by the auditor to include: 8 staff personnel files, interviews with 2 human resource staff, agency and facility policy, contractor reviews, 12 random staff interviews, and 7 informal staff interviews, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the sexual safety of the inmates with qualified staff is impressive, as all employee, contractor, and volunteer background investigations are conducted by the Office of Inspections or the Records and ID staff. The facility offers a detailed ID clearance system and all staff are required to maintain their clearance throughout employment. Each ID clearance is reviewed according to priority between 2-5 years depending on the clearance level. All staff must be reevaluated upon promotion and are required by policy to inform Human Resources staff regarding any negative interaction with law enforcement. The ID clearance system is consistent across all parameters to include the auditor clearance prior to authorized approval to conduct this audit. The RIDOC appears to take an above average approach to ensuring the compliance within this standard.

Standards Met

Number of Standards Met: 43

115.11, 115.12, 115.13, 115.14, 115.15, 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, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

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.

Standard 115.11 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Agency Policy 9.49-4, Prison Rape Elimination Act (PREA) Procedures Manual
3. PREA Coordinator certificate of completion, January 12, 2018, Communicating Effectively and Professionally with LGBTI Offenders, NIC
4. PREA Coordinator certificate of completion, January 25, 2018, PREA 201 for Medical and Mental Health Practitioners, NIC
5. PREA Coordinator certificate of completion, August 11, 2016, PREA: Audit Process and Instrument Overview, NIC
6. PREA Coordinator certificate of completion, January 24, 2018, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting, NIC
7. PREA Coordinator certificate of completion, August 11, 2016, PREA: Coordinators Roles and Responsibilities, NIC
8. PREA Coordinators certificate of completion, June 1, 2017, PREA: Investigating Sexual Abuse in a Confinement Setting, NIC
9. PREA Coordinator certificate of completion, Jan 11, 2018, PREA: Medical Health Care for Sexual Assault in a Confinement Setting, NIC
10. PREA Coordinator certificate of completion, January 5, 2017, PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations
11. PREA Coordinator certificate of completion, January 5, 2018, PREA: Your Role Responding to Sexual Abuse, NIC
12. Interdepartmental Project Manager, posted February 2, 2016, Agency PREA Coordinator Job Description
13. PREA Coordinator certificate of completion, October 6, 2017, PREA Implementation Audit Preparedness Training, PREA Resource Center
14. Rhode Island Department of Corrections Organizational Chart, revised July 2019

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager

Site Review Observations:

1. Staff performing cross-gender announcements upon entry to all housing units.
2. Supervisory staff documenting unannounced security rounds in the post logs.
3. Signs and posters indicating zero tolerance posted throughout the facility.
4. Reviewed the facility training materials, power point, and lesson plan information

Findings (By Provision):

115.11 (a) - Agency PREA policy 9.49-4, page 2 mandates a zero tolerance toward all forms of sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. The agency policy 9.49-4 describes the approach toward prevention, detection, reporting, and response to all forms of sexual abuse and sexual harassment. This includes facility preventive measures necessary to reduce and prevent sexual abuse and sexual harassment of inmates such as: architectural design, security supervision, video monitoring equipment, inmate orientation procedures, medical screening within 24 hours of arrival, housing considerations, separate showers, classification screenings, 30-day reassessments, facility staffing plan, staff referrals, supervisory notifications, mental health screenings, unannounced supervisory rounds, opposite gender housing announcements, community corrections procedures, and training.

During the on-site review, the auditor identified staff performing opposite gender housing announcements when entering all housing units, and unannounced supervisory rounds. The rounds were documented as unannounced in the unit logbooks, and the cross-gender announcements were made verbally by staff entering the units. The auditor noted postings throughout the facility indicating zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The policy includes definitions of prohibited behaviors in policy 9.49-4, Section 3, pages 3-6, and these definitions include sexual abuse, sexual assault, staff sexual misconduct, and sexual harassment. There is a total of 25 pages included within this policy as a complete glossary of terms. Policy 9.49-4, Section I, page 20 explains the presumptive approach toward staff, volunteers, and contractors who engage in sexual abuse will be termination and prosecution referral. Policy 9.49-4, Section I, page 20 describes the sanctions for contractors, volunteers, and referrals to law enforcement. Agency policy 9.49-4, Section H, page 19 includes disciplinary sanctions for inmates found to have participated in all forms of sexual abuse, sexual harassment, indecent exposure, kissing, and inappropriate physical contact. "Every inmate-on-inmate perpetrator of sexual abuse who is found guilty during the disciplinary process of committing a Class 1, highest predatory sexual offense is automatically referred to the Attorney General for possible criminal prosecution referral".

Training is provided for all inmates, staff, volunteers, and contractors for the education of the duties and responsibilities toward prevention, detection, reporting, and response procedures. The auditor reviewed the facility training plan, and power point presentations that described the facility methods toward prevention, detection, reporting, and response procedures. The training materials also provided information relating to performing cross-gender strip searches, body cavity searches, and pat-down searches. The training provided information relating to avoiding inappropriate relationships and communicating effectively with special populations. Agency policy 9.49-4, Section 4, pages 6-9 provides information relating to employee, volunteer, contractor, and inmate training regarding zero tolerance for sexual abuse and sexual harassment. This policy also informs the staff how to fulfill their responsibilities toward prevention, detection, reporting, and response procedures.

115.11 (b) – Agency policy 9.49-4, Section IV, page 10, explains the agency employs an upper-level, agency wide PREA Coordinator and designates a PREA Compliance Manager for each facility. The PREA Coordinator position reports directly to the Assistant Director of Institutions and Operations and this position is documented in the facility organizational chart as an upper level Interdepartmental Project Manager position. The auditor reviewed a signed policy by the Agency Director on February 2, 2016, designating the PREA Coordinator. The position description emphasized the importance of regulated duties and requirements. The interview with the PREA Coordinator indicated enough time and authority to develop, implement, and oversee efforts to comply with the PREA Standards. The PREA Coordinator explained the duties and responsibilities associated with the position,

direct communication with leadership staff, and confirmed the agency support toward improving the sexual safety of the facility.

115.11 (c) - The PREA Compliance Manager reports directly to the facility Warden and communicates with the agency wide PREA Coordinator. This position is in the facility organizational chart (Deputy Warden). There is a total of 1 agency wide PREA Coordinators that report to the Assistant Director of Institutions and Operations and 6 agency wide PREA Compliance Managers.

Conclusion:

Interviews conducted with the PREA Coordinator and the PREA Compliance Manager confirmed enough time and authority to develop, implement, and oversee the efforts toward PREA compliance. Communication between this auditor, PREA Coordinator, and the PREA Compliance Manager was professional, timely, and knowledgeable. Interviews conducted with staff, inmates, volunteers, and contractors indicated knowledge regarding the facilities zero tolerance policy toward all forms of sexual abuse and sexual harassment. The PREA Coordinator and the PREA Compliance Manager were always accessible throughout the auditing process, responded to emails and phone calls immediately, and provided adequate responses during the on-site review. The auditor confirmed an agency policy mandating zero tolerance of all forms of sexual abuse and sexual harassment. The facility has a documented implementation plan outlining the facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The Women’s Facility (WOM) is fully compliant with this standard.

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.

Standard 115.12 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Agency Policy 9.49-4, Prison Rape Elimination Act (PREA) Procedures Manual
3. WOM December 31, 2017 PREA Audit Report

Interviews:

1. Agency Contract Administrator
2. Agency PREA Coordinator
3. Facility Warden

115.12 (a-b)

The Women's Facility does not contract with other entities for the confinement of inmates. The auditor confirmed this statement during the facility Warden interview. This statement was also confirmed during the 2017 PREA audit report. WOM does not have any responsibility, separate from that on the Agency level, to enter or maintain contracts for confinement of inmates with other agencies or jurisdictions. This statement was confirmed during the PREA Coordinator interview. The auditor was not able to interview the Agency Contract Administrator due to concerns involving COVID-19.

Conclusion:

Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard. The Women's Facility has not entered any contracts in the last 12 months for the confinement of inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes

- 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.

Standard 115.13 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making the compliance determination:

Documents :

1. WOM Pre-Audit Questionnaire responses

2. 2020 Facility Staffing Plan
3. 9.05-2 DOC; Institutional Logbook System, 10-22-07
4. 9.49-4 DOC; PREA (Prison Rape Elimination Act) Policy, 03-05-18
5. Facility Logbook entries
6. Shift Assignment Roster 06-18-20
7. RIDOC PREA Staffing Plan Annual Review, 04-05-17
8. RIDOC PREA Staffing Plan Annual Review, 05-31-18
9. RIDOC PREA Staffing Plan Annual Review, 05-15-19
10. PREA Unannounced Rounds Log, 01/19 to 01/20
11. Captain (Shift Commander) Post Order #83, 01/2020
12. Lieutenant (Shift Commander) Post Order #84, 01/2020
13. Lieutenant #2 (Building Lieutenant) Post Order #85, 01/2020
14. General Operation Procedures Document, Approved Vacation Limits, Call-In Procedures for 1-9 Shift, Normal Staffing Levels, and Involuntary Mandatory Overtime Levels (IMOT)

Interviews:

1. Facility Warden
2. Intermediate and Higher-Level Facility Staff
3. Agency PREA Coordinator
4. Facility PREA Compliance Manager
5. 7 Informal Staff Interviews
6. 12 Random Staff Interviews

Site Review Observations:

1. Viewed video camera footage, monitors, and storage
2. Inspected facility identified blind spots for locking devices, staff patrols, and log entries

Findings (By Provision): As discussed during the Warden and PREA Compliance Manager Interviews.

115.13 (a) - The auditor conducted a review of the documented 2020 facility-staffing plan. Agency policy indicates the security positions allocated. These positions are broken down into the following classifications: Total Staff = 108, Warden = 1, Deputy Warden = 1, Captain = 4, Lieutenant = 13, and Correctional Officer = 89. WOM is operating with a staff shortage because of COVID-19 limiting the number of basic training schools for new staff. However, there are plans for the next academy class to begin in 2020. The institutional staffing plan is reviewed on a regular basis by the facility PREA Compliance Manager and the staffing plan is reviewed annually by the agency PREA Coordinator. This is a very thorough process that includes the following: daily shift assignment rosters, summary of personnel documents, and a personnel bi-monthly report. This process is explained in agency policy 9.49-4, section C, pages 10-11. The auditor reviewed the daily operation data for the two days during the on-site review and did not find any deviations within the staffing plan for the two days.

The facility utilizes video monitoring equipment, positioned in specific locations for the operators to view. The video monitoring is recorded with digital video recording and network video recording. Each camera has its own specific DVR and the retention rate for each camera recording is 30 days. The facility has over 112 cameras that are monitored by duty post staff, controlled, and accessed by investigators and supervisors as needed. These cameras monitor the perimeter and key areas of the facility. There are interior cameras that are also Pan – Tilt - Zoom and fixed devices that are monitored from the Control Room. WOM camera coverage is monitored twenty-four hours-a-day by a dedicated officer located in the control center and the onsite review did not indicate any concerns with cross gender monitoring. The current staffing plan and video monitoring system is adequate for the protection of inmates from sexual abuse; however, the facility has identified several blind spot

areas throughout the facility where enhanced camera coverage will eliminate potential soft spots, including the outer perimeter. The facility has implemented preventive measures until the installation of the cameras can be fulfilled and that is additional unannounced security rounds documented within these areas. The auditor confirmed the security levels for each shift, support staff, administrative staff, maintenance staff, and management by comparing the staff assigned to the daily duty rosters. The facility Warden interview indicated the factors considered in the development of this staffing plan includes, generally accepted detention and correctional practices, no judicial findings of inadequacy from Federal, internal, or external bodies. The composition of the inmate population averaged 143 inmates and the facility staffing plan predicated to include 313 inmates. Each housing unit is monitored by correctional officers and supervisors conduct unannounced rounds throughout the day. All programming activities are during dayshift hours and the facility provides additional staff to accommodate these needs with the addition of staff to monitor these areas. This auditor verified this process during the site inspection as the staffing levels were consistent with the daily roster report. The elements of State, Local Laws, Regulations, Standards, and other relevant factors are considered when developing the staffing plan. There was 1 substantiated allegation of sexual misconduct and 76 unsubstantiated incidents considered prior to the review of the current staffing plan.

115.13 (b) - The facility provided information during the Pre-Audit Questionnaire process indicating 0 deviations within the staffing plan in the last 12 months. The agency developed the General Operations Procedures Document that documents all security personnel, and which post staff members are assigned. This report is developed and updated on an annual basis and the Warden interview confirmed this process. Facility policy 9.49-4, page 11, implements regular review of the staffing requirements and indicates the PREA Coordinator shall complete and submit the compliance review annually. All deviations from the post chart are documented in an incident report. In circumstances of non-compliance with the staffing plan, the facility Shift Commander shall document, in writing, and justify all deviations from the plan. This documentation shall be forwarded to the facility Warden for review. The auditor reviewed 0 incident reports indicating deviations within the staffing plan. The facility reported all post assignments are filled with overtime hiring. The most common overtime needs consisted of FMLA status, sick leave, annual leave, and training. The facility Warden indicated in the formal interview there are mandates within the policy that require every post to be filled. The auditor reviewed a list of current staff documented on the overtime list. During the on-site review, the auditor interviewed 3 informal staff on an assigned overtime post, and 3 random staff interviewed on overtime from the night shift.

115.13 (c) - Agency policy 9.49-4, page 11, includes the specific requirement regarding an annual review of the facility staffing plan by the PREA Coordinator and the facility Warden. The PREA Coordinator and the facility Warden interviews confirmed the staffing plan is discussed numerous times throughout the year and changes are necessitated as required. The Warden confirmed no litigation and no federal mandates are currently present that may affect the sexual safety of the facility. The interview indicated full compliance with the provisions of this standard. The auditor reviewed the RIDOC PREA Staffing Plan Annual Review Documents, submitted 2017, 2018, and 2019 indicating WOM conducted their annual staffing plan review. This document included a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities. This information was confirmed by the auditor during the on-site PREA Compliance Manager interview.

115.13 (d) - Agency policy 9.05-2, Institutional Logbook System, page 3, informs staff regarding supervisor unannounced rounds must be made throughout the facility to deter sexual abuse or sexual harassment on each shift. Agency policy 9.49-4, page 11 also includes staff are prohibited from alerting other staff members regarding the supervisor rounds and disciplinary action is the standard result of these actions. The on-site review indicated the supervisory rounds are being conducted and documented on the unit logs. The auditor reviewed 1 documented supervisory log for each month, since January 2019, for the facility Captain and

Lieutenant, and this included records for special housing, housing unit logs, and inspections conducted by the Shift Supervisor. These documents indicated rounds being conducted during day and night shift activities and at random intervals. The logs did not indicate a distinct pattern as all rounds were conducted at various times and on different shifts. The auditor reviewed the housing unit log entries for the past 12 months and selected a sample of 5 higher level supervisors. The facility organizational chart indicates higher level supervisors as Lieutenant and above. All rounds were conducted at random intervals, on multiple shifts, and no distinct pattern was identified. The auditor conducted an interview with a Lieutenant, and 1 interview with a Captain, and both interviews indicated conducting unannounced rounds, documenting the rounds on the supervisory logs, and attempting to conduct the rounds without staff notifications. One interview indicated the supervisor will enter the facility at random locations, double back on security rounds, and monitor the radio traffic regarding supervisory notifications. All staff interviewed indicated disciplinary action as the result of any infractions regarding unannounced rounds throughout their tours. The auditor conducted 7 informal staff and 5 informal inmate interviews, and these interviews indicated higher level staff are present throughout the units on both day and night shifts. The informal staff interviews indicated supervisors are always walking through the units and documenting their presence. The informal inmate interviews indicated supervisory presence within the units, as one inmate advised, "They are always around".

Conclusion:

Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the development and review of a facility staffing plan, intermediate or higher level supervisors conducting documented unannounced rounds, and the facility has developed a policy that prohibits staff from alerting other staff of the rounds occurring.

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.

Standard 115.14 Analysis
 Auditor Brian Sutherland
 Women’s Facility (WOM)

The following evidence was analyzed in making the compliance determination:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. 9.33-6 DOC, Inmate Housing Assignments, 06-24-19
3. Facility Population Analysis of Age Ranges Document - (12 Months)
4. 12.26-5 DOC, Special Management of Juvenile Offenders, 07-10-17
5. FY 2019, Annual Population Report

Interviews:

1. 0- Line Staff Who Supervise Youthful Inmates
2. 0 - Youthful Inmates
3. 1 - Education and Program Staff
4. PREA Compliance Manager

Site Review Observations:

1. Reviewed the daily inmate rosters and housing reports
2. Reviewed the facility intake process and classification questionnaire
3. Reviewed the Agency Web Site

Results Based on the Following Provisions:

115.14 (a-c) - The Women's Facility has housed 0 youthful offenders in the last 12 months. Agency policy 12.6-5, Special Management of Juvenile Offenders, Section II, page 1-3 describes the considerations for a youthful offender to be housed at WOM. The policy advises, "A female juvenile/offender shall be transferred to the facility and/or housing unit designated for RIDOC for protective custody placement for juvenile offenders as soon as practicable". This practice was confirmed during the interview process by the 1 education and program staff and verified by the facility population analysis of age ranges for the past 12 months. The facility PREA Compliance Manager interview confirmed this during the on-site review.

Agency policy 9.33-6, Inmate Housing Assignments and 12.26-5, Special Management of Juvenile Offenders policy describes the classification process regarding the housing of youthful offenders and explains the youthful offender will be housed separate 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. Facility policy 9.49-4, page 4 explains this practice as the programs director will communicate with the facility PREA Compliance Manager to ensure all programming activity is scheduled for the youthful offender.

The auditor viewed the housing area (A Mod) that is utilized for youthful offenders and the areas are separated by sight and sound from adult offenders. The facility utilizes window coverings, sound barriers, and multiple staff are available for escort to other locations. The youthful offenders can perform recreation and shower activities separate from the adult offenders. There were no youthful offenders available during the on-site review as no youthful offenders were being housed at the facility.

Conclusion:

Based upon the review and analysis of all evidence provided, the auditor has determined that the facility is fully compliant with this standard requiring the youthful offender to be housed separate 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. The facility provides programming activities for youthful offenders, recreation, and private showers. No further action is required within this standard.

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.

Standard 115.15 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making the compliance determination:

Documents:

1. WOM Responses to the Pre-Audit Questionnaire
2. Agency Policy 9.14-8, Detecting and Confiscating Contraband on or in the Possession of Inmates (including frisk, strip, and body cavity) Searches, 01-25-16
3. Agency Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act) Policy, 03-15-18
4. Personal Searches Training Lesson Plan
5. PREA Training Lesson Plan
6. PREA Training Logs
7. Procedure Update, PREA Cross Gender Announcing and Notification System, 01-18-18
8. Training Video, Guidance in Cross-Gender and Transgender Pat Searches, The Moss Group, Inc.
9. RIDOC SOP, Identification, Treatment, and Management of Transgender and Intersex Inmates, 03-05-18
10. RIDOC SOP, Statement of Search Preference Form, 07/2017

Interviews:

1. Non-Medical Staff Involved in Strip Searches = 0
2. Random Sample of Staff = 12 Random Staff
3. 7 Informal Staff, and 5 Informal Inmates interviewed
4. Transgender/Intersex population = 2 Transgender on-site, 1 interviewed, 1 refused
5. 8 Random Inmate Interviews

Site Review Observations:

1. Confirmation of gender specific posts compared to the daily duty rosters.
2. Intake Risk Screening and Classification Review.
3. 2 - Transgender inmates observed during the on-site review.
4. Opposite gender announcement entering housing units.

Findings (By Provision):

115.15 (a) - Agency SOP, Identification, Treatment, and Management of Transgender and Intersex Inmates, Section 3, page 5 indicates the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The WOM reported no cross-gender strip or visual body cavity searches conducted in the last 12 months. This includes no searches that involved exigent circumstances or performed by nonmedical staff. This was confirmed through 12 random interviews with staff. As all 12 staff interviews advised the facility does not perform cross-gender strip or visual body cavity searches. The auditor conducted 8 random interviews with inmates and all 8 interviews indicated no cross gender strip or visual body cavity searches have been performed. The inmate population advised strip searches are always conducted by the same gender. This information was also confirmed during 7 informal interviews with staff, and 5 informal inmate interviews as the interviews confirmed the female staff are only allowed to perform pat searches of female inmates and all strip searches are conducted by the same gender. During the on-site review, the auditor received notice of 2 inmates currently housed at WOM that identified as transgender. No non-medical staff involved in cross-gender searches were available for interview due to the facility reporting 0 cross-gender searches. Agency SOP, section 3 indicates when an exigent circumstance exists regarding a cross-gender search, all searches will be documented on an incident report and forwarded to the Shift Commander, and the PREA Compliance Manager.

115.15 (b) - The WOM houses female inmates however, the auditor did observe 2 inmates classified as a transgender as reported by the facility. The facility reported a total of 2 inmates that classify as transgender population. The facility Warden confirmed this statement during the onsite review. The agency website indicated the facility houses female populations. The PREA Compliance Manager interview indicated the WOM does not conduct cross-gender pat searches of offenders. The auditor reviewed housing unit logs indicating no cross-gender listings for the population cited in the past 12 months.

115.15 (c) - Agency SOP, requires the facility shall document all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of inmates. The facility Warden confirmed this statement during the on-site review. No cross-gender searches of inmates were observed by the auditor during the on-site review. Interviews with 8 random inmates and 12 random staff did not indicate any concerns with cross-gender searches.

115.15 (d) - Agency policy 9.49-4, page 11 explains inmates shall be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. This policy mandates gender specific staff are assigned to special housing units, Transport Officers, Search Team Officers, Visiting Room Search Officer, Intake Officer, Sally Port, and Specialized Treatment Units will be considerate of gender specific posts. The auditor reviewed the daily post assignments during the on-site review and compared the gender assigned with the posted memo requirements. The facility offers inmate shower curtains that do not create blind spots, full doors that protect viewing during restroom functions, and mirrors that do not affect privacy. The facility restrooms, showers, and living units were inspected for compliance and the auditor observed shower curtains for privacy while taking a shower, restroom barriers for inmate privacy while using the restroom, and camera placements throughout the facility that did not indicate cross gender viewing during periods of undress by the population. The housing unit cells have small windows that create a barrier toward the wet cells that have a toilet and sink combination in the room. This prevents inmate viewing while changing clothes and using the restroom except during incidental viewing during routine staff rounds. Informal interviews with 7 staff and 5 inmates indicated no concerns with viewing of this nature. No video monitoring equipment was identified to be positioned to allow for cross gender viewing in this capacity. The pan-tilt-zoom cameras in

the dayrooms were installed to prevent staff the ability to view inmates while performing restroom and shower functions.

The auditor reviewed a procedure update notice that was posted on January 18, 2018, indicating the required PREA Cross Gender Announcing and Notification System. Housing unit post orders indicate a procedure for staff of the opposite gender to announce their presence when entering an inmate housing unit. This practice was observed throughout the facility site review as staff announced their presence and documented this action in the unit logbooks. The WOM provides signage at the door of each unit requiring this announcement. The auditor reviewed the WOM method of notifying the hearing-impaired inmates when a female staff member is on the unit. As this information is provided over the loudspeaker, staff announce their presence, and the facility is piloting a program to use a doorbell to perform this announcement which may be considered at other facilities.

115.15 (e) - Agency policy 9.14-8, Searches, strictly forbids staff to examine inmates for the sole purpose of determining the inmate's genital status. This policy includes transgender and intersex inmates, and if the genital status is unknown, the information will be obtained during the inmate conversations, medical records, or by performing a broader examination conducted by a medical practitioner. The Health Services Administrator confirmed this through random staff and inmate interviews. The PREA Compliance Manager interview and the PREA Coordinator interviews confirmed all inmate information is utilized to ensure this process is adhered too. The agency SOP, Identification, Treatment, and Management of Transgender and Intersex Inmates explains the departments approach to working with transgender and intersex inmates. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population.

The facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The daily process was described to the auditor during the on-site review to include the following: caution is utilized to measure the proper placement toward housing, security, programming, and other needs. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool, Mental Health Referral Form, Access to Health Care Procedures, Committee Review, Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each inmate is considered on a case-by-case basis and the final determination is mandated by the Assistant Director of Institutions as recommended by the Transgender and Intersex Review Board. A total of 2 inmates at WOM identify as transgender and the auditor was able to interview 1 inmate from this population. The inmate indicated satisfaction with current housing considerations, the facility authorizes male products to be ordered from the commissary, and the facility utilizes the inmate ID card to determine housing and search preferences to staff. A large M or F is documented on the back of the inmate ID Card and this procedure is an important communication tool for staff as the process appears less intrusive and identifies the search preference. The staff interviews indicated a minor concern regarding this procedure. The agency PREA Coordinator acknowledged the concern by preparing a short training plan and the auditor received documentation indicating compliance with this practice.

115.15 (f) – The agency PREA policy 9.49-4, indicates all sworn staff are trained to conduct proper pat down searches on inmates to include cross-gender searches. WOM facility policy 9.49-4 describes the methods to conducting clothed searches, strip searches, body scanner screenings, and body cavity searches. The training curriculum consists of a video developed by the Moss Group titled, "Guidance in Cross-Gender and Transgender Pat Searches", and the auditor reviewed the entire video. This is a mandated training for all employees and a sample of 8 staff training files indicated the training was received in the last 12 months. Random interviews with 12 random staff and 7 informal staff interviews indicated knowledge of the training and verbal demonstrations regarding proper conduct. The training curriculum described proper conduct as utilizing the back of the hand to

conduct the pat-down search, maintaining strict professionalism, utilizing correct terminology, providing a private area for the search, limited cross-gender viewing, and being respectful toward population needs.

Conclusion:

Based upon the review and analysis of all the available evidence, interviews, on-site observations, and policy, procedure, and practice considerations, the auditor has determined that the facility is fully compliant with this standard. No corrective action is required.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.16 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Policy 9.49-4 Prison Rape Elimination Act (PREA) Procedures Manual
3. Policy 1.13-4, Limited English Proficiency (LEP), Individuals, 02-16-15
4. Policy 3.30, Reasonable Accommodations, 12-17-07
5. Policy 13.10-4, Inmate Grievances, 02-04-19
6. Policy 18.22, Inmates and Visitors with Special Needs, 05-09-13
7. Foreign Language Employee Directory List (Updated 07-08-19)
8. PREA Handout/PREA Pamphlet (English/Spanish)
9. Day One Programs and Services Guide (English/Spanish)
10. Dorcas International Institute of Rhode Island over the phone Interpreting Services Guide, (English/Spanish)

Interviews:

1. Agency Head (Designee)
2. 2 Inmates with a Physical Disability
3. 0 Inmates with a Hearing Disability
4. 1 Inmates with Limited English Proficiency (LEP)
5. 1 Inmate with Cognitive Disabilities
6. 12 Random Staff Interviews
7. 7 Informal Staff Interviews

Site Review Observations:

1. Signs and posters indicating zero tolerance posted throughout the facility English/Spanish formats
2. The unit phones are available with a TTY service and Spanish options
3. Opposite Gender Announcements in the housing units
4. Written materials in multiple language formats
5. Staff interpreters on-site and utilized during interviews
6. Language Line utilized during interviews

Findings by Provision:

115.16 (a) Policy 18.22, Inmates and Visitors with Special Needs, explains the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy includes language associated with deaf or hard of hearing inmates, blind or having low vision, inmates who have intellectual disabilities, psychiatric disabilities, speech disabilities, and limited English proficient. The auditor utilized the staff interpreter to interview 1 limited English proficient inmate. The Agency Head interview indicated the facility has a contract to provide language line services, the facility is required to post materials in both English and Spanish formats, there are options for the blind, a contract for language services, 52 staff listed as interpreters, and all PREA related materials are available in multiple languages. The auditor inspected the inmate phone systems and the TTY options are available for hard of hearing populations, and the voice recorded options are available in Spanish formats.

115.16 (b) The inmate handbooks are written in both English and Spanish format. The PREA and Americans with Disabilities Act provisions are documented in policy 3.30, Reasonable Accommodations, and indicate the following resources are available for the inmates: closed captioning, large print material, reading of materials to inmates by staff, department translator lists, and the language line services. Inmates are provided the PREA education pamphlet in their primary language upon request and the auditor reviewed the intake process. The auditor observed the closed captioning included within the television viewing, and the intake staff reading the PREA pamphlet to the inmates. The auditor interviewed 1 limited English proficient inmate that indicated gratitude for the language line service. They advised using this service in the past and the facility PREA Compliance Manager ensuring the PREA materials were provided in Spanish format. The auditor reviewed the WOM Foreign Language Employee Directory List (Updated 07-08-2019) and noted 52 staff are available for interpretation throughout the agency.

115.16 (c) The agency provides interpreter services with a language line service known as Dorcas International Institute of Rhode Island. This company also requires its interpreters to undergo a medical interpreter credentialing process. A helpline number is available on the inmate phone lines to report abuse. This service is available for inmates with limited reading skills in both English and Spanish. The auditor tested the number during the on-site review and an immediate response was provided. Email notifications were also received by the PREA Compliance Manager and this auditor reviewed the confirmations. Posters and signs are available throughout the facility in both English and Spanish relating to reporting mechanisms, and prevention techniques. This auditor reviewed an agency translator list indicating 52 potential staff in various languages. Staff training files reviewed indicated training received for managing inmates at risk of sexual abuse and identified the policy against using inmate interpreters. Interviews conducted with inmates included 2 inmates with a documented physical disability, 1 limited English proficiency, and 1 cognitive disability did not reveal concerns regarding this standard.

Conclusion: The evidence reviewed by the auditor reveals a significant level of facility importance regarding inmates with disabilities or inmates with limited English proficiency having the ability to communicate effectively with staff. This includes efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has taken an above average approach to accommodate steps to communicate effectively with inmates who are deaf or hard of hearing, have speech disabilities, are blind or low vision, intellectual disabilities, limited reading skills, psychiatric disabilities, or limited English proficient. This includes a language line contract, and the 52 potential staff interpreter lists. The agency has a policy in a written format and the review of the agency training materials indicated the facility training aligns with the written policy. The Warden interview indicated a strong knowledge base and the expected communication results designed within the intent of the written policy. The facility is fully compliant with this standard.

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.

Standard 115.17 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Policy 3.14-3 DOC, Code of Ethics and Conduct, 01-11-16
3. 8 Random Staff Personnel Files
4. Policy 3.32 DOC, Pre-Employment Background Investigations, 11-09-15
5. Policy 9.23-3 DOC, Access to ACI Facilities, 01-30-17
6. Policy 9.40-5 DOC, Procedures for Contractors at Institutional Facilities, 10-27-14
7. 10 Random Volunteer Files
8. 10 Random Contractor Files
9. Policy 4.94-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
10. Policy 9.50 DOC, Office of Inspections, 04-30-07
11. Policy 9.49 DOC, RIDOC PREA Supplemental Questionnaire, 06-17-15
12. RIDOC SOP, Hiring Manual, 11-18-19

Interviews:

1. 2 Human Resource Staff
2. PREA Compliance Manager
3. 7 Informal Interviews with Staff
4. 1 Contract Staff Interviews
5. 0 Volunteer Interview
6. 12 Random Staff
7. 2 SIU/OI Chiefs

Site Review Observations:

1. 8 Random Staff Personnel Files
2. New Employee Background Screenings Confirmed
3. Contractor Background Screenings Confirmed

Findings by Provision:

115.17 (a) Policy 9.49-4, page 21 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who has engaged in, been convicted of, or civilly/administratively adjudicated in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution. This was confirmed during the interview with 2 Human Resource staff members. Each staff member must provide responses to specific questions relative to PREA during the submission of the application. A background questionnaire form is completed authorizing the facility to conduct a background screening. The auditor reviewed 8 staff personnel files that indicated a response to these PREA related questions.

115.17 (b) Policy 9.49-4, page 22 requires the facility to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. This was confirmed during the interview with 2 Human Resource staff members. The auditor reviewed 8 staff personnel files indicating their signatures on the background release forms. None of the 8 staff personnel files indicated concerns regarding this provision.

115.17 (c) The agency policy 3.32 Pre-Employment Background Investigations indicates a screening is required by law prior to hiring. This includes the following: employment history checks, criminal history checks, and the National Sex Offender Registry screenings. These checks are completed prior to hiring new employees who may

have contact with inmates, criminal background records checks and 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 is completed. The auditor spoke with the SIU/OI Chiefs and determined criminal background checks were completed in the past 12 months. These record checks were through the National Crime Information Network, and all current staff background checks are performed prior to employment. The background checks include the following: Biometric information, driving records, investigation files, licensure, military records, and drug related convictions.

115.17 (d) The preaudit questionnaire indicated background checks were completed for staff covered under contracts for services that may have contact with inmates. This information was confirmed during the SIU/OI Chief Investigator interview. The auditor reviewed facility policy 9.49-4, page 22 regarding the provision of this standard that documents background checks are conducted for all applicants and employees.

115.17 (e) Policy 9.23-3, indicates criminal background checks are conducted on all current employees, volunteers, and contractors, at least every 2-5 years. This is dependent upon what type of clearance badge you were awarded at the time of employment or admission into the facility. This was confirmed during the 2 human resource staff interviews. This is captured within the agency reporting mechanism and discussed during the human resource interview. The system that captures this information is the National Crime Information Center, Rhode Island Crime Information Network, and the Rhode Island Department of Motor Vehicles. A centralized clearance check form is submitted, and the system consistently captures clearance information that includes driver license information, Rhode Island rap sheets, Interstate Identification Rap Sheets, visitor tracking information, inmate telephone calls, email and money transactions, and prior employment information.

115.17 (f) All applicants and employees, who may have contact with inmates, will be asked about previous misconduct in all written applications, interviews for hiring or promotion, or during written evaluations. This was confirmed during the review and interview with the 2 human resource staff members. The auditor reviewed 8 staff files and confirmed the signed document was present asking the specific questions relative to sexual abuse, sexual assault, and sexual misconduct.

115.17 (g) Employees must disclose all misconduct allegations and any material omission or false information regarding misconduct will be grounds for termination. The policy 9.49-4, page 22 explains failure to report criminal charges and convictions may result in disciplinary action, demotion, and termination. In addition, 8 staff personnel files were reviewed, and no issues determined regarding this practice.

115.17 (h) The facility tracking mechanism is documented on the applicant summary form and includes a criminal records check, valid driver's license, personal interview, proper documentation provided, Local Inmate Data System review, social security number compliance, certification verification, correctional reference checks to include prior employers, resignations, and substantiated allegations. The Human Resource Staff interview provided documentation demonstrating a criminal history and driver history inspection was previously conducted for staff. The Human Resource Staff interview confirmed a criminal background check is conducted prior to offering promotional opportunities and the auditor verified this process during the employee file review.

Conclusion: Based on the evidence reviewed by the auditor to include: 8 staff personnel files, interviews with 2 human resource staff, agency and facility policy, contractor reviews, 12 random staff interviews, and 7 informal staff interviews, the auditor finds no discrepancies within this standard required for corrective action. The steps considered by the facility to ensure the sexual safety of the inmates with qualified staff is impressive, as all employee, contractor, and volunteer background investigations are conducted by the Office of Inspections (OI), or the Records and ID staff. The facility offers a detailed ID clearance system and all staff are required to maintain their clearance throughout employment. Each ID clearance is reviewed according to priority between

2-5 years depending on the clearance level. All staff must be reevaluated upon promotion and are required by policy to inform Human Resources staff regarding any negative interaction with law enforcement. The ID clearance system is consistent across all parameters to include the auditor clearance prior to authorized approval to conduct this audit. The RIDOC appears to take an above average approach to ensuring the compliance within this standard.

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.

Standard 115.18 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Policy 9.49-4 PREA Procedures Manual, Upgrades to Facilities and Technologies

Interviews:

1. Facility Warden
2. PREA Compliance Manager
3. Agency Head
4. PREA Coordinator

Site Review Observations:

1. Camera and monitor placement throughout the facility
2. Video and storage areas and camera footage
3. Gender Specific post assignments
4. Cross-gender viewing on video monitoring equipment

Findings by Provision:

115.18 (a) The agency PREA Procedures Manual indicates when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse.

The facility Warden confirmed no substantial expansions were performed to the WOM facility within the last 12 months. The interview with the Warden indicated the safety and privacy needs for inmates is always considered. Whenever analysis is performed the idea of creating areas of safety and eliminating blind spots are important. The camera committees are in place at all levels, to ensure when tours are made, the camera placements and electronic monitoring data are all factors to consider when developing budgets.

115.18 (b) The agency policy regarding PREA indicates when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The facility has not performed any modifications and upgrades to the video monitoring equipment within the last 12 months. The auditor reviewed the video footage during the on-site review in correlation with the previously documented gender specific post assignments. There were no immediate concerns identified regarding cross-gender viewing of the video monitoring equipment. Several recommendations are being considered to upgrade the current video monitoring equipment and future expansion may become a part of the current vision as indicated during the Agency Head interview.

Conclusion: The facility has implemented a policy and a program to monitor the effects of upgrades, camera placement, and video monitoring equipment throughout their facility. Each camera has a full DVR recording support and all modern additions were provided to assist in preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The efforts provided by the facility meets the requirements of this standard. The facility Warden indicated additional grant funding is being sought to add additional video monitoring equipment and a more advanced DVR recording system to increase the recording opportunities. The

Warden advised the PREA Coordinator participates in the discussions regarding video monitoring equipment and future expansion.

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.

Standard 115.21 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Agency Policy 9.16-1 DOC, Procedure for Protecting, Gathering, and Preserving Evidence, 09-25-06
3. Memorandum of Understanding (MOU) between the Rhode Island Department of Corrections (RIDOC) and the Rhode Island State Police (RISP)
4. Agency Policy 9.16-4 DOC, PREA (Prison Rape Elimination Act), 03-15-18
5. Reviewed 0 investigations involving a Sexual Assault Nurse Exam Referral
6. Reviewed 1 RIDOC Contract with The Counseling and Psychotherapy Center, Inc – Emotional Support Services to Victims of Sexual Abuse, 04-18-20
8. Agency Policy 9.50 DOC, Office of Inspection, 04-30-07
9. Reviewed 0 SANE Evaluations from Kent Hospital or Rhode Island Hospital
10. Reviewed the Sexual Abuse Counseling Eligibility List (35) Total Participants

Interviews:

1. 12 Random Staff
2. 0 Sexual Assault Nurse Examiner
3. PREA Compliance Manager
4. 4 Inmates who Reported Sexual Abuse
5. 1 Clinical Social Worker (Non-Security First Responder)
6. 7 Informal Staff Interviews
7. Day One Local Victim Advocate Helpline Provider

Site Review Observations:

1. Day One Toll-Free Number posted in all Living Units
2. PREA Signs and Posters posted in all living units in English and Spanish formats.

Findings by Provision:

115.21 (a) The WOM utilizes the Special Investigations Unit (SIU) and the Office of Inspections (OI) for conducting administrative sexual abuse and sexual harassment investigations, and the Rhode Island State Police has the responsibility for conducting criminal abuse investigations. The Special Investigations Unit, Office of Inspections, and the Rhode Island State Police utilize a uniform evidence protocol when conducting sexual assault investigations and forensic medical examinations. The agency PREA policy 9.16-4 describes the uniform evidence protocol required by the facility on pages 4-8. The auditor interviewed 12 random staff and all interviews indicated securing the scene and the Rhode Island State Police would be responsible for collecting the evidence at the scene. The agency policy 9.50, Office of Inspection indicates the standard utilized when

conducting sexual harassment and discrimination investigations. The auditor reviewed a Memorandum of Understanding (MOU), between the Rhode Island Department of Corrections and the Rhode Island State Police. This MOU is effective until both parties express otherwise.

115.21 (b) The WOM does house youthful offenders and this was confirmed by the agency website, onsite interviews conducted with staff, and the population statistical data. Agency PREA policy 9.49-4 explains the protocol established for evidentiary purposes shall be developmentally appropriate for youth. This policy was adapted in correlation with the National Protocol for Sexual Assault Medical Forensic Exams, Adult/Adolescents.

115.21 (c) The facility offers all inmates who experience sexual abuse access to forensic medical examinations and without financial cost to the victim. The agency PREA Policy 9.49-4 advises the facility shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without cost, where evidentiary or medically appropriate. The WOM utilizes an off-site medical emergency room. A total of 0 forensic medical exams were performed by a Sexual Assault Nurse Examiner (SANE) during the past 12 months. The number performed by a SANE was 0, and the number performed by a qualified medical practitioner was 0. This auditor was unable to speak with the SANE nurse during the on-site review. The staff indicated they would provide the necessary support at the Kent Hospital or the Rhode Island Hospital during the sexual assault exam. This was also confirmed by the PREA Compliance Manager and the Health Services Administrator during the on-site review. The Health Services Administrator confirmed all medical procedures will be performed to the victim at no cost and the auditor reviewed data to support the 0 SANE evaluations were performed at no cost to the inmates. WOM also provides on-site mental health treatment through their crisis stabilization and transitional care units. This includes activities groups, social skills training, group therapy, and medication management groups.

115.21 (d) The WOM medical staff complete the National Institute of Corrections training curriculum regarding PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and PREA: Behavioral Health Care for Sexual Assault victims in a Confinement Setting. Training certificates were reviewed for medical staff and all training was verified. The auditor identified the Day One Services poster in all housing units, intake, and medical sections of the facility. The poster identified the 24- hour services offered by the agency, advocacy and case management, and hospital accompaniment. The poster offers an address for inmates to write directly to the agency and the information is also provided in the inmate handbook. The information provided to the inmates in intake includes a facility sexual abuse awareness pamphlet and the address for the Day One Services is included within the pamphlet. The auditor observed this pamphlet being provided to the inmates during the intake processes. All inmates are required to sign for receipt of the inmate handbook and the PREA pamphlet.

115.21 (e) The auditor reviewed 0 incident reports demonstrating a victim advocate present during the sexual assault medical exam as the facility reported 0 incidents involving the need for an exam. The Day One Services information was provided in the sexual abuse awareness pamphlet. Policy 9.49-4, Section E, page 13 explains any inmate who alleges sexual abuse or sexual battery shall be given a copy of the notification of rights to have crisis intervention services. The services are provided by The Counseling and Psychotherapy Center, Inc. The auditor interviewed 4 inmates that had previously reported an allegation of sexual abuse. The inmates advised they were aware of the program and had spoken with the volunteer that reports to the facility. They indicated knowledge of how to report an allegation and request for services in the future.

115.21 (f) The WOM utilizes the facility Special Investigations Unit (SIU) and the Office of Inspections (OI) for conducting administrative sexual abuse and sexual harassment investigations, and the Rhode Island State Police (RISP) has the responsibility for conducting criminal abuse investigations. This was confirmed during the PREA Coordinator and Investigative staff interviews and 7 informal staff interviews were able to identify the SIU/OI as the point of contact for facility investigations.

115.21 (g) N/A

115.21 (h) The facility PREA Compliance Manager verified the facility will always utilize the Counseling and Psychotherapy Center, Inc. as the community advocate to offer emotional support, crisis intervention, information, and referrals. The WOM does not utilize staff as representatives for the emotional support services.

Conclusion: The facility has in place a policy reflecting the efforts toward providing investigations, victim support, evidence protocol, and forensic medical examinations. The auditor reviewed a contract for the provisions required and all facility efforts are documented in writing. All provisions were met within standard 115.21 and no further corrective action required.

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.

Standard 115.22 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Policy 3.14-3 DOC, Code of Ethics and Conduct, 01-11-16
3. Policy 5.01-5 DOC, Management of Semi-Active and Archival Records, 01-11-16
4. Policy 9.16-1 DOC, Procedure for Protecting, Gathering, and Preserving Evidence, 09-25-06
5. Policy 9.31-5 DOC, Reporting of Events, 11-04-19
6. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
7. Policy 9.50 DOC, Office of Inspection, 04-30-07
8. Policy 18.59-6 DOC, Confidentiality of Inmate Health Care Information to Include Electronic Medical Records (EMR) and Paper Documents, 01-25-16
9. MOU with the Rhode Island Department of Corrections (RIDOC), and the Rhode Island State Police (RISP)
10. Reviewed a memo submitted on 12-20-16 from the PREA Coordinator regarding the requests for determining if staff actions contributed to the incident.

Interviews:

1. Facility Warden
2. 2 Agency Chief Investigators
3. PREA Compliance Manager
4. PREA Coordinator

Site Review Observations:

1. Reviewed the facility website for Investigative information
2. Reviewed Shift Commander Checklist
3. Reviewed 77 Investigative Files

4. Case Management Log Entry System

Findings by Provision:

115.22 (a) The Women's Facility Pre-Audit Questionnaire listed 77 allegations of sexual abuse and sexual harassment in the past 12 months. This resulted in 77 administrative investigations and 1 allegation was referred for criminal investigation and the results are still pending. The WOM recognizes the grievance system as a method of reporting allegations of sexual abuse; however, no grievances were submitted within the last 12 months regarding allegations of sexual misconduct. When a grievance form is received indicating an allegation of sexual abuse or sexual harassment, the grievance is rejected and forwarded immediately to the Special Investigations Unit (SIU) or the Office of Inspections (OI) for investigation. The WOM provides a helpline number as a method of reporting sexual abuse or sexual harassment. The helpline is monitored by Day One Programs and Services. The RIDOC has entered contract with The Counseling and Psychotherapy Center, Inc. for emotional support services to victims of sexual abuse. The agency reported a total of 35 eligible inmates are currently participating in the services being offered by The Counseling and Psychotherapy Center.

Administrative investigations are conducted, and referrals are made to the RISP for criminal investigations. All allegations are investigated by the SIU/OI for administrative investigations. There were no criminal cases that resulted in a substantiated allegation however 1 investigation is still pending regarding criminal review. There are currently 0 sexual abuse administrative cases still pending, and 76 closed cases. There are 0 sexual harassment cases still pending and the interview with the facility Warden explained the agency Special Investigations Unit (SIU) and the Office of Inspections (OI) is the point of contact for all investigations. All criminal investigations are referred to the Rhode Island State Police. The Special Investigations Unit Chief and the Office of Inspections Chief will ensure that all cases are completed and documented with complete investigative summaries and the Warden is informed of the outcomes. The Office of Inspection makes the final determination regarding administrative investigations and if staff actions contributed to the incident.

115.22 (b) The WOM PREA policy 9.49-4 requires all allegations of sexual abuse and sexual harassment to be investigated and referred for administrative review or criminal prosecution. Policy 9.49-4 ensures the allegation of sexual abuse or sexual harassment is referred to an agency with the legal authority to conduct criminal investigations. The Rhode Island State Police shall be responsible for criminal investigations in matters relating to sexual abuse. This notification policy is posted on the agency website and the procedures for reporting allegations are found in the agency PREA policy 9.49-4. This auditor reviewed documentation indicating all 77 cases were entered into the Facility Incident Database. This information was provided and explained by the PREA Coordinator. The agency SIU/OI Chief Investigator interviews confirmed this process.

This auditor reviewed 15 investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews and documented within the reports. This auditor provided recommendations to the investigative staff for future implementation and the reports were impressive during the onsite review. The credibility assessment section was included within the investigation report template, and the auditor reviewed headings created by the SIU/OI Chief Investigator referencing the following elements within the report: staff and inmate discipline history, current and previous criminal history, prior allegations reported, prior grievances, post assignments, evaluations, reports, phone logs, visitations, and performance appraisals. The evidence provided demonstrated full compliance with this practice. The SIU/OI Chief Investigator indicated the burden of proof for administrative investigations to be the preponderance of the evidence. The PREA Coordinator confirmed the policy is posted on the facility website and this was included in the facility Pre-Audit Questionnaire.

115.22 (c) Agency PREA policy 9.49-4 indicates the Rhode Island State Police shall conduct all criminal investigations of sexual abuse, sexual battery, and staff sexual misconduct. The information provided by the agency and facility indicates compliance with this standard. The auditor received 1 referral provided by the facility to the Rhode Island State Police for investigation. The auditor confirmed 1 referral is currently being investigated and the outcome is still pending review.

115.22 (d) N/A

115.22 (e) N/A

Conclusion:

Based on the evidence provided by the facility, the agency has a policy governing the investigations of allegations of sexual abuse and sexual harassment. The facility has a documented investigative policy and documents all reports of sexual abuse and sexual harassment. The facility provided the auditor with documentation of the investigations, including full investigative reports with findings. This auditor reviewed 15 investigative reports and determined a documented credibility assessment. The considerations for credibility were included as discussed throughout the investigative staff interviews and documented within the reports. This auditor provided recommendations to the investigative staff for future implementation and all reports were reviewed during the onsite review. The credibility assessment section was included within the investigation report template, and the auditor reviewed headings created by the SIU/OI Chief Investigator referencing the following elements within the report: staff and inmate discipline history, current and previous criminal history, prior allegations reported, prior grievances, post assignments, evaluations, reports, phone logs, visitations, and performance appraisals. The agency installs an additional review by the Office of Inspections regarding staff actions contributing within the incident. The evidence provided demonstrated full compliance with this practice. The facility provided evidence of referrals of allegations of sexual abuse and sexual harassment. The agency policy is posted on the website and it describes the investigative responsibilities of both the agency and the separate entity that conducts the criminal investigations on its behalf. The facility meets the 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

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.

Standard 115.31 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. PREA Information Acknowledgment Form
4. PREA Training Lesson Plan Power Point, 21 slides, revised 06-10-19
5. 2018 and 2020 PREA Refresher Training Handout
6. PREA Employee Training Quiz

Interviews:

1. 12 Random Staff
2. PREA Coordinator
3. 7 Informal Staff Interviews
4. 1 Inmate that identify as Transgender
5. Agency Training Staff

Site Review Observations:

1. Reviewed 8 Staff Training Files
2. Reviewed 8 PREA Training and Understanding Verification Forms
3. Verified a list of all current staff training dates

Findings by Provision:

115.31 (a) Agency PREA policy 9.49-4 includes the zero tolerance toward sexual abuse and sexual harassment policy relating to staff training. This policy includes training requirements on how to fulfill their responsibilities for prevention, detection, reporting, and response. This policy includes all elements listed in section 115.31 (a) 1-10. The auditor conducted 12 Random staff interviews indicating significant knowledge regarding the zero-tolerance policy toward all forms of sexual abuse and sexual harassment, and the staff requirements toward

prevention, detection, reporting, and response. The auditor reviewed the PREA Lesson Plan Power Point provided by the PREA Coordinator and the materials provide the discussion regarding the zero-tolerance standard.

The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, inmate rights to be free from sexual abuse and sexual harassment, inmate and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities.

115.31 (b) This auditor reviewed the staff training curriculum to include rosters, power points, briefing rosters, lesson plans, and the Power Point training program. This program is a testing platform and specifically designed to provide the PREA training elements listed in 115.31 (a) 1-10. The facility trained all staff members in the last 12 months and provided rollcall training rosters demonstrating PREA training across all shifts. The Agency training is tailored to the gender of the inmates at the facility to include male and female inmates and staff. The facility utilizes the National PREA Resource Center, The Moss Group, and the Bureau of Justice Assistance U.S. Department of Justice Guidance in Cross Gender and Transgender Pat Searches power point within their training curriculum. This auditor interviewed 1 inmate that identifies as transgender and the interview information did not depict any concerns with cross-gender viewing or searches.

115.31 (c) The auditor reviewed a total of 8 staff training files. The documentation provided indicated all 8 staff received the initial and annual PREA training. A complete listing of all staff was provided by the PREA Coordinator to the auditor ensuring the training was received by all staff at the end of the on-site review. The on-line program requires a test to be completed at the end of each section to determine satisfactory completion. The PREA Coordinator interview confirmed staff receive PREA training on an annual basis in the academy, on-line, during roll call briefings, and during in-service.

115.31 (d) The 12 random staff interviewed during the on-site review and 7 informal staff interviews indicated the ability of staff to properly identify the PREA Compliance Manager, PREA Investigator, and the PREA Coordinator. The facility organizational chart was reviewed during the initial orientation to ensure proper identifications and the PREA Coordinator provided written documentation to this auditor ensuring all training was received at the end of the on-site review. The auditor reviewed 8 PREA Training and Understanding Verification Forms. This document informs the student that their signature indicates they understand the training being received. The PREA Coordinator advised this form is signed by every staff member at the conclusion of the PREA training period.

Conclusion: Based on the review of the facility training policies, staff training curriculum, samples of the training records, and the documentation of the employee signatures signifying comprehension of the training received, the facility appears to meet substantial compliance with this standard. No corrective action is required at this time.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.32 Analysis
Auditor Brian Sutherland
Women’s Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. PREA Information Acknowledgment Form
4. PREA Training Lesson Plan Power Point, 21 slides, revised 06-10-19
5. 2018 and 2020 PREA Refresher Training Handout
6. PREA Employee Training Quiz

Interviews:

1. 1 Contract Staff
2. 0 Religious Volunteer – Unable to interview due to concerns with COVID-19
3. PREA Compliance Manager

Site Review Observations:

1. Reviewed Volunteer/Contractor/ Public Visitor Forms
2. Reviewed the facility Biometric process

Findings by Provision:

115.32 (a) Agency PREA policy 9.49-4 explains the zero-tolerance standard toward all forms of sexual abuse, sexual assault, and sexual harassment. The facility provides a volunteer and contractor handout, Power point review, and a PREA test. This auditor reviewed the volunteer and contractor handout and the information includes the zero-tolerance policy, requirements for preventing, reporting, detection, response, and the discipline imposed for violations of this policy. The documentation provided by the facility indicates the volunteer and contractor signature understanding the training received. The auditor reviewed the PREA Information Acknowledgment form indicating they understand the training received. The auditor reviewed the PREA Lesson Plan Power Point provided by the PREA Coordinator and the materials provide the discussion regarding the zero-tolerance standard.

The auditor reviewed the PREA Course Lesson Plan that lists the following performance objectives required within the training: The agency's zero-tolerance policy for sexual abuse and sexual harassment, staff responsibilities for prevention, detection, response, and reporting procedures, inmate rights to be free from sexual abuse and sexual harassment, inmate and staff retaliation standards, the dynamics of sexual abuse in confinement settings, victim behaviors, signs and symptoms of threatening behaviors, how to avoid inappropriate relationships, communication and understanding the linguistic, ethnic, or cultural differences, and how to report sexual abuse to outside authorities. The volunteers and contractors are required to complete a written test and the auditor verified this process throughout the on-site review.

115.32 (b) The RIDOC has 1132 contractors and volunteers assigned throughout the department. The level of training provided is based on the services they provide and the level of contact they have with inmates. A level one contractor or volunteer, that spends at least five hours a week with an inmate, would receive the same training as the staff. Each contractor and volunteer must complete an application and a background check is completed. The application consists of the following information: personal information, current employment information, personal identification information, education, emergency contacts, criminal history, and previous institutional experience. Each volunteer and contractor are screened through the Rhode Island Crime Information Network and the National Crime Information Center. All volunteers and contractors complete a screening process and a badge identification system is conducted that authorizes the volunteer or contractor access to the facility. The badge requirements are reviewed every 2-5 years for proper authorization and screening.

115.32 (c) The auditor spoke with 1 contract staff and 0 volunteers that provided information relating to the training received, handbook notifications, and background questionnaires. All interviews indicated the ability to convey the zero-tolerance policy, preventive actions, notification procedures, and response practices. All interviews confirmed receipt of the PREA pamphlet. The inmate signs a consent form upon the initial intake screening and there are no documented concerns regarding limits to confidentiality. The auditor observed the notification process during the intake screening. The facility volunteer coordinator provided documentation indicating all volunteers have received the PREA pamphlet and signed the notification indicating the volunteer

understands the training received. Additional interviews with contractors and volunteers could not be conducted due to the recent concerns with COVID-19.

Conclusion: Based on the review of the evidence provided, the facility ensures all volunteers and contractors that have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training is provided to volunteers and contractors based on their level of contact with the inmates. The sample of volunteers and contractors interviewed indicated knowledge regarding the zero-tolerance policy and how to report any incidents. The agency maintains documentation confirming that all volunteers and contractors understand the training they have received. The volunteer coordinator acknowledges the importance of ensuring all facility databases are updated regarding the training certification. No corrective action is required regarding 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.

Standard 115.33 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. Reviewed the PREA Intake Pamphlet (Spanish/English Format)
4. Policy 1.11-7 DOC, Inmate Communications, 02-10-20
5. Inmate Handbook (Spanish/English Format)
6. Policy 18.22 DOC, Inmates and Visitors with Special Needs, 05-09-13
7. Day One Programs and Services Guide
8. Sexual Assault Awareness Pamphlet, 2016
9. 35 Women's Facility Inmate Orientation Acknowledgement Forms
10. PREA: What you Need to Know Video Transcript.

Interviews:

1. PREA Compliance Manager
2. 1 Intake Staff
3. 8 Randomly Selected Inmate Interviews
4. 5 Informally Selected Inmate Interviews
5. 1 Limited English Proficient (LEP) Inmate Interviews
6. 0 Hard of Hearing Inmate Interviews

Site Review Observations:

1. Observed the Intake Process and Issue of the PREA Pamphlet to Inmates
3. Reviewed 10 Inmate Intake Files
4. Reviewed 10 PREA Inmate Intake Handout Receipts
5. Observed PREA Posters and Materials Posted in All Living Units, Medical, and Programs (English/Spanish)

Findings by Provision:

115.33 (a-f) Policy 9.49-4, Prison Rape Elimination Act, 2003, section 7B, page 9 discusses the inmate education requirements and includes elements (a-f) within the policy. The intake officer described the inmates receive an initial PREA document upon arrival to the intake section. The auditor observed this process during the intake screening and observed inmates receive the PREA pamphlet. This document includes the facility zero tolerance policy, the inmates right to be free from sexual abuse, sexual assault, and sexual harassment. It also includes instructions on how to report an allegation by mail. The inmates can submit a request form, file a grievance to report allegations of sexual abuse, sexual assault, or sexual harassment. They can report to a staff member or call the PREA helpline numbers. The helpline numbers are linked to the Day One Programs and Services, OI, SIU, RISP, and ICE. Agency policy 9.49-4 indicates within the first 30 days of reception additional PREA information will be provided to the inmate population. This information includes the inmate's rights to be free from sexual abuse, sexual harassment, and retaliation. Department policies are introduced, response procedures, and directions on how to report an allegation is explained during the comprehensive review. The facility also proudly displays PREA posters and one is displayed in the intake section regarding zero tolerance. The intake staff are required to print an inmate orientation acknowledgement form and the inmates sign acknowledging they understand the training they have received. The auditor sampled 35 inmate files indicating receipt of the PREA brochure and the 30-day comprehensive education. The PREA Compliance Manager reported a total of 2080 inmates admitted during the past 12 months, and 832 of those inmate's length of stay exceeded 30 days. This information was confirmed by the PREA Compliance Manager during the on-site interview.

There are several reporting methods provided to the inmates and this is discussed in the PREA pamphlet. The PREA information handout, and Day One Sexual Assault Services information was posted on the wall near the phones in every inmate living unit, in both Spanish and English formats. Posters are visible throughout the facility reminding inmates regarding zero tolerance toward all forms of sexual abuse, sexual assault, and sexual harassment. The auditor interviewed 8 randomly selected inmate interviews indicating PREA knowledge, expectations toward privacy, reporting mechanisms, retaliation monitoring, and pride in the overall sexual safety of the facility. The inmate phones are equipped with a TTY system, the facility provides a language line for numerous languages and a list of certified staff interpreters. The facility employs staff to provide the information verbally to inmates that cannot read. The auditor interviewed 1 inmate with limited English proficiency, and advised receiving PREA information on video and in documents they could read and understand. The video is played with closed captioning for the hearing - impaired inmates and the auditor confirmed this practice during the on-site review.

Conclusion: The auditor has determined the agency has a policy governing PREA education for inmates. The auditor has also determined full compliance with this standard based on a review of the following evidence supplied by the facility: intake records of inmates entering the facility in the past 12 months, signed documents by the inmates indicating the understanding of the training received within 30 days of intake, confirmation of all inmates receiving the PREA information within one year of the effective date of the PREA standards, review of the inmate handbook, PREA pamphlet, education materials in formats accessible to inmates that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats. The facility has demonstrated substantial compliance and no corrective action is requested currently.

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.

Standard 115.34 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Agency Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. Facility PREA Investigations Training Lesson Plan and Power point, 2017, 30 Slides
4. Reviewed 14 PREA Investigator Training File Certificates, The National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting.
5. Reviewed 14 PREA Investigator Training File Certificates, The National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations

Interviews:

1. 2 SIU/OI Chief Investigators

Site Review Observations:

1. Reviewed the facility PREA Training Lesson Plan and Power point
2. Reviewed 2 Correctional Investigator Training Files
3. Reviewed 2 PREA Training and Understanding Forms
4. Reviewed 77 PREA Investigative Files

Findings by Provision:

115.34 (a-d) Agency PREA policy 9.49-4, pages 7-8 include the specialized training requirements for the agency PREA investigators. The required training includes the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The facility utilizes investigators from the Rhode Island State Police for all criminal investigations and the (SIU)/(OI) are assigned to conduct all administrative investigations. The auditor reviewed 14 training records indicating the members of the Special Investigations Unit and the Office of Inspections have received the specialized PREA training for investigators. This was confirmed during the investigator interview, and the auditor reviewed 77 investigative files indicating the SIU/OI was the primary investigative agency for each case reviewed. All 77 investigations were conducted by investigators that have received the specialized investigator training presented by the National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting, and the Advanced Investigations class.

The SIU/OI Chief Investigator interview indicated additional training is conducted on a continuous basis. This training provides the necessary elements required within this standard to include the following: interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral. The auditor reviewed the training outline and power points associated with this learning environment. This training identified the PREA standards that apply to investigating sexual abuse of inmates and demonstrated six critical investigative techniques and protocols of competent investigations. The facility maintains records of all training received and is easily accessible for review. Agency PREA policy 9.49-4 indicates training documentation will be maintained by the employee training files and documented on the PREA Training and Understanding Form. The auditor reviewed 14 PREA Training and Understanding Forms for the 14 staff members that have taken the specialized investigator training class. All certificates were uploaded to the Pre-Audit Questionnaire and reviewed during the Pre-Audit phase.

Conclusion: Based on the review of the materials provided by the facility: the agency training policy for investigative staff, the investigator training curriculum, documentation that the agency investigators have completed the required training, and the training records and logs presented by the staff, the auditor finds the facility meets all provisions required within this standard. No further action is required at this time.

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.

Standard 115.35 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Agency Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), page 8, 03-05-18
3. 10 Medical Staff Training Files
5. PREA Specialized Training: Medical and Mental Health Care Lesson Plan
6. 10 PREA Training and Understanding Verification Forms

Interviews:

1. 1 Medical Staff
2. 1 Mental Health Staff
3. 0 Sexual Assault Nurse Examiner (SANE)

Site Review Observations:

1. Reviewed 10 medical staff training files
2. Reviewed 10 PREA Training and Understanding Verification Forms

Findings by Provision:

115.35 (a-d) Agency PREA policy 9.49-4, page 8 explains the agency policy, procedures, and practice associated with this standard compliance, and requires all medical and mental health care practitioners to receive the required specialized PREA training. There is a total of 12 medical staff that work regularly in the facility and the training records indicated all 12 staff have received the initial PREA orientation and the specialized training. The auditor reviewed the facility PREA Medical and Mental Healthcare Lesson plan that included the following topics: PREA medical and mental healthcare standards participant guide, lessons on 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 whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor reviewed 10 PREA Training and

Understanding Verification Forms documenting the medical staff signatures and understanding the training they have received. The auditor interviewed 1 medical staff, and 1 mental health staff and all interviews indicated knowledge regarding the specialized medical training.

The forensic medical exams are conducted at the Kent Hospital or the Rhode Island Hospital. The auditor was unable to interview a SANE nurse from the hospital due to time constraints, effects of COVID-19, and a lack of a point of contact. The facility maintains documentation demonstrating the medical and mental health practitioners have completed and understand the training received. The 1 medical staff interview provided direct knowledge regarding 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 whom to report allegations or suspicions of sexual abuse and sexual harassment.

Conclusion: Based on the review of the following evidence: agency policy governing training of medical and mental health care practitioners, documentation showing the training has been received by all staff, a review of the training curriculum, signature indicating understanding of the training received, and confirmation of the medical staff training logs ensuring the staff have received the initial training for employees, contractors, and volunteers dependent upon their status, the auditor finds the facility meets all of the provisions required within this standard with substantial compliance. No further action is required.

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.

Standard 115.41 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Agency Policy 9.33-6 DOC, Inmate Housing Assignments, 06-24-19
3. WOM PREA Risk Assessment Tool
4. Policy 14.01-4 DOC, Intake/Committing Process, 05-15-17
5. Policy 18.30-2 DOC, Receiving Screening and Mental Health Evaluation of New Commitments, 01-06-14
6. Transgender and Intersex Review Board, Gender Identity Final Risk Assessment Score, 07/2017
7. Transgender and Intersex Review Board Gender Identity Risk Assessment, 07/2017
8. Transgender and Intersex review Board Housing Recommendation Form, 07/2017

Interviews:

1. 1 Staff Responsible for Risk Screening
2. 8 Random Inmate Interviews
3. 5 Informal Inmate Interviews
4. 12 Random Staff Interviews
5. 7 Informal Staff Interviews
6. PREA Coordinator
7. PREA Compliance Manager

Site Review Observations:

1. Inmate Risk Screening Process
2. Inmate Risk Screening Reassessment Process
3. Intake and Classification Housing Assignment Review
4. Inmate File Reviews = 10
5. 10 WOM PREA Risk Assessment Tools

Findings (By Provision):

115.41 (a-I) Agency policy 18.30-2 explains the screening procedures for risk of victimization and abusiveness. This policy explains all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Inmates will also be screened upon transfer to another facility for their risk of being sexually abused or sexually abusive toward other inmates. The WOM utilizes the PREA Risk Assessment Tool to accomplish the risk screening process. This tool is utilized during the following procedures: the intake screening process, 20-30 days after receipt into the facility, or whenever an inmate is involved in an incident of sexual abuse, new information is provided within the inmate's history, and during the annual review.

The auditor observed the screening procedures during the on-site review within the initial receipt of the inmate population during the first 2 hours of arrival. The review was performed by the intake officer in a private office

space with a secure workstation. The auditor also observed a reassessment being conducted by a facility staff member in a private office space with a secure workstation within the housing unit. The auditor confirmed the reassessment was conducted within 20 days of the initial receipt of the inmate. Agency policy 14.01-4 indicates this tool must be completed within the first 72 hours of reception to the facility. The auditor reviewed 10 inmate files and determined the intake screenings usually take place within the same day of arrival, and usually within the first two hours. This follows the 72-hour mandate required by the standard. The files reviewed consisted of 10 inmate assessments upon arrival within the first 72 hours, and 2 inmate reassessment files for allegations of sexual abuse. None of the 10 files reviewed indicated major concerns regarding the initial intake screening or the reassessment.

The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a booking inmate risks and needs assessment, and a PREA initial intake screening tool. The objective classification screening includes the following criteria for the risk of sexual victimization: inmate mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, whether the inmate is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the inmate is detained solely for civil immigration purposes. The auditor observed the staff performing the risk screening to document the responses of the inmate. Staff indicated the scores also reflected the inmate's personal perceptions of themselves. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted. Policy 9.33-6 provides the color code descriptions utilized for making adequate housing assignments. The colors used are Red – potential sexual predator, Black – not identified to be a sexual predator or victim, Blue – potential sexual victim, and Green – potential to be a sexual predator and/or a potential sexual victim.

The WOM also utilizes a review board for gender housing request forms that may impact the Transgender and Intersex populations. The auditor reviewed the following documents utilized to review the classification and housing assignments for this specific population: Gender Housing Request Form, Gender Identity Final Risk Assessment Score Sheet, Gender Identify Risk Assessment, and the Review Board Housing Recommendation Form. This process is outlined in the agency SOP Identification, Treatment, and Management of Transgender and Intersex Inmates. This policy describes the Review Board as the following: "A board responsible for assessing and making recommendations as to housing for transgender and intersex inmates. This Board is comprised of the PREA Coordinator or his/her designee, Chief of SIU or his/her designee, Medical Director or his/her designee, Director of Behavioral Health or his /her designee, the Warden of the facility where the inmate is currently located or his/her designee, and a Correctional Supervisor from the facility where the inmate is currently located. The PREA Coordinator shall be the Chairperson. The Board shall recommend a transgender or intersex inmate's assignment to a male or female facility to the Assistant Director of Institutions/Operations ("ADIO") after a review of all of the inmate's records and assessments, and an interview with the inmate during which the inmate's own opinion of their vulnerability shall be considered".

The objective classification system questionnaire also assesses inmates for the risk of being sexually abusive by including the following criteria: prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor conducted an interview with the staff performing the screening and was advised, each inmate must be carefully screened, and every evaluation should be unbiased. The results of the screening should be based on the communication between the staff conducting the review and the inmate's own perceptions and responses to the questions. Agency policy 9.33-6 indicates within 20-30 days of intake an inmate's risk level will be reassessed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Interviews conducted with 8 random inmates indicated this process was being applied as the inmates could

explain the questions being asked by the facility staff. The inmates identified the security staff as conducting the initial assessment and the reassessment. This information is consistent with the agency policy previously discussed.

Agency policy 9.33-6 indicates inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening, and the facility considers these documents to be treated in a confidential nature. Select staff are authorized to view this data and the facility information technician must authorize usage on all electronic devices. The evidence provided indicates compliance with this standard and this was also confirmed with the PREA Coordinator interview. The staff interview advised a new reassessment would have to be uploaded to provide written changes to the responses. The PREA Coordinator interview indicated limited access to review these documents once they have been uploaded within the system. Access must be approved by the PREA Coordinator in conjunction with SIU/OI and a password provided by the information technology department. The PREA Coordinator advised the Records and ID staff have access to the scores provided on the risk assessment and this tool is utilized to determine the PREA colors and classification assignments.

Conclusion: Based on the review and analysis of all available evidence to include agency policy governing the screening of inmates upon admission to the facility or transfer to another facility, screening instruments to determine risk of victimization or abusiveness, and detainee records, the auditor has determined that the agency is fully compliant with this standard regarding inmate risk of victimization and abusiveness.

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

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.

Standard 115.42 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Agency Policy 9.33-6 DOC, Inmate Housing Assignments, 06-24-19
3. WOM PREA Risk Assessment Tool
4. Policy 14.01-4 DOC, Intake/Committing Process, 05-15-17
5. Policy 18.30-2 DOC, Receiving Screening and Mental Health Evaluation of New Commitments, 01-06-14
6. Transgender and Intersex Review Board, Gender Identity Final Risk Assessment Score, 07/2017
7. Transgender and Intersex Review Board Gender Identity Risk Assessment, 07/2017
8. Transgender and Intersex Review Board Housing Recommendation Form, 07/2017

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager
3. 1 Staff Responsible for Risk Screening
4. 1 Inmate Identifying as Transgender

5. Facility Warden

Site Review Observations:

1. Reviewed the PREA Risk Screening Process
2. Reviewed the PREA Risk Screening Reassessment Process
3. Reviewed Inmate Files = 10
4. Reviewed the housing unit cell, shower, restroom, and bunk accommodations

Findings (By Provision):

115.42 (a-g) Agency policy 9.33-6, Inmate Housing Assignments indicates the facility utilizes the information collected from the risk screenings to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This information was confirmed during the interview with the agency PREA Coordinator as the PREA Coordinator advised all facility risk screenings are objective, case by case evaluations of the inmates with their own perceptions and views being considered. The views of the inmate are recognized along with the tally provided by the staff on the risk assessment document. The intake screening staff interview indicated utilizing the risk screening instruments to ensure all bed assignments, work assignments, education, and program assignments are carefully reviewed to ensure potential abusers are not interacting with potential victims. The facility electronic housing program (OMS) will also indicate a warning and the name of the inmate will flash red. The system will not allow the user to house potential victims and potential abusers together. The auditor reviewed this process during the on-site review. The auditor was able to speak with 1 inmate that identifies as Transgender during the review. No concerns with the current housing were identified.

Agency policy 9.33-6, Inmate Housing Assignments indicates the facility will make individualized determinations on a case by case basis to ensure the residents health, safety, and personal views are considered. Reassessments shall be conducted by the intake staff between calendar day 20 and 30 of every inmate's arrival in the facility. Considerations for single cell housing or double cell housing will be determined using the risk assessment tool. The PREA Compliance Manager confirmed the intake staff will review and recognize an imbalance of power within the cell assignment. This is performed during individual meetings, conversations, group activities, review of the disciplinary actions, and considerations based on the inmate's personal views. The software will also indicate a warning within the system, the inmates name will flash in red, and the system will not authorize the two inmates to be housed together. This was confirmed during the intake screening staff interview, and all assessments will be documented on the PREA Risk Assessment Tool.

The facility utilizes an objective classification screening instrument that includes: an individual points system, yes and no responses, classification protocol, a classification questionnaire, a brief jail mental health screen, a booking inmate risks and needs assessment, and a PREA initial intake screening tool. The objective classification screening includes the following criteria for the risk of sexual victimization: inmate mental, physical, developmental disabilities, age, physical build, previous incarcerations, criminal history, violent or nonviolent behaviors, prior sex convictions, whether the inmate is perceived gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous sexual victimization, vulnerability perceptions, or if the inmate is detained solely for civil immigration purposes. The auditor observed the staff performing the risk screening to document the responses of the inmate. Staff indicated the scores also reflected the inmate's personal perceptions of themselves. The auditor reviewed this process with the staff assigned to conduct the screening and monitored the interview being conducted. Policy 9.33-6 provides the color code descriptions utilized for making adequate housing assignments. The colors used are Red – potential sexual predator, Black – not identified to be a sexual predator or victim, Blue – potential sexual victim, and Green – potential to be a sexual predator and/or a potential sexual victim.

The agency SOP, Identification, Treatment, and Management of Transgender and Intersex Inmates explains the departments approach to working with transgender and intersex inmates. Importantly, this policy explains the classification process and ensures the staff effectively interact professionally and respectfully toward this specialized population. The facility is required to develop a Plan of Action to prepare for reception and housing of transgender and intersex populations. The following methods of interaction are described within this policy: Reception and Classification, Prison Rape Elimination Act (PREA) Risk Assessment Tool, Mental Health Referral Form, Access to Health Care Procedures Manual, Transfers, Case Management, Searches, Commissary, and Special Accommodations. Each inmate is considered on a case-by-case basis and the final determination is mandated by the Assistant Director of Institutions as recommended by the Transgender and Intersex Review Board. A total of 2 inmates at WOM identify as transgender and the auditor was able to interview 1 inmate from this special population.

The WOM also utilizes a review board for gender housing request forms that may impact the Transgender and Intersex populations. The auditor reviewed the following documents utilized to review the classification and housing assignments for this specific population: Gender Housing Request Form, Gender Identity Final Risk Assessment Score Sheet, Gender Identify Risk Assessment, and the Review Board Housing Recommendation Form. This process is outlined in the agency SOP Identification, Treatment, and Management of Transgender and Intersex Inmates. This policy describes the Review Board as the following: "A board responsible for assessing and making recommendations as to housing for transgender and intersex inmates. This Board is comprised of the PREA Coordinator or his/her designee, Chief of SIU or his/her designee, Medical Director or his/her designee, Director of Behavioral Health or his /her designee, the Warden of the facility where the inmate is currently located or his/her designee, and a Correctional Supervisor from the facility where the inmate is currently located. The PREA Coordinator shall be the Chairperson. The Board shall recommend a transgender or intersex inmate's assignment to a male or female facility to the Assistant Director of Institutions/Operations ("ADIO") after a review of all of the inmate's records and assessments, and an interview with the inmate during which the inmate's own opinion of their vulnerability shall be considered".

The facility site review provided the opportunity to confirm all inmate showers are conducted separately, a shower curtain is provided for privacy, and the 8 random inmate interviews and 5 informal inmate interviews concluded no issues reported due to other staff or inmates viewing the inmates while changing clothes, showering, or using the restrooms. The 12 random staff interviews advised no concerns with this type of issue reported. The video monitoring equipment did not indicate concerns regarding cross-gender viewing during episodes of undress or showering. This is especially important when unit staff are evaluating the housing considerations for transgender and intersex inmates as they are provided the opportunity to shower separately from other inmates. All showers are conducted separately, and inmates can purchase clothing items through commissary to assist with shower activities. There are designated changing stations to provide additional privacy for the population with multiple beds in each cell. The facility does not place lesbian, gay, bisexual, transgender, or intersex inmates in a dedicated housing facility, unit, or wing based on their status. This is strictly forbidden in policy 9.33-6. The facility Warden interview confirmed there are no consent decrees regarding legislative action pertaining to restrictive housing considerations. The on-site review indicated special populations are not assigned to one housing unit as the auditor was able to interview inmates from all living units.

Conclusion: Based on the review and analysis of the following available evidence: agency policy governing the use of screening information, documentation of the use of screening, documentation of housing decisions, reassessments, and facility housing considerations for the special populations, the auditor has determined that the agency is fully compliant with this standard regarding inmate risk of victimization and abusiveness.

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.

Standard 115.43 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire responses
2. Policy 12.01-2 DOC, Protective Custody for Inmates, 12-15-14, Section E, page 3
3. Agency Policy 9.33-6 DOC, Inmate Housing Assignments, 06-24-19
4. WOM PREA Risk Assessment Tool
5. Policy 14.01-4 DOC, Intake/Committing Process, 05-15-17
6. Policy 18.30-2 DOC, Receiving Screening and Mental Health Evaluation of New Commitments, 01-06-14
7. Transgender and Intersex Review Board, Gender Identity Final Risk Assessment Score, 07/2017
8. Transgender and Intersex Review Board Gender Identity Risk Assessment, 07/2017
9. Transgender and Intersex Review Board Housing Recommendation Form, 07/2017
10. RIDOC SOP, Identification, Treatment, and Management of Transgender and Intersex Inmates, 03-05-18

Interviews:

1. Facility Warden
2. 1 Staff Supervising Inmates in Segregated Housing
3. 0 Inmates in Segregated Housing for Risk of Suffering Sexual Abuse

Site Review Observations:

1. Inmate Case Files
2. Segregation Housing Records

Findings (By Provision):

115.43 (a-e) Agency policy 12.01-2, Section E, page 3 clearly defines the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment. This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible. If the facility restricts access to these opportunities, the facility must document on the Incident Report and the Administrative Segregation Form. This auditor reviewed the segregated housing records and spoke with 1 staff that supervise inmates in segregated housing. No inmates in the past 12 months were identified to be housed in segregated housing involuntary. The auditor reviewed the segregated housing records and determined there were no inmates currently in special housing for high risk of sexual victimization. Facility policy 9.33-6, Inmate Housing Assignments indicated all reviews for inmates in segregation are conducted within 30- days. The facility reported 0 inmates that have been housed in segregation for high risk of sexual victimization in the past 12 months. "Inmates at high risk for sexual victimization cannot be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The status of all inmates placed in protective custody pursuant to risk of sexual victimization is reviewed by the Warden/designee every thirty (30) days".

Conclusion: Based on the review and analysis of all available evidence, the auditor has determined that the agency has a policy governing involuntary segregated housing for inmates at high risk for sexual victimization. The facility conducts 30-day reviews and documents accordingly. The auditor reviewed facility records of housing assignments, segregation logs, and verified out of cell activities were not interrupted throughout this review. The auditor has determined the facility is fully compliant with the provisions 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.

Standard 115.51 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Agency Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. 2020 Inmate Handbook
4. Facility Issued Inmate PREA Pamphlet
5. PREA Inmate Intake Handout
6. Employee Handbook
7. Policy 1.11-7 DOC, Inmate Communications, 02-10-20
8. Policy 13.10-4 DOC, Inmate Grievances, 02-04-19
9. MOU with Rhode Island State Police (RISP), 01-08-20
10. Day One Victim Advocate Pamphlet

Interviews:

1. 12 Randomly Selected Staff
2. 8 Randomly Selected Inmates
3. 7 Informal Staff Interviews
4. 5 Informal Inmate Interviews
5. PREA Compliance Manager
6. Facility Warden

Site Review Observations:

1. Reviewed the Sexual Assault Victims Advocacy Services Helpline (Day One) information posted in the inmate handbook
2. Reviewed the Third-Party mailing address postings
3. Reviewed the facility training records and lesson plan.

Findings (By Provision):

115.51 (a-d) WOM provides multiple methods for inmates to privately report sexual abuse, sexual assault, sexual harassment, retaliation against reporting staff, neglect, and contributing factors to these incidents. These factors are described in policy 9.49-4, Section D, page 12-13 and they include: verbally, in writing, anonymously, third-party reporting, request forms, grievance forms, submitting a written report to the sexual abuse reporting address for the Rhode Island State Police, report directly to a family member or friend, write a letter to the staff, submit a request for assistance to the staff they trust. The Day One Sexual Assault Victims Advocacy Services Helpline will submit an email to the PREA Coordinator informing there is an issue reported. These reports are documented in writing immediately and forwarded to the SIU/OI for prompt review. All administrative investigations are conducted by the (SIU)/(OI), and all criminal investigations are conducted by the Rhode Island State Police (RISP). This information was documented in the facility policy, inmate handbook, staff handbook, and the PREA intake pamphlet. The facility has a documented Memorandum of Understanding with the Rhode

Island State Police to provide one method of anonymous inmate reporting to a public entity that is not part of the agency. This information is posted in all inmate living units, documented in the inmate handbook, and available upon the intake PREA pamphlet. The auditor interviewed 8 randomly selected inmates and conducted 5 informal inmate interviews that concluded knowledge of this process. One inmate volunteered to show the auditor the third-party poster located near the phone in the dayroom during the on-site review.

The WOM detains inmates solely for civil immigration purposes and this was confirmed by the PREA Compliance Manager and the facility Warden interviews. Steps are in place to conduct calls for immigration purposes and these calls are authorized at no cost to the inmate population. The auditor confirmed this statement was written in agency policy 1.11-7, Inmate Communications regarding Civil Immigration. All facility mail related to PREA is considered privileged correspondence and is treated in the same manner as legal materials. These items must be opened in front of the inmate and outgoing mail is not searched.

Agency PREA policy 9.49-4 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This policy also advises the Warden or designee will monitor the conduct and treatment of inmates or staff who reported sexual abuse or sexual harassment for at least 90 days. The Warden confirmed this monitoring period during the interview process. The Warden also confirmed any allegations reported by another facility or to another facility will be performed from the agency head to the other facilities agency head in writing. This information will then be passed on to the SIU/OI promptly.

Conclusion: The auditor has reviewed all available information provided by the facility during the preaudit, on-site review, and during the post audit phase. The auditor has determined the facility has several internal methods for inmates to privately report all allegations of sexual abuse and sexual harassment. This includes internal methods as well as external bodies. The facility accepts reports verbally, in writing, anonymously, and from a third party. Inmates at the WOM are detained solely for immigration services and there is a system in place for free calls for civil immigration purposes. Therefore, the facility has met the requirements of this standard and no further action is required.

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.

Standard 115.52 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 13.10-4 DOC, Inmate Grievances, 02-04-19
3. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act, 2003), 03-05-18
4. Inmate Handbook
5. 0 Inmate Grievance Forms
6. Intake PREA Pamphlet

Interviews:

1. PREA Compliance Manager
2. 8 Randomly Selected Inmates
3. 12 Randomly Selected Staff

Site Review Observations:

1. Grievance forms are readily available to the inmate population in all housing units.
2. Reviewed the Inmate Grievance Log

Findings (By Provision):

115.52 (a-g) Agency policy 13.10-4, Inmate Grievances describes the grievance procedure for dealing with inmate grievances regarding sexual abuse. Agency policy advises, Inmates shall utilize the inmate grievance system to report sexual abuse or sexual harassment by a staff member or inmate-on-inmate sexual abuse, as defined in the Glossary of Terms for this procedures manual. However, if an inmate files a grievance related to staff on inmate sexual abuse/sexual harassment or inmate on inmate sexual abuse, the Facility Grievance Coordinator shall reject the grievance and forward it to the Special Investigations Unit (SIU) or the Office of Inspections (OI) for tracking and investigation. The inmate shall be notified of this action. The Institution PREA Compliance Manager reports that the SIU/OI will be responsible for notifying the Rhode Island State Police for any actions resulting in a potential criminal investigation.

There have been no allegations of sexual abuse submitted through the grievance process in the last 12 months. Interviews with the PREA Compliance Manager revealed that while the grievance process is set up for reporting of allegations of sexual abuse and sexual harassment, in the instances such allegations are received through this channel, they are forwarded to the (SIU)/(OI) for immediate investigation. Agency policy 13.10-4, Inmate Grievances advises, the Inmate Grievance System is intended to deal with a wide range of issues, procedures, or events that may be of concern to an inmate. It is meant to address incidents of an urgent or emergency nature including allegations of sexual abuse. Any allegation of a sexual nature (abuse/harassment) against a staff member or inmate-on-inmate sexual abuse must be addressed through Department policy 9.49-4, Prison Rape Elimination Act (PREA). When faced with an incident of an urgent or emergency nature, the inmate shall contact the nearest staff member for immediate assistance.

The auditor reviewed the inmate handbook and the inmate grievance system is listed as an available method of reporting allegations of sexual abuse, sexual assault, or sexual harassment. The auditor conducted 12 interviews

with randomly selected staff, and these interviews indicated knowledge of the inmates being allowed to submit grievances regarding sexual abuse. The auditor conducted interviews with 8 randomly selected inmates and several of the inmates indicated they could submit a grievance to notify the staff of an allegation of sexual abuse. The auditor reviewed 0 rejected grievances indicating allegations of sexual abuse as the facility has not received any allegations of sexual abuse within the grievance system in the past 12 months. However, agency policy 13.10-4, Inmate Grievances explains the response to all inmate grievances related to sexual abuse is immediate and a final decision will be made within 24 hours. All facility grievances are returned with a response to the inmate within 3 days and the inmate has an opportunity to appeal the decision to the facility Warden. The final decision must be returned within 5 days.

Conclusion: The Women’s Facility recognizes the inmate grievance system as a method of reporting for the inmate population. All grievances received relative to sexual abuse will be rejected and forwarded to the agency (SIU)/(OI) for immediate investigation. The facility has a policy to ensure grievances alleging sexual abuse or sexual harassment are forwarded for investigation. Inmates are informed the proper ways to submit allegations in the intake PREA pamphlet, comprehensive education, and Inmate Handbook. The Auditor determined the facility meets the requirements of this standard as its policy is to forward all grievances alleging sexual abuse and sexual harassment immediately to the Special Investigations Unit or the Office of Inspections for investigation.

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 helpline 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 helpline 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.

Standard 115.53 Analysis
 Auditor Brian Sutherland
 Women’s Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4, DOC PREA (Prison Rape Elimination Act, 2003), 03-05-18
3. PREA Intake Pamphlet (Spanish/English)
4. Facility PREA Posters (Spanish/English)
5. 2020 Inmate Handbook
6. RIDOC Contract Amendment with The Counseling and Psychotherapy Center, Inc. for the emotional support services to victims of sexual abuse, 04-28-20
7. Day One Victim Advocate Provider Pamphlet

Interviews:

1. 8 Random Inmates
2. 4 Inmates Who Reported Sexual Abuse
3. Facility Warden
4. PREA Compliance Manager
5. 1 Victim Advocate Provider (Day One)

Site Review Observations:

1. Verified all third-party reporting materials, Sexual Assault Victims Advocacy Services Helpline (Day One) materials are posted in the inmate living units in both English and Spanish.
2. Verified telephone and mail monitoring notices are posted in the inmate living units in both English and Spanish.
3. Tested the helpline numbers for adequacy and received confirmation.

Findings (By Provision):

115.53 (a-c) Agency PREA policy 9.49-4, Section E, pages 12-13 advises the PREA Compliance Manager shall ensure that inmates are offered and provided with access to outside victim advocates for emotional supportive services related to sexual abuse which has occurred in a confinement setting. During non-working hours, the Shift Commander shall be responsible to ensure the support services in WOM are available. Supportive services may be provided via a variety of methods including in person, during a non-monitored phone call, and/or in writing. The PREA Compliance Manager shall 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. The facility shall ensure that if facility phones or public pay phones within the facility are monitored, that the level of monitoring is clearly posted next to the phone. This shall be posted in English and Spanish, and if the facility monitors re-entrant mail, the level of monitoring must be clearly posted in the facility handbook and re-entrant bulletin boards.

Agency PREA policy 9.49-4, Section E, pages 12-13 includes the information regarding outside victim advocates for emotional support services relating to sexual abuse, sexual assault, and sexual harassment. WOM utilizes the services of the Counseling and Psychotherapy Center, Inc., a nonprofit organization providing confidential services to persons through counseling, preventive education, and advocacy. WOM also enlists the services of the Day One Victim Advocate services to provide an outside reporting mechanism for inmates. This is accomplished by inmates writing a letter to access the services and provide notifications or by calling the toll-free number to leave a message. The Day One is a community-based volunteer program designed to enhance the quality of life for victims of sexual violence and provide survivors of sexual abuse with emotional support. WOM established a contract with the Counseling and Psychotherapy Center, Inc. The auditor reviewed the contract for clarity all signatures are current and binding. The Day One information is posted in all inmate living units, near the phones, listed on the website, provided in the inmate handbook, and listed on the initial intake PREA pamphlet provided upon arrival to the facility. The auditor confirmed the facility provides the name and address, at no cost to the inmate and these services are confidential. The Counseling and Psychotherapy Center is scheduled by the SIU/OI and there are 35 current inmates on the eligibility list to receive the services. The auditor verified this during the PREA Coordinator interview. The auditor contacted the Day One provider and was provided helpful suggestions, therapeutic intervention, explored options, and interviewed the afterhours provider.

The WOM detains persons solely for civil immigration services and the auditor observed the English and Spanish Department of Justice notification posting along with phone numbers for the consulate services. The auditor confirmed the facility provides persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free helpline numbers where available of local, State, or national immigrant services agencies. This information was confirmed during the facility Warden interview. The 12 random staff interviewed were able to identify the Day One as an option for confidential inmate support services. A total of 8 random inmate interviews, and 4 inmate interviews that have reported sexual assault allegations, indicated knowledge of the Day One services, identified the address, and the poster. The inmates reported feeling confident these services would be useful, but no inmates advised attempts to contact the address. The Day One volunteer interview confirmed inmates at WOM have received the services at the facility in the past. Interviews with the 1 inmate that has reported an allegation in the past advised they were offered the PREA pamphlet in

the past and have not chosen to use the services. The Day One after-hours provider interview was not able to convey specific information regarding the services being offered to the facility. However, the provider explained she was new to the processes and would check with her supervisor for verification. The auditor received notice that additional training was provided to the after-hours staff and further guidance and methods to offer support and notification.

Conclusion: Based on the review of all evidence supplied by the facility to include: agency policy regarding an outside victim advocate for emotional support and services, a policy describing one method for inmates to report anonymously, a policy regarding inmates being detained solely for immigration purposes, a policy for staff to privately report, accepting reports from inmates in writing, inmate handbooks, and staff handbooks, the auditor has determined the facility meets the substantial requirements of this standard. No further action is required at this time.

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.

Standard 115.54 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act, 2003), 03-05-18
3. Zero-tolerance and third-party reporting poster (English/Spanish)
4. MOU with The Rhode Island State Police
5. 2020 Inmate Handbook

Interviews:

1. PREA Compliance Manager
2. 8 Random Inmates
3. 5 Informal Inmate Interviews

Site Review Observations:

1. Identified the PREA posters in both Spanish/English format indicating the third-party reporting address
2. Reviewed the facility website for the third-party reporting information

Findings (By Provision):

115.54 (a) The facility has established a procedure to receive third-party reports of sexual abuse and sexual harassment. This is described in the agency PREA policy 9.49-4, Section D, page 12. This information is also published on the facility's website and the notification process is to call or write a letter to the third-party reporting agency. There are posters throughout the facility such as: inmate living units, medical, programs, intake, visitation, and reception regarding third party reporting and the address required to file the complaint. The inmates are provided an address and phone number to contact the Rhode Island State Police, The RIDOC Special Investigations Unit, RIDOC Office of Inspections, and they can call the PREA helpline number to the Day One Sexual Assault Services. This information is posted on the PREA intake pamphlet, inmate handbook, and signs posted near the inmate phones in all living Units. The 8 random and 5 informal inmate interviews indicated knowledge of the third-party reporting methods and inmates advised they felt comfortable reporting all allegations of sexual misconduct.

Conclusion: Based on the evidence provided, the auditor was able to determine the facility provides publicly distributed information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.

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.

Standard 115.61 Analysis

Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. Incident Report Forms
4. Investigative Files
5. Incident Reports Relating to Sexual Abuse
6. Incident Reports Relating to Sexual Harassment

Interviews:

1. 12 Randomly Selected Staff
2. 7 Informal Staff
3. Facility Warden
4. PREA Compliance Manager
5. 1 Medical Staff
6. 1 Mental Health Staff

Site Review Observations:

1. Reviewed Investigative Files
2. Reviewed Incident Reports
3. Reviewed Allegations of PREA Reports Referred to the PREA Investigator
4. Compared the dates received to the date the investigation began

Findings (By Provision):

115.61 (a-e) Agency PREA policy 9.49-4, Section F, page 13 describes the agency requirements for all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment immediately. The policy also requires the staff to report any knowledge of retaliation against inmates or staff who reported incidents and staff neglect that may have contributed to an incident or retaliation. This was confirmed during the interview with the facility Warden and the PREA Compliance Manager. The auditor verified this process during the 12 random staff and 7 informal staff interviews as staff conveyed the directive to notify a supervisor immediately. The staff also identified the Special Investigations Unit (SIU) as the primary source for conducting PREA investigations. Policy 9.49-4, Section F, page 14 indicates apart from reporting to designated supervisor or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. The auditor interviewed 12 random staff indicating knowledge of this policy and the mandatory reporting requirements.

The WOM does house youthful offenders as confirmed during the census report review. Agency PREA policy 9.49-4, Section F, page 14 states, If the alleged victim is under the age of 18 or over the age of 60, the facility shall refer the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed 1 medical staff and 1 mental health worker and both interviews indicated knowledge regarding mandatory requirements as one medical staff member advised she will always report an allegation to her supervisor and the Shift Commander. Agency PREA policy 9.49-4, Section D, page 12 advises, all reports received by the Sexual Abuse Reporting Address, established for the third-party and anonymous reporting of sexual abuse or sexual harassment are reported to the (SIU)/(OI) immediately. The process shall be

handled as follows: when the SIU/OI receives Prison Rape Elimination Act (PREA)-related complaint correspondence at this address, the letter shall be scanned and emailed to the Special Investigations Unit or the Office of Inspections for tracking purposes and dissemination to the appropriate facility, and the (SIU)/(OI) staff are responsible for monitoring the email box for follow-up and referral purposes. The auditor reviewed incident report forms indicating PREA allegations were referred immediately to the SIU/OI. During the on-site review, the auditor reviewed investigative files, incident reports relating to a sexual abuse allegation, and incident reports relating to a sexual harassment allegation. The auditor did not find any concerns relating to a delayed investigation. All investigations began either the same day or the next working day.

Conclusion: Based on the evidence provided by the facility, the auditor determined the Agency has relevant policies governing the reporting by staff regarding incidents of sexual abuse or sexual harassment, and the reporting by the facility regarding all allegations of sexual abuse and sexual harassment to designated investigators. The facility medical staff indicated no limits toward confidentiality regarding the reporting of sexual abuse, sexual assault, or sexual harassment allegations as all staff interviewed advised reporting to the Shift Commander immediately. The facility does house youthful offenders and the agency policy mandates reporting to the designated State and local services for an alleged victim under the age of 18, or over the age of 60 who are considered a vulnerable adult under a State or local vulnerable persons statute. The auditor reviewed samples of the reports provided by investigators and determined all investigations began immediately. The facility meets the provision requirements of this standard and no further action is required.

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.

Standard 115.62 Analysis
Auditor Brian Sutherland

Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. Policy 12.01-2 DOC, Protective Custody for Inmates, 12-15-14
4. PREA Allegations and Bed Moves Reports

Interviews:

1. Facility Warden
2. 12 Random Staff
3. 0 Inmates in Segregation for High Risk of Sexual Abuse

Site Review Observations:

1. File review indicated inmate behavior concerns as opposed to high risk for sexual victimization
2. Reviewed PREA Allegations and Bed Moves Reports

Findings (By Provision):

115.62 (a) Agency policy 12.01-2, Protective Custody for Inmates ensures that when Department staff learn that an inmate is subject to a substantial risk of imminent sexual abuse, appropriate and immediate action shall be taken to protect the inmate. Alleged inmate victims of sexual abuse shall 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the alleged victim. The facility Warden indicated segregation may be ordered immediately to protect the inmate or others, but the action must be reviewed within 24 hours by the housing committee. The Warden interview determined the agency takes all allegations serious and any inmate subject to imminent sexual abuse will receive immediate action. The facility reported 0 incidents in the past 12 months that determined an inmate was subject to a substantial risk of imminent sexual abuse. The auditor reviewed PREA Allegation and Bed Moves reports indicating the housing unit change was performed immediately upon notification. The auditor interviewed inmates identified as being housed in segregation due to high risk but not high risk of sexual victimization. The interviews determined the housing was due to behavior concerns and not for high risk of sexual victimization. No inmates were available for interview due to no high-risk determining factors considered for imminent sexual abuse.

Conclusion: The auditor determined the agency has a policy governing the facilities protection duties when inmates are subject to a substantial risk of imminent sexual abuse. The auditor reviewed relevant documentation related to the determination of inmate's substantial risks and the agency's response. This includes medical requirements, investigator requirements, and the relevant views of the facility leadership toward compliance. Based on the review of all evidence provided the facility meets the provision of this standard. No further action is required.

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.

Standard 115.63 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act, 2003), 03-05-18
3. Notification of Sexual Abuse Allegation to Another Facility Form
4. Reviewed 0 case files for notification to another facility
5. Reviewed 0 case files for notification received from another facility

Interviews:

1. Agency Head
2. Facility Warden
3. PREA Compliance Manager

Site Review Observations:

1. Reviewed investigative reports, and case information

Findings (By Provision):

115.63 (a-d) Agency PREA policy 9.49-4, Section F, page 14 indicates upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility Warden indicated she would personally contact the Warden at the facility where the abuse occurred, and she would expect the other agency to return the same courtesy. The Warden explained, "All allegations are taken seriously and treated with an immediate response". The agency PREA policy 9.49-4, Section F, page 14 indicates the documented notification will occur within 72 hours and must be documented in the PREA Tracking System (PTS). WOM has reported 0 allegations of sexual abuse to other facilities in the past 12 months. However, once the notification is received all information will be forwarded to the (SIU)/(OI) for an immediate response to begin an investigation.

WOM has not received any allegations of sexual abuse from other facilities in the past 12 months. The auditor reviewed investigative case files and did not determine any concerns regarding this statement. The SIU/OI Chief Investigator confirmed no investigations have been conducted due to notification from another facility. The Warden interview confirmed notification would be provided within the mandated 72-hour timeframe to the facility head and documented in an incident report. The Warden advised all notifications are received by the agency PREA Coordinator and the Warden. The victim would be seen by medical immediately and the SIU/OI would be notified to begin the investigation immediately. The PREA Compliance Manager advised the inmate would be sent to medical, offered medical and mental health referrals, offered rape crisis counseling, retaliation monitoring, Psychology services, a review would be conducted for 90 days. All of this information is then forwarded to the facility where the allegation occurred.

Conclusion: The facility has a policy to ensure reporting of allegations of sexual abuse of inmates while confined at another facility. The agency policy requires all allegations of sexual abuse received from another facility is investigated immediately. All investigations and notifications are documented and referred to the investigator within 72 hours of the receipt of the allegation. The staff interviews indicated the facility would review the documentation of allegations that an inmate was abused while in confinement, document that the notifications occurred within 72 hours, and document the notification from each agency head or appropriate staff person. Based on the evidence provided the facility meets the provisions required within this standard and no further action is required.

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.

Standard 115.64 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Audit Questionnaire Responses
2. Emergency Responses Card
3. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-15-18
4. RIDOC SOP, PREA Sexual Abuse Investigations, 08-13-19

Interviews:

1. 1 Non-Security Staff First Responder
2. 1 Security Staff First Responder
3. 1 Inmates Who Reported Sexual Abuse
4. 12 Random Staff

Site Review Observations:

1. Reviewed the Initial Response Checklist for the victim and the abuser
2. Reviewed the Emergency Response Card being utilized by the staff

Findings (By Provision):

115.64 (a-b) Agency PREA policy 9.49-4, Section F, page 15 describes the staff first responder duties. The policy indicates the staff responsibilities for security and non-security employees. The directives for the security staff include the following four step action plan: separate the alleged victim and abuser, preserve and protect the scene, collect the evidence if time is allotted, and do not allow the victim or abuser to participate in any activities that may destroy evidence such as: washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating. If the first responder is a non-security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify a security staff member immediately. The auditor interviewed 1 inmate who reported an allegation of sexual abuse, and the inmate indicated a feeling that the staff respected the incident and kept them safe from their abuser. The facility reported 32 allegations of sexual abuse within the past 12 months, 100% of the time the staff involved included the separation of the victim and the abuser, 0 cases where physical evidence was collected, and the staff informed the inmates to not make any attempts to destroy the physical evidence.

The auditor concluded staff knowledge regarding these actions throughout the facility as the auditor interviewed 1 security staff designated as a first responder, and 1 non-security staff. The common response was to notify a supervisor immediately and follow the four-step action plan. The action plan was also noted in the employee handbook, staff training curriculum, and verified during the Warden interview. The auditor interviewed 12 random staff members, and all 12 were able to convey the action plan steps required within the policy to provide an immediate response. The staff also carry emergency response cards that indicate the four-step action plan. The auditor observed the staff carrying these cards throughout the on-site review. The auditor reviewed 1 Initial Response Checklist for the alleged victim and 1 Initial Response Checklist for the alleged abuser that included the 4-step action plan.

Conclusion: The agency has a policy governing the staff first responder duties to include a security and non-security staff response. The policy mandates the four-step action plan previously mentioned within the body of the narrative. The auditor reviewed documentation and interviews indicating full compliance with this standard. No further action is required by the facility as they have met substantial compliance.

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.

Standard 115.65 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. First Responder Action Cards

Interviews:

1. Facility Warden
2. PREA Coordinator
3. 12 Random Staff
4. 7 Informal Staff Interviews

Site Review Observations:

1. Reviewed the First Responder Duty Cards

Findings (By Provision):

115.65 (a) WOM has a written plan to coordinate actions for all staff during reported allegations of sexual abuse, sexual assault, and sexual harassment. The action plan describes the procedures for the following participants: volunteers and contractors, support staff, security staff, shift commanders, shift supervisors, first responder duties, medical and mental health practitioners, investigators, and facility leadership. The facility plan

documented, provides detailed actions for providers, and the staff were able to convey their specific duties during the 12 random and 7 informal staff interviews. The facility Warden and the PREA Coordinator interviews indicated reminders to staff regarding their specific duties annually and the auditor reviewed this information within the training plan.

Conclusion: The WOM has a facility institutional response plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor reviewed documents and conducted staff interviews to measure the effectiveness of the written plan. Based on the evidence provided by the facility, substantial compliance was indicated, and no further action is required.

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.

Standard 115.66 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. Collective Bargaining Agreement with the Rhode Island Brotherhood of Correctional Officers and the State of Rhode Island, 07-12-17, page 35.

Interviews:

1. Facility Warden
2. Agency Director

Findings (By Provision):

115.66 (a) The WOM has not entered into any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. In deciding to suspend an employee pending investigation, the Department must be able to demonstrate that the "nature of the allegations" are such that there is cause to remove the employee from the institution pending investigation and not that the employee committed the offenses. The FLSA regulations, for exempt employees, permit suspensions of less than a full workweek for violations of written workplace policies applicable to all employees. This provision applies to generally applicable written work rules which prohibit serious workplace misconduct, which includes, but is not limited to, workplace violence, sexual abuse, sexual harassment, substance abuse, internet access policies, Code of Ethics violations, or violations of state or federal law. Discipline for these infractions should be consistent with the Collective Bargaining Agreement with the Rhode Island Brotherhood of Correctional Officers and the State of Rhode Island that indicates on page 35, "It is agreed that an Appointing authority may dismiss, demote or suspend an employee for just cause".

Conclusion: The auditor reviewed the evidence provided by the facility and found no evidence to deny satisfactory compliance toward this standard. These documents do not limit the agency's ability to remove alleged staff sexual abusers from the contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility Warden interview confirmed this process and indicated disciplinary action will be followed by notification to the Rhode Island State Police for criminal acts and certifying bodies for certification review.

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.

Standard 115.67 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Retaliation Monitoring Form
3. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18

Interviews:

1. Agency Head
2. Facility Warden
3. 1 Staff Member Assigned to Monitor Retaliation
4. 1 Inmates who Reported Sexual Abuse
5. 0 High Risk of Sexual Victimization Inmates
6. 12 Random Staff
7. 8 Random Inmates

8. PREA Compliance Manager

Site Review Observations:

1. Reviewed investigative report templates and retaliation monitoring forms

Findings (By Provision):

115.67 (a-e) The agency has established a policy to protect all inmates and staff who report sexual abuse or harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation and this is described in agency PREA policy 9.49-4, Section F, page 15-16. The Department shall 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. For at least 90 days following a report of sexual abuse or sexual harassment, the office of the Special Investigations Unit (SIU) or the Office of Inspections (OI) shall monitor the conduct and treatment of third party reporters and any other individual who cooperates with an investigation.

The agency Special Investigations Unit, Office of Inspections, and facility Lieutenants are the designated staff members charged with monitoring possible retaliation. These positions are provided the necessary support by the Warden, and the interview process indicated an active role toward retaliation monitoring advising this is an ongoing process.

The facility attempts to employ multiple protection measures by monitoring housing changes, transfers for inmate victims and abusers, removal of staff through termination, emotional support services, monitoring the inmate and staff performance evaluations, disciplinary actions, unannounced lockdowns, denial of privileges, grievances, and the inmates are provided with materials to assist the communication process. Literature is posted in the inmate handbook, posters, and methods of reporting retaliation described in the daily inmate education. The Warden indicated additional reviews may be considered once the 90- day review has concluded.

Random interviews with 12 staff members and 8 random inmates indicated no cause for concern with retaliation. The auditor interviewed the PREA Compliance Manager, 1 inmate that previously reported sexual abuse, and 0 inmates identified as high risk for sexual victimization, and no interviews indicated retaliation concerns. The facility reported 0 allegations of retaliation in the past 12 months, and the classification files documented the 90-day review. The auditor reviewed the Retaliation Monitoring Form and determined an evaluation is conducted on the following days: within 96 hours, within 15 days, within 30 days, within 60 days, and within 90 days. All reviews indicated no concerns regarding retaliation.

Conclusion: The WOM has an agency policy protecting all inmates and staff who report abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation. This extends from retaliation from inmates or staff and includes the monitoring of inmates and staff following a report, and the agency response to the suspected retaliation. The auditor reviewed documentation and interviews to support these findings and the auditor finds the facility has met the provisions of this standard with substantial compliance. No further action is required.

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.

Standard 115.68 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. Policy 12.01-2 DOC, Protective Custody for Inmates, 12-15-14
4. RIDOC SOP, PREA Sexual Abuse Investigations, 08-13-19

Interviews:

1. Facility Warden
2. 1 Staff Supervising Segregated Housing
3. 0 Inmates in Segregated Housing

Site Review Observations:

1. Reviewed records and documentation of housing assignments of inmates who alleged to have suffered sexual abuse.
2. Documentation of in-cell and out- of-cell programs, privileges, education, and work opportunities for inmates in segregated housing.
3. Reviewed if the facility restricts access to programs, privileges, education, or work opportunities.
4. Reviewed records for length of placement in segregated housing for those who alleged to have suffered sexual abuse.
5. Reviewed records indicating inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days.
6. Reviewed Case files of inmates who alleged to have suffered sexual abuse held in involuntary segregated housing in the past 12 months.

Findings (By Provision):

115.68 (a) Agency 12.01-2, Section E, page 3 clearly defines the information within this standard. Inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and there are no other alternative means of separation. The inmate will not be held for more than 24 hours to complete the assessment. Adherence to the guidelines set forth in policy 12.01-2, Section E, page 3 of this procedure's manual shall occur when inmates are at a high risk for sexual victimization or inmates who have alleged sexual abuse are involuntarily placed into Protective Custody (PC) after a determination has been made that no other available alternative means of separation exist from likely abusers. An administrative hearing shall be conducted as outlined below. When an inmate is placed into involuntary Administrative Custody (AC) due to high risk for sexual victimization or after allegedly suffering sexual abuse, the hearing shall take place within 24 hours of placement or the next business day. The reason(s) for the inmate's AC confinement must be explained to the inmate in writing and the inmate must be provided with the Administrative Segregation Form. When an inmate is placed into involuntary AC due to high risk for sexual victimization or after allegedly suffering sexual abuse, the form must articulate:

- a. the basis for the staff member's concern for the inmate's safety.
- b. the other alternative means of separation that were explored, and
- c. the reason why no alternative means of separation can be arranged.

This policy was confirmed during the interview with the facility Warden. This policy allows for programming, privileges, education, and work opportunities to the extent possible. This auditor reviewed the segregated housing records and spoke with the staff that supervise inmates in segregated housing. No inmates in the past 12 months were identified to be housed in segregated housing involuntary. The initial review would be conducted within 24 hours. The inmates would be reassigned to general population. The facility would document the privileges such as recreation, education, and programming. The inmate may not be authorized work opportunities due to behavior concerns and this would be documented on the segregation forms. The auditor interviewed the detainees in the restricted housing unit, and they were able to utilize the therapeutic activity chairs, recreation areas, and games. The auditor determined no inmates were housed in segregation due to concerns regarding their sexual safety.

Conclusion: The agency has a policy governing the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse. The auditor reviewed the facility evidence provided, interviews, and on-site compliance determinations. Based on the evidence provided the facility demonstrates substantial compliance to all provisions within this standard. No further action is required.

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.

Standard 115.71 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. RIDOC SOP, PREA Sexual Abuse Investigations, 08-13-19

Interviews:

1. Investigative Staff
2. Inmates who Reported Sexual Abuse
3. Facility Warden
4. PREA Coordinator
5. PREA Compliance Manager

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports

Findings (By Provision):

115.71 (a-l) The Rhode Island State Police conducts all criminal investigations regarding allegations of sexual abuse, sexual battery, staff sexual misconduct, and sexual harassment for the Rhode Island Department of Corrections as required in agency SOP, PREA Sexual Abuse Investigations. This information was confirmed during the SIU/OI Chief Investigator interview. Agency policy requires the investigations to be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse, sexual assault, and sexual harassment. The auditor reviewed 77 investigative reports to include reports from the third-party allegations and 1 case is still active pending review and prosecution referral. The Women's Facility reported the following allegations and results data for the past 12 months:

22 allegations of Sexual Abuse by Inmate – 5 substantiated cases, 8 unsubstantiated cases, and 8 unfounded results, and 1 case is still pending.

10 allegations of Sexual Abuse by Staff – 1 substantiated case, 0 unsubstantiated case, and 8 cases determined to be unfounded, and 1 case is still pending.

35 allegations of Sexual Harassment by Inmate – 6 substantiated case reported, 22 unsubstantiated cases, and 4 unfounded allegations of sexual harassment determined, and 3 cases are still pending.

The facility reported a total of 10 allegations of Sexual Harassment by Staff in the past 12 months – 5 substantiated allegations, 1 unsubstantiated case, and 4 cases reported to be unfounded.

Agency PREA policy 9.49-4, Section A, pages 7-8 requires the agency use investigators who have specialized training in sexual abuse investigations. This training includes interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Rhode Island State Police will prepare compelled interviews and communicate all activities with the Rhode Island Office of the Attorney General. The compelled interviews would be conducted while moving forward throughout the investigative process and truth telling devices, such as a polygraph, would not be utilized strictly to continue the investigation. The Rhode Island State Police authorizes investigators to support the RIDOC and the WOM. The auditor verified investigators have received the specialized PREA investigator training. All investigative records reviewed by the auditor were conducted by trained investigators. The facility spreadsheet used to track the investigations listed the staff from the Special Investigations Unit (SIU) and the staff from the Office of Inspections (OI) for conducting all administrative investigations. The auditor confirmed the investigators have received the specialized PREA training. The shift supervisors gather the information and the certified PREA investigator conducted all investigations and support was provided by staff interviews, reviewing investigative records, email notifications, and revised spreadsheets. The shift supervisors gathered personal data, secure the scene, and performed first responder duties.

This auditor reviewed investigative reports and determined full support of a documented credibility assessment. The considerations for credibility are included as discussed throughout the investigative staff interviews. The credibility assessments are documented within the report. The Rhode Island State Police will review the evidence provided throughout the investigation to determine if the case will be deemed criminal or administrative. The staff interviews indicated knowledge regarding securing the scene and allowing the Rhode Island State Police to collect all evidence throughout the investigation. A criminal case will be consulted with the local prosecutor and the administrative case will be directed back to the facility Warden for administrative action. The Warden will consult with the investigator to determine if staff actions or failures to act contributed to the incident. The Director of the Office of Inspections will make a final determination regarding staff actions and note a final decision within the report. All cases will be reviewed, and determinations made based on the following: written reports, physical and testimonial evidence, credibility assessments, and the investigative facts and findings. All investigations are documented in a written report and maintained for as long as the alleged abuser is incarcerated or employed by the agency, and then five years thereafter.

Agency SOP, PREA Sexual Abuse Investigations explains the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating the investigation. All parties will cooperate with the investigation and outside licensing bodies will be notified. This was confirmed during the SIU/OI Chief Investigator and Warden interviews.

Conclusion: The WOM has an agency policy related to the handling of criminal and administrative agency investigations in cases where sexual abuse is alleged. The auditor reviewed all evidence provided, reviewed case files, conducted interviews, and reviewed a sample of the retained investigations. This auditor reviewed investigative reports and determined the support of a documented credibility assessment. The considerations for credibility are included as discussed throughout the investigative staff interviews, they are documented within the reports. The credibility assessment section was included within the investigation report template, and the auditor reviewed addendums created by the PREA investigator referencing the following elements within the report: staff and inmate discipline history, current and previous criminal history, prior allegations reported, prior grievances, post assignments, evaluations, reports, phone logs, visitations, and performance appraisals. The evidence provided demonstrated full compliance with this practice. The auditor finds WOM meets the provisions of this standard and no further action is required.

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.

Standard 115.72 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution

Interviews:

1. Investigative Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports

Findings (By Provision):

115.72 (a) Agency PREA policy requires the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The interview with the SIU/OI Chiefs revealed the facility standard is preponderance of the evidence. This evidence was verified through monitoring the results of 77 total investigations conducted. The auditor reviewed investigative files that included, 72 closed cases, 5 pending cases, and 1 substantiated allegation that is pending prosecution referral. The agency SOP, PREA Sexual Abuse Investigations indicates, in administrative investigations, the Department shall impose no standard higher than a preponderance of the evidence, as defined in the glossary of terms, in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Women’s facility reported the following allegations and results data for the past 12 months:

22 allegations of Sexual Abuse by Inmate – 5 substantiated cases, 8 unsubstantiated cases, and 8 unfounded results, and 1 case is still pending.

10 allegations of Sexual Abuse by Staff – 1 substantiated case, 0 unsubstantiated case, and 8 cases determined to be unfounded, and 1 case is still pending.

35 allegations of Sexual Harassment by Inmate – 6 substantiated case reported, 22 unsubstantiated cases, and 4 unfounded allegations of sexual harassment determined, and 3 cases are still pending.

The facility reported a total of 10 allegations of Sexual Harassment by Staff in the past 12 months – 5 substantiated allegations, 1 unsubstantiated case, and 4 cases reported to be unfounded.

Conclusion: The agency has a policy imposing a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment is substantiated. Based on the evidence provided, the auditor has determined substantial compliance with the provisions of this standard. No further action is required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.73 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Inmate Notification

Interviews:

1. Investigative Staff
2. Facility Warden
3. Inmates who Reported Sexual Abuse

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications

Findings (By Provision):

115.73 (a-e) Agency PREA policy 9.49-4 requires, following an investigation into an inmate's allegation of sexual abuse, the agency must inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed a documented investigation and written notification to the inmate was provided as an unfounded complaint. The PREA Compliance Manager reported 77 investigations completed in the last 12 months and 77 notifications were documented as issued to the inmate. The Women's Facility reported the following allegations and results data for the past 12 months:

22 allegations of Sexual Abuse by Inmate – 5 substantiated cases, 8 unsubstantiated cases, and 8 unfounded results, and 1 case is still pending.

10 allegations of Sexual Abuse by Staff – 1 substantiated case, 0 unsubstantiated case, and 8 cases determined to be unfounded, and 1 case is still pending.

35 allegations of Sexual Harassment by Inmate – 6 substantiated case reported, 22 unsubstantiated cases, and 4 unfounded allegations of sexual harassment determined, and 3 cases are still pending.

The facility reported a total of 10 allegations of Sexual Harassment by Staff in the past 12 months – 5 substantiated allegations, 1 unsubstantiated case, and 4 cases reported to be unfounded.

Agency PREA policy requires if the allegation is that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate whenever the staff member is no longer posted in the inmates unit, no longer employed at the facility, indicted on a charge, or been convicted on a charge related to sexual abuse. The PREA policy reflects these steps are not required if the results of the allegation are unfounded. The facility reported 1 substantiated allegation documented within the last 12 months against a staff member, 1 agency case remains pending as reported as a substantiated allegation against a staff member, and the case was referred for indictment.

Agency PREA policy 9.49-4 requires when the allegation is the result of sexual abuse by another inmate, the facility must notify the victim when the agency learns that the alleged abuser has been indicted on a charge, or convicted on a charge, and these steps are not required if the results of the allegation is unfounded. The facility Warden and the SIU/OI Chief Investigators confirmed this communication process during the on-site review. The PREA Coordinator indicated knowledge of this occurring throughout the investigative process. This auditor reviewed documentation of this notification process occurring during the on-site review.

Conclusion: The agency has a policy requiring that any inmate who makes an allegation of suffering sexual abuse in an agency or facility is informed, in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the evidence provided the WOM meets the provisions of this standard with substantial compliance. No further action is required.

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.

Standard 115.76 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Inmate Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
10. Policy 3.14-3 DOC, Code of Ethics and Conduct, 01-11-16

Interviews:

1. Facility Warden

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications
4. Reviewed the MOU between the RIDOC and the Rhode Island State Police

Findings (By Provision):

115.76 (a-d) The presumptive disciplinary sanction for staff who has engaged in sexual abuse at the WOM is termination and this is explained in agency policy 3.14-3, Code of Ethics. This policy was confirmed by the facility Warden during the interview process and reviewed by the auditor in the employee handbook. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. The disciplinary action is commensurate with the acts committed, staff disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The auditor reviewed documentation in attempts to determine if other staff actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused an inmate. No findings of this nature were reported within the 77 investigative reports reviewed. The facility reported 1 incident in the past 12 months for staff who have been terminated or disciplined for violation of the agency sexual abuse or sexual harassment policies.

The auditor reviewed the disciplinary action of staff with the facility Warden and the sanctions imposed for violation of this policy is termination. The facility Warden confirmed past incidents being referred to law enforcement for prosecution and notifying the applicable licensing board such as the Criminal Justice Services, Board of Nursing, and the Department of Education. These notifications occur upon termination or resignations in lieu of termination. This is required by agency policy 3.14-3, Standards of Conduct. The Rhode Island State Police conducts all criminal investigations and the auditor reviewed the Memorandum of Understanding provided by the facility.

Conclusion: The WOM has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as: sample records of terminations, resignations, other sanctions, and law enforcement referral the auditor determined the WOM meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary actions is termination.

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.

Standard 115.77 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Inmate Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. Policy 9.40-5 DOC, Procedures for Contractors at Institutional Facilities, 10-27-14
10. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18

Interviews:

1. Facility Warden

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications
4. Reviewed the MOU between the RIDOC and the RISP

Findings (By Provision):

115.77 (a-b) Agency policy 9.40-5, Procedures for Contractors at Institutional Facilities requires any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies. This procedure is not enforced if the activity is clearly not criminal or the allegation is unfounded. Notifications will also be made to relevant licensing bodies and the facility shall take appropriate remedial measures to determine further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment. The facility did not report any volunteer or contractor terminations, discipline, law enforcement referrals, or notifications to relevant licensing bodies for violations of sexual abuse, sexual assault, or sexual harassment. This was confirmed during the facility Warden interview and informal interviews with the command staff. The auditor reviewed documentation in attempts to determine if other volunteer or contractor actions may have contributed to the incident that led to disciplinary sanctions for staff such as: failing to act to prevent sexual abuse from occurring, standing by while the abuse takes place, failing to act as required after the incident, negligent supervision that leads to, or could lead to an incident, or deliberately ignoring evidence that a colleague has abused by an inmate. No findings of this nature were reported within the 77 investigative reports reviewed.

Conclusion: The WOM has a policy regarding disciplinary violations for acts of sexual abuse or sexual harassment. Based on the evidence provided by the facility such as: sample records of terminations, resignations, other sanctions, and law enforcement referral the auditor determined the WOM meets the provisions required within this standard. No further action is required, and the presumptive expectation of disciplinary action is termination.

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.

Standard 115.78 Analysis
Auditor Brian Sutherland
Women’s Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Investigative Reports
3. Record Retention Schedule
4. Copies of Case Records
5. Sample of Cases Referred for Prosecution
6. Investigation Summary with Inmate Notification
7. Sample of Records of Termination, Resignation, or other Sanctions for Violation of Sexual Abuse or Sexual Harassment Policies
8. Discipline Related to Sexual Abuse, Sexual Harassment, or Retaliation
9. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
10. Inmate Classification Files
11. Inmate Disciplinary Files
12. Inmate Medical Files
13. Policy 11.01-7 DOC, Code of Inmate Discipline, 02-26-18

Interviews:

1. Facility Warden
2. 1 Medical Staff
3. 1 Mental Health Staff

Site Review Observations:

1. Reviewed Case Files
2. Reviewed Investigative Reports
3. Reviewed Inmate Notifications
4. Reviewed the MOU between the RIDOC and the Rhode Island State Police
5. Reviewed Inmate Medical Files

Findings (By Provision):

115.78 (a-g) Agency policy 11.01-7, Code of Inmate Discipline informs inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for sexual abuse. The Mental Health staff indicated potential screenings to address or correct the underlying reasons or motivations for abuse. The facility utilizes medical staff for assistance and the Counseling and Psychotherapy Center for counseling services. WOM also provides counseling services for stabilization, transitional theory, weekend activities, recreation, group activities, therapeutic community group, and mentoring classes.

Agency policy 11.01-7, Code of Inmate Discipline advises the facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish enough evidence to substantiate the allegation. The facility prohibits all sexual activity between inmates and may discipline inmates for such activity.

Conclusion: The agency has a policy which states inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. The auditor reviewed all records and findings associated with the provisions of this

standard and no further action is required. The WOM meets the substantial compliance required with 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.

Standard 115.81 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. 10 Inmate Medical Files
3. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act, 2003), 03-05-18
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records
7. Policy 18.30-2 DOC, Receiving Screening and Mental Health Evaluation of New Commitments, 01-06-14

Interviews:

1. Facility Warden
2. 1 Medical Staff
3. 1 Mental Health Staff
4. Inmate Reporting Prior Sexual Victimization

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.81 (a-e) The auditor reviewed 10 randomly selected electronic medical files and reviewed the facility policy regarding inmates experiencing prior victimization and abusiveness. Agency policy 18.30-2, Receiving Screening and Mental Health Evaluation of New Commitments provides this information and verifies staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process. This was also confirmed during the interview with the Mental Health staff. Agency policy 18.30-2 explains, If the screening pursuant to PREA standard 115.41 indicates that a prison or jail inmate has experienced prior sexual

victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening or sooner, if clinically indicated. This information is documented in the medical incident injury report. Interviews with one inmate who disclosed sexual victimization during a risk screening interview, and review of corresponding documentation is consistent with the policy requirement and adhere to this standard. The auditor interviewed an inmate that reported prior sexual victimization during the risk screening and the inmate confirmed being offered a follow up referral with mental health. The inmate advised this was conducted within a few days and the inspection of the medical file indicated 2 days.

The auditor did not identify any concerns with the tracking mechanism presented by the medical staff regarding the 14-day reviews. The staff member from intake will generate the referral request based on the information received during the inmate risk screening. The referral will be noted in the medical files and this begins an internal time clock to track the number of days until the 14-day review is completed. The medical staff and authorized staff are provided a username and password to access the medical records. This information is strictly for treatment plans, housing decisions, bed assignments, work details, educational programming, or as otherwise required by federal, state, and local law. The medical screening form is signed by inmates to provide consent for professional health care services and receive instructions regarding access to medical, dental, and mental health care. Interviews with medical and mental health staff revealed that a consent form is signed by the inmates regarding the limits to confidentiality. The auditor reviewed 4 sample inmate consent forms and no discrepancies were noted in association with the mental health follow-up reviews.

Conclusion: The WOM has a policy governing the facility response to medical and mental health services in correlation with the review of the inmate risk assessment screenings. The policy stresses confidentiality within the medical environment and manages the immediate health needs, security risks, and the determination for further treatment. A review of all evidence provided by the facility indicates full compliance with the provisions of this standard. No further action is required.

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.

Standard 115.82 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. 10 Inmate Medical Files
3. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Warden
2. 1 Medical Staff
3. 1 Mental Health Staff
4. Inmate Reporting Prior Sexual Victimization
5. 0 Sexual Assault Nurse Examiner

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.82 (a-d) Agency policy requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The facility offers 24- hour medical care and 24-hour crisis intervention services. The facility provides off site emergency room care and utilizes the Kent Hospital and the Rhode Island Hospital for SANE exams.

The Counseling and Psychotherapy Center, Inc., and the Day One Victim Advocate Services offer 24-hour counseling and crisis intervention services and the facility supports its own crisis stabilization and transitional care units. The Kent Hospital and the Rhode Island Hospital performs all sexual assault examinations and offers prophylaxis to safeguard from sexually transmitted diseases. The SANE provides the notification to the Day One Victim Advocate Services for onsite advocacy during the exam. The volunteers will be notified to provide crisis intervention services and advocacy.

Interviews with the medical staff indicated the level of care at the WOM is consistent with the level of care demonstrated within the community. The auditor was unable to speak with the SANE staff due to scheduling conflicts, and concerns with the COVID-19. The auditor reviewed the contract for the Counseling and Psychotherapy Center, Inc. This auditor reviewed the inmate handbook provided by the facility to ensure compliance. The treatment services are provided to every victim without financial cost, regardless of whether the victim names an abuser or cooperates with any investigation arising out of the incident. This was confirmed by the Health Services Administrator and no concerns were present during the informal inmate interviews. The auditor interviewed 4 inmates who have reported sexual abuse during risk screening, and they did not indicate any concerns within this standard.

Conclusion: Based on the auditor's review of the evidence provided by the facility to include policies regarding access to treatment services, samples of secondary materials relating to forms, logs, and immediate notification documents, WOM is fully compliant with this standard. No further action is required.

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.

Standard 115.83 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. 10 Inmate Medical Files
3. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
4. Classification Records
5. Mental Health Confidential Disclosure Statement
6. Medical and Mental Health Records

Interviews:

1. Facility Warden
2. 1 Medical Staff
3. 1 Mental Health Staff
4. Inmate Reporting Prior Sexual Victimization
5. 0 SANE Nurse
6. 8 Random Inmate Interviews

Site Review Observations:

1. Reviewed files and records logs

Findings (By Provision):

115.83 (a-h) The facility Mental Health Director indicated the facility offers medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. The Mental Health Director advised the evaluation and treatment plans are consistent with the level of care demonstrated within the community. At times, the inmate may qualify for additional services due to their status. The inmate treatment plans may consist of referrals for continued care, medications, transfers to other facilities, or accommodations upon release.

There have been no reported incidents involving vaginal penetration that resulted in the need to perform a pregnancy test. This was confirmed during review of the PAQ and during the interviews with the medical and mental health staff.

Agency policy advises inmate victims will be offered tests for sexually transmitted infections and all treatment services will be provided at no cost to the victim. This information is supported in the inmate handbook. The Counseling and Psychotherapy Center, Inc will provide on-site counseling services. This information was confirmed during the Health Services interview and the informal staff interviews. The informal inmate interviews

expressed knowledge regarding the free medical, mental health, and emotional support services offered at the facility. The Day One information was posted near every phone in the inmate living units as one method of outside reporting. All 8 random inmate interviews confirmed knowledge of this service. The auditor reviewed the financial statements with medical staff indicating the testing would be conducted at no cost to the victim. There are 35 eligible participants listed for the Counseling and Psychotherapy Center programs.

Conclusion: Based on the auditor's review of the following evidence provided by the facility: policy governing ongoing medical and mental health care for sexual abuse victims and abusers, medical records indicating timely access to treatment plans, referrals, and sexually transmitted infections testing as medically appropriate. The auditor determined the facility was found in compliance with the provisions of this standard and the level of care is consistent with the level of care within the community. No further action is required.

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.

Standard 115.86 Analysis
 Auditor Brian Sutherland
 Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Agency Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-15-18

Interviews:

1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member

Site Review Observations:

1. Discussed the Incident Review Team Process

Findings (By Provision):

115.86 (a-e) Agency policy mandates the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation unless the allegation has been determined to be unfounded. This incident review must be conducted within 30 days of the conclusion of the investigation. This process was confirmed by the Warden and PREA Compliance Manager interviews. The incident review team consists of the following: the Facility Warden/Designee, the facility PREA Compliance Manager, line supervisors, SIU for reviews involving inmate-on-inmate sexual abuse, OI for all inmate sexual abuse reviews, health care services, mental health practitioners, and all other staff deemed appropriate by the facility Warden.

The facility presents a report of its findings from the sexual abuse incident reviews and makes a final recommendation for improvement or documents the reasons for not performing improvements. The criteria included within the reviews consists of the following: policy revisions, incident motivations by race, ethnicity, gender identity, lesbian, gay, bi-sexual, transgender, intersex, gang affiliation, physical barriers that may have contributed to the abuse, adequate staffing levels, video monitoring equipment or lack of, mandated training by staff and inmates, appropriate supervision, notifications, and operational considerations. The auditor reviewed 9 incident review documents and noted the information was provided within the form. The Warden confirmed review of 9 reported facility incident reviews. The Warden/Designee shall distribute copies of the Sexual Abuse Incident Review Report to the Director of Corrections, the ADIO, and the Agency PREA Coordinator. This was confirmed in agency policy 9.49-4, Section J, page 21, and during the facility Warden interview.

Conclusion: The auditor determined the facility met this standard with substantial compliance based on the review of the following documentation: policies on conducting sexual abuse incident reviews, sample documentation or completed investigations, documentation of review team minutes, and recommended findings. No further action is required.

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.

Standard 115.87 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Agency Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. 2018 Survey of Sexual Violence

Interviews:

1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member

Site Review Observations:

1. Discussed the Incident Review Team Process

Findings (By Provision):

115.87 (a-f) The auditor reviewed the agency uniform data for every allegation of sexual abuse and compared the data to the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data annually and includes definitions as appropriate to the Survey of Sexual Violence.

The auditor reviewed the data collected in 2017, 2018, and 2019 as the data is compiled for a one-year (calendar) period after December. The WOM does not operate another facility or contract with other facilities for the confinement of its inmates. The RIDOC Planning and Research Unit securely maintains all documentation used to compile the information and the SIU and OI maintains the investigative data and records. Approved data is posted on the Agency website and available upon request by the Department of Justice. The facility Warden confirmed the use of all facility data relative to this standard.

Conclusion: The auditor reviewed the agency policies for collecting data on sexual abuse allegations, the instrument used for collecting the data, the set of definitions applied, the agency website, and a sample of the historical data used to determine the facility is fully compliant with the provisions of this standard. No further action required.

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.

Standard 115.88 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. Agency Aggregate Data Annual Report, 2017, 2018, and 2019

Interviews:

1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member

Site Review Observations:

1. Discussed the Incident Review Team Process
2. Reviewed the agency website data

Findings (By Provision):

115.88 (a-d) Agency policy requires the agency PREA Coordinator to review data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This auditor reviewed the data posted on the agency website that includes the total number of substantiated, unsubstantiated, and unfounded allegations of sexual misconduct by inmate-to-inmate and staff-to-inmate reports in 2017, 2018, and 2019.

This information is approved by the Agency Director and posted on the agency website for review. The agency PREA Coordinator advised this information is utilized to identify problem areas and initiate corrective action measures when appropriate. The facility Warden confirmed the use and data associated with this report during the interview.

No facility data was redacted from the annual report for publication and this was verified by the PREA Coordinator. The facility video monitoring equipment upgrades have contributed significantly to the reduction of allegations and required reviews.

Conclusion: The auditor reviewed evidence provided by the facility such as corrective action plans, an annual report of findings, website materials, and found the facility is fully compliant with the provisions of this standard. No further action required.

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.

Standard 115.89 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-15-18

Interviews:

1. Facility Warden
2. PREA Coordinator
3. Incident Review Team Member

Findings (By Provision):

115.89 (a-d) The PREA Coordinator indicated all documentation utilized for data collection is maintained by the RIDOC Planning and Research Unit and the investigation data is maintained by the Special Investigations Unit (SIU) and the Office of Inspections (OI). The facility enters data into the Facility Incident Database and maintains electronic files on a secure server. The data report is approved by the Agency Director and posted on the Agency website annually. The auditor reviewed the report and did not observe any personally identifying information. Agency policy requires the facility shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Conclusion: Based on the auditor's review of the agency policy, agency website, interviews, and historical data, WOM is fully compliant with the provisions of this standard. No further action is required.

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.

Standard 115.401 Analysis
Auditor Brian Sutherland
Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4, PREA (Prison Rape Elimination Act), 03-05-18
3. PREA Audit Notice Verification
4. 1 Postal Communications from Inmates

Interviews:

1. Facility Warden
2. PREA Coordinator
3. 1 Inmates Receiving Correspondence

Site Review Observations:

1. Reviewed the Agency Website and Facility Data

Findings (By Provision):

115.401(a-n) The WOM conducted its first cycle PREA audit March 25, 2016, and the facility was found in compliance on 40 standards, 2 standards (115.15, and 115.34) exceeded expectation, 38 met the standards, 3 standards were documented as not applicable. The auditor reviewed the report on the facility website during the preaudit phase. The WOM conducted the second cycle PREA audit on December 31, 2017, and the facility was found in compliance on 38 standards, 4 standards exceeded expectation (115.11, 115.33, 115.51, and 115.61), and 1 standard was found to be not-applicable. This data was confirmed by the agency PREA Coordinator during the on-site review. All facility audit reports were posted on the agency website.

The auditor was not authorized complete physical access to the entire facility due to the possible concerns related to the COVID-19 pandemic. The auditor was not granted access to the following areas due to positive cases related to the COVID-19: Housing Unit D and the Disciplinary confinement section of the facility. However, the auditor was able to review a virtual tour using the facility video monitoring equipment. The auditor reviewed the third-party reporting posters, restrooms, audit notices, officers conducting rounds, showers and restroom areas did not display concerns with cross gender viewing.

Interview restrictions were placed on the auditor during the onsite review as the agency PREA Coordinator was required to be present during the Director interview. The auditor received all documents requested and was provided electronic viewing upon request. The on-site review provided the auditor the opportunity to conduct private interviews with inmates, staff, volunteers, and contractors with limitations due to the potential concerns with the COVID-19 pandemic. The Agency PREA Coordinator provided photographic evidence regarding the posting of the PREA Audit Notification in all inmate living units on May 4, 2020. The audit notice was posted in both English and Spanish formats, large color print, and visible for everyone to see upon entering the units. This posting provided the inmates and staff a name and mailing address for the auditor. The auditor confirmed this posting during the on-site review as staff and inmate interviews validated the posting at least 6 weeks prior to the on-site review. The auditor received 1 postal communication from inmates at WOM and 0 correspondence from staff.

Conclusion: The auditor has determined based on the evidence provided by the facility and review of the facility website; WOM meets substantial compliance with the provisions of the standard. No additional action is required.

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

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.

Standard 115.403 Analysis
Auditor Brian Sutherland

Women's Facility (WOM)

The following evidence was analyzed in making compliance determinations:

Documents :

1. WOM Pre-Audit Questionnaire Responses
2. Policy 9.49-4 DOC, PREA (Prison Rape Elimination Act), 03-05-18
3. PREA Audit Notice Verification
4. 1 Postal Communications from Inmates/Staff

Interviews:

1. Facility Warden
2. PREA Coordinator

Site Review Observations:

1. Reviewed the Agency Website and Facility Data

Findings (By Provision):

115.403 (a-f) The auditor verified the final audit reports were published on the agency website, and the auditor reviewed all documentation and compliance efforts. The auditor attempted to confirm all prior recommendations were completed from the previous audit.

The WOM conducted its first cycle PREA audit March 25, 2016, and the facility was found in compliance on 40 standards, 2 standards (115.15, and 115.34) exceeded expectation, 38 met the standards, and 3 standards were documented as not applicable. The auditor reviewed the report on the agency website during the preaudit phase. The WOM conducted the second cycle PREA audit on December 31, 2017, and the facility was found in compliance on 42 standards, 4 standards exceeded expectation (115.11, 115.33, 115.51, and 115.61), and 1 standard was found to be non-applicable. This data was confirmed by the agency PREA Coordinator during the on-site review. All facility audit reports were posted on the agency website.

Conclusion: Based on the evidence provided by the facility, the WOM meets substantial compliance with the provisions of this standard, and no further action is required.

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.

Brian C. Sutherland

July 28, 2020

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.