

PREA Facility Audit Report: Final

Name of Facility: Anthony Travisano Intake Service Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/26/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Elaine Bbridschge	Date of Signature: 04/26/2026

AUDITOR INFORMATION	
Auditor name:	Bbridschge, Elaine
Email:	risingsunauditing@gmail.com
Start Date of On-Site Audit:	03/30/2026
End Date of On-Site Audit:	04/01/2026

FACILITY INFORMATION	
Facility name:	Anthony Travisano Intake Service Center
Facility physical address:	18 Slate Hill Road, Cranston, Rhode Island - 02920
Facility mailing address:	

Primary Contact

Name:	Heather Daglieri
Email Address:	heather.daglieri@doc.ri.gov
Telephone Number:	401-462-3087

Warden/Jail Administrator/Sheriff/Director	
Name:	Rachel Bray, Warden
Email Address:	Rachel.Bray@doc.ri.gov
Telephone Number:	401-462-3800

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Glenn Tucker, RIDOC Medical Director
Email Address:	Glenn.Tucker@doc.ri.gov
Telephone Number:	401-462-1115

Facility Characteristics	
Designed facility capacity:	1126
Current population of facility:	898
Average daily population for the past 12 months:	886
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	18-75
Facility security levels/inmate custody levels:	Awaiting trial and classified sentenced inmates to Maximum, Medium and Minimum
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	239
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	876
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	876

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, Cranston, Rhode Island - 02920
Mailing Address:	
Telephone number:	4014622611

Agency Chief Executive Officer Information:

Name:	Wayne Salisbury, Jr.
Email Address:	wayne.salisbury@doc.ri.gov
Telephone Number:	401-462-3952

Agency-Wide PREA Coordinator Information

Name:	Heather Daglieri	Email Address:	heather.daglieri@doc.ri.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

8

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.13 - Supervision and monitoring
- 115.15 - Limits to cross-gender viewing and searches
- 115.33 - Inmate education
- 115.41 - Screening for risk of victimization and abusiveness
- 115.71 - Criminal and administrative agency investigations
- 115.73 - Reporting to inmates
- 115.88 - Data review for corrective action

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-30
2. End date of the onsite portion of the audit:	2026-04-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Counseling and Psychotherapy Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1126
15. Average daily population for the past 12 months:	886
16. Number of inmate/resident/detainee housing units:	17
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	952
24. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	0
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	16
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	4
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	70

<p>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>15</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>24</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>76</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>239</p>

37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	876
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	876
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	A combined list of volunteers and contractors are approved for all RIDOC facilities.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided inmate rosters for each unit.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	18
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
46. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</p>	<p>According to a review of inmate rosters and discussion with agency/facility leadership, there were no inmates at this facility who met this criterion.</p>
<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>4</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>According to a review of inmate rosters and discussion with agency/facility leadership, there were no inmates at this facility who met this criterion.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender</p>

<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	8
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

75. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	13	0	13	0
Staff-on-inmate sexual abuse	15	0	15	0
Total	28	0	28	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	17	0	17	0
Staff-on-inmate sexual harassment	11	0	11	0
Total	28	0	28	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	2	3	8	0
Staff-on-inmate sexual abuse	0	11	4	0
Total	2	14	12	0

Sexual Harassment Investigation Outcomes

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

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

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

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	2	13	1
Staff-on-inmate sexual harassment	0	4	7	0
Total	1	6	20	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

28

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>13</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>15</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>28</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>17</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	11
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

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

Identify the name of the third-party auditing entity

Corrections Consulting Services LLC

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. The organizational chart shows the PREA coordinator reporting to the Assistant Director of Institutions and Operations (ADIO) up to the Director. 4. 18 training certificates that the PREA Coordinator Completed through the National Institute of Correction. 5. Memo from the PREA Coordinator Containing Training Curriculum for PREA Compliance Managers 6. Three Training Modules for PREA Compliance Managers:

a. PREA Facility Compliance Managers Training

b. PREA Retaliation Monitoring Training

c. PREA Unannounced Rounds Training

7. Interviews with PREA Coordinator and PREA Compliance Manager

Findings:

A) The auditor reviewed the facility's zero-tolerance policy on sexual abuse and harassment. It outlines the strategies for how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency exceeds PREA standards by maintaining a clear zero-tolerance policy for inmate sexual abuse and sexual harassment. All allegations are investigated promptly and thoroughly, and when supported by evidence, appropriate and proportional sanctions are imposed, including referral for criminal prosecution when warranted. Allegations of inmate-on-inmate sexual abuse and sexual harassment are investigated by the RIDOC Special Investigations Unit (SIU) who refers the investigation to the Rhode Island State Police if the investigation determines that there was criminal activity. Allegations involving staff, contractors, volunteers, and interns are investigated by the Office of Inspections (OI), if there was suspected criminal activity the investigation would be referred to the Rhode Island State Police. This structured investigative process supports accountability and consistent enforcement beyond minimum PREA requirements. The agency has a MOU with the Rhode Island State Police for PREA criminal investigations. There are also PREA Posters posted throughout the facility outlining the zero-tolerance policy and how to reports sexual abuse or harassment.

B) The agency exceeds PREA standards by appointing a PREA Coordinator at the agency level who reports directly to the Assistant Director of Operations. The PREA Coordinator holds a leadership position with the authority, access, and dedicated time necessary to oversee and ensure full compliance with PREA requirements across all facilities. In addition, the PREA Coordinator works closely with each facility to review and evaluate staffing plans, helping ensure appropriate supervision, resource allocation, conducts PREA training to the PREA Compliance Managers and ensures compliance with PREA standards.

C) The facility has its own PREA Compliance Manager (Deputy Warden) who reports to the Warden and is responsible for handling PREA efforts on site. This person has the support and time necessary to keep the facility in compliance.

Auditor Determination:

Based on a comprehensive review of the agency's zero-tolerance policy, organizational structure, documentation identifying the PREA Coordinator and PREA Compliance Manager, and interviews with facility leadership and staff, the auditor determined the facility exceeds the requirements of this standard. The evidence demonstrates a clearly defined and well-executed zero-tolerance approach, supported by strong leadership, accountability measures, and consistent implementation of prevention, detection, reporting, and response strategies. The presence of dedicated

	<p>PREA leadership at both the agency and facility levels, with sufficient authority, time, and support, further reflects a level of practice that goes beyond basic compliance.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.12 Contracting with Other Entities for the Confinement of Inmates</p> <p>Evidence Analyzed</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire <p>Findings:</p> <p>A) B) The agency does not contract with private agencies or other entities for the confinement of inmates; therefore, this standard will be considered in compliance with the standard.</p>

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.13 Supervision and Monitoring</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 9.05-3 DOC Institutional Logbook System 4. Staffing Schedules 5. Staffing Plan 6. Staffing Plan Reviews From 2017-2025 7. 36 Samples of Supervisor Unannounced Rounds 8. Site Review: Supervision Practices

9. Interviews with the Warden, PREA Compliance Manager, PREA Coordinator and staff that conduct unannounced rounds

Finding:

A) The auditor reviewed the facility's staffing plan to ensure adequate supervision and camera coverage are in place to support resident safety and reduce the risk of sexual abuse. The staffing plan exceeded standards and was developed using a careful review of key factors, including generally accepted residential practices; any judicial, federal, internal, or external findings of inadequacy; and a review of the facility's physical plant, including areas where staff or residents may be isolated. The plan also considers the composition of the resident population, the number and placement of supervisory staff, programs occurring on each shift, applicable state and local laws or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant safety factors. This approach helps ensure staffing decisions are informed, appropriate, and responsive to the facility's operational needs. During the site review the auditor compared the written staffing plan against current staffing schedules and determined the staffing plan adequately assesses the staffing needs of the facility with sexual safety in mind. The facility is staffed according to the written plan.

B) The facility maintains compliance with the staffing plan. The facility reported no deviations from the custody staffing plan for the past 12 months.

C) The facility exceeds PREA standards by conducting an annual review of the staffing plan in collaboration with the PREA Coordinator to determine whether adjustments are needed to staffing levels, the use and placement of monitoring technology, or the allocation of resources necessary to support and maintain the staffing plan. This ongoing review process ensures staffing, and supervision practices remain effective, responsive, and aligned with resident safety needs beyond minimum PREA requirements. The auditor reviewed the annual staffing plan reviews.

D) The Auditor reviewed the logs of supervisors conducting unannounced rounds on all shifts. The staff are not allowed to give advance notice unless there is a valid operational reason. Previous unannounced rounds were observed during the site review by way of video review.

Auditor Determination:

Based on review of the staffing plan, staffing records, camera coverage information, supervisory round logs, annual staffing plan reviews, and staff interviews, the auditor determined the facility exceeds the requirements of this standard. The evidence reflects a highly detailed, well-informed, and consistently implemented staffing plan that goes beyond minimum expectations. The facility demonstrates ongoing commitment to safety through proactive annual reviews, effective use of monitoring technology, and strong supervisory practices, including well-documented unannounced rounds across all shifts.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14 Youthful Inmates</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 9.33-6 DOC Inmate Housing Assignments Policy 4. 12.26-5 DOC Special Management of Juvenile Offenders Policy 5. Site Review: Supervision Practices <p>Findings:</p> <p>A) The RIDOC receives and incarcerates juvenile offenders only where jurisdiction has been waived from Family Court to the appropriate adult court.</p> <p>B) Under no circumstances shall RIDOC place juvenile offenders in holding cells, dorms or housing units with adult inmates. Youthful inmates are never housed in the same units as adult inmates and do not have any direct sight, sound, or physical contact in shared spaces. RIDOC make its best efforts to avoid placing juvenile offenders in complete isolation. Absent exigent circumstances, juvenile offenders are not denied daily large muscle exercise and any legally required special education services. Juvenile offenders shall have access to programs and work opportunities to the extent possible.</p> <p>C) The facility avoids isolating youthful inmates and ensures they still get access to daily exercise, education, and programming unless there is an emergency. The Facility had one youthful offender in 2025.</p> <p>Auditor Determination: Based on review of housing practices, supervision procedures, and staff interviews, the auditor determined the facility meets the requirements of this standard. The auditor verified that the facility has procedures in place to ensure youthful inmates would be separated from adult inmates in all applicable settings and would continue to receive access to services and programming if housed at the facility.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.15 Limits to Cross-Gender Viewing and Searches

Evidence Analyzed:

1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy
2. Pre-Audit Questionnaire
3. 9.14-9 DOC, Detecting and Confiscating Contraband on Inmates/Detainees or in Inmate Transport Vehicles Policy
4. 9.36-4 DOC Inmate Substance Use Testing and Monitoring Policy
5. Standard Operating Procedure Urine Testing
- 6.18.30-3 DOC Receiving Screening and Mental Health Evaluation of New Commitments and Transfers Policy
7. Post Orders for Conducting Strip Searches
8. 9.14-9 DOC, Detecting and Confiscating Contraband on Inmates/Detainees or in Inmate Transport Vehicles Policy
9. 9.36-4 DOC Inmate Substance Use Testing and Monitoring Policy
10. Procedure SEC-66 Soter RS Body Scanner
11. Camera Memo From the Warden
12. Knock and Announce Posters
13. PREA Cross Gender Searches Training Video
14. Site Review: Cross-Gender Searches; Cross-Gender Viewing
- 15.

Findings:

A) The facility exceeds PREA standards by having a clear policy that limits cross-gender strip searches and visual body cavity searches to emergency situations or to medical staff only. The auditor reviewed this policies and post orders and confirmed that staff receive training on the requirements of this standard, so they understand when searches are allowed and how to conduct them appropriately. This approach helps ensure searches are conducted correctly, respectfully, and in a way that protects resident dignity beyond minimum PREA requirements. According to the PAQ, in the past 12 months, no cross-gender strip or cross-gender visual body cavity searches of inmates were conducted. During the site review, the auditor did not observe any cross-gender searches occurring.

	<p>B) The facility does not house female inmates.</p> <p>C) Every cross-gender search is thoroughly documented. If a cross-gender search is done the facility is required to document the time, date, location, personnel involved, and the specific circumstances surrounding each search. The documentation is maintained for review.</p> <p>D) The facility exceeds PREA standards by ensuring inmates are able to shower, use the restroom, and change clothing without being viewed by nonmedical staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks. In addition, all RIDOC staff are required to clearly announce their presence when entering a housing unit of the opposite gender if another cross-gender staff member is not already present. These practices help protect inmate privacy and dignity while supporting safe and effective supervision beyond minimum PREA requirements. During the site review, the auditor did not observe any cross-gender viewing. The facility also enforces gender-specific post assignments as an added precaution to avoid any cross-gender viewing of inmates while in a state of undress.</p> <p>(e) This provision is no longer applicable to your compliance finding.</p> <p>(f) This provision is no longer applicable to your compliance finding.</p> <p>Auditor Determination: Based on review of cross-gender search policies, privacy practices, documentation, and staff interviews, the auditor determined the facility exceeds the requirements of this standard. The evidence demonstrates strong privacy protections, strict limitations on cross-gender searches, and thorough documentation practices. The facility consistently reinforces resident dignity through clear procedures and staff accountability, reflecting performance that goes beyond standard compliance expectations.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient</p> <p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Dorcas International Language List

4. Certified Spanish Interpreter's Lists
5. Contract for Translation Services
6. PREA Posters
7. Department Wide PREA Additional Considerations
8. PREA Coordinators Calendar Showing PREA Meetings
9. Posted Phone Notice on Reporting Sexual Misconduct
10. PREA Training Video
11. Inmate PREA Awareness Acknowledgements for Comprehensive Education
12. Site Review: Interpretation Services
13. Interviews with the Acting Assistant Director of Institutions and Operations (ADIO) and inmates with disabilities and/or who are limited English proficient

Findings:

A) The facility has clear policies, procedures, and contractual agreements in place to ensure inmates with disabilities have equal access to all efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes access to PREA education, multiple reporting options, and protective measures. When needed, the facility uses interpretive services, assistive devices, and accessible formats to support understanding and participation. The auditor confirmed these practices through a review of posted materials and contractual documents, demonstrating the facility's commitment to accessibility beyond minimum PREA requirements. During interviews with inmates who are limited English proficient, the auditor was able to test the facility's access to interpretation services and had no concerns with the access and functionality of the service.

B) The department has policies in place that ensure inmates with limited English proficiency have meaningful access to all programs, services, and activities. These policies and contracts are designed to prevent language barriers from interfering with communication between staff and LEP individuals and to support safe operations. As a result, inmates are able to fully understand facility rules, their rights, and the protections available to them under PREA beyond minimum requirements.

C) The Rhode Island Department of Corrections (RIDOC) has contracted with professional language interpreter services and provides translated materials to ensure accurate and accessible communication. Offender interpreters are not used, ensuring confidentiality and accuracy in sensitive communications, especially those related to allegations of sexual abuse and harassment.

Auditor Determination:

Based on review of orientation materials, policies, accommodation practices, interpreter services, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence demonstrates a comprehensive and

	<p>proactive approach to ensuring equal access for all residents, including those with disabilities and limited English proficiency. The facility not only meets accessibility requirements but consistently implements effective communication strategies, appropriate accommodations, and strong safeguards that ensure all residents fully understand and can access PREA-related information, reporting options, and services.</p>
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115.17	Hiring and promotion decisions
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	<p>Auditor Overall Determination: Meets Standard</p>
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	<p>Auditor Discussion</p>
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	<p>115.17 Hiring and Promotion Decisions</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3.14-4 DOC Staff Code of Ethics and Conduct Policy 4. 3.32 DOC Access to Facility Policy 5. 9.23.3 Pre-Employment Background Investigations Policy 6. 9.22.5 Tours of Facilities Policy 7. 9.40.6 DOC Procedures for Contractors at Institutional Facilities 8. 9.50.2 DOC Office of Inspection Policy 9. PREA Questionnaire 10. Standard Operation Procedure Hiring Manual 11. 701.2 Accountability and Procedures for Volunteers/Contractors 12. 5 Completed Volunteer/Contractor Background Checks 13. 5 Completed Staff Background Checks 14. Supplemental Questionnaires 15. Promotional Background Checks 16. Email from Chief Harbeck Stating all Staff Backgrounds is up to Date 17. Interview with HR staff <p>Findings:</p>
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A) The facility maintains a strict hiring and promotion process to ensure the safety of residents. The facility does not hire, promote, or contract with any individual who has committed sexual abuse in a correctional setting, has been convicted of engaging in or attempting to engage in forced sexual activity in the community, or has been found civilly or administratively responsible for such conduct. This zero-tolerance approach is clearly communicated and consistently enforced.

B) Beyond prohibitive conduct related to sexual abuse, the facility also thoroughly reviews any history of sexual harassment during its hiring or promotion process for roles involving resident interaction. Such prior misconduct is treated seriously and factored into decisions to ensure that only qualified and trustworthy candidates are placed in supervisory or authoritative positions.

C) The facility conducts thorough criminal background checks on all applicants who may have contact with residents. As part of the hiring process, the facility also makes documented efforts to contact previous employers to obtain relevant information about an applicant's work history and any substantiated misconduct. These steps help ensure informed hiring decisions and reinforce the facility's commitment to resident safety.

D) Contractors who may have contact with residents are held to the same standards. They are required to complete criminal background checks before being approved to work in the facility. No contractor is permitted to have contact with residents until the required screening process is successfully completed.

E) The facility continues to monitor staff suitability after hire. Criminal background checks are conducted at least every five years for all current employees and contractors, or the facility utilizes a system that provides equivalent ongoing or periodic updates. This ensures that new criminal activity or disqualifying behavior is identified in a timely manner.

F) Applicants and current staff are required to disclose any prior misconduct related to sexual abuse or harassment. Staff also have an ongoing obligation to report any new incidents of misconduct that occur after they are hired. Transparency and accountability are emphasized throughout employment.

G) The facility makes it clear that failing to disclose, falsifying, or omitting information related to past misconduct is grounds for termination. Integrity in the hiring and employment process is essential, and dishonesty related to PREA-relevant conduct is treated as a serious violation.

H) When a former employee applies for a position at another prison and that facility requests information, the agency will provide any known substantiated PREA violations, unless prohibited by law. This practice supports inter-agency transparency and helps prevent individuals with a history of sexual abuse or harassment from moving between facilities without disclosure.

Auditor Determination:

Based on review of hiring practices, criminal background check procedures, contractor screening, staff disclosure requirements, employment records, and staff

	<p>interviews, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that the facility uses screening and hiring practices designed to prevent the selection or retention of individuals with disqualifying histories related to sexual abuse or sexual harassment. Documentation and interviews also showed that criminal background checks, disclosure requirements, and reference inquiries are consistently used to support informed hiring, promotion, and contracting decisions.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18 Upgrades to Facilities and Technologies</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire (PAQ) 3. Interviews with the Acting Assistant Director of Institutions and Operations (ADIO) and Warden <p>Findings:</p> <p>A) The facility has not made any upgrades to the facility in the last 12 months.</p> <p>B) The facility has not made and upgrades to the camera system in the last 12 months.</p> <p>Auditor Determination: Based on review of the PAQ and interviews with leadership, the auditor determined the facility meets the requirements of this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21 Evidence Protocol and Forensic Medical Examinations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy

2. Pre-Audit Questionnaire
3. 9.50.2 DOC Office of Inspection Policy
4. 9.42-4 DOC, Special Investigations Unit (SIU)
5. MOU with the Rhode Island State Police
6. Field Operations Policy's for the Rhode Island State Police
7. Brown Health for Forensic Exams information
8. Kent Hospital for Victims of Sexual Assault information
9. Contract with Counseling and Psychotherapy Center for Victim Services
10. Invoices from January-December for Victim Services
11. Interviews with random staff, PREA Compliance Manager and inmates who reported sexual abuse

Findings:

A) The facility follows a consistent evidence protocol when managing sexual abuse cases. This ensures evidence is collected properly and can be used in investigations or legal proceedings.

B) The protocol is based on national standards and adapted to be age-appropriate when needed.

C) All inmates who report sexual abuse are provided access to forensic medical examinations at no financial cost, when such examinations are evidentiary or medically appropriate. These examinations are conducted at Kent Hospital or Brown Health (both are community hospitals) and are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. In circumstances where SAFEs or SANEs are unavailable, qualified medical practitioners conduct the examinations. RIDOC documents in the Incident Report when an inmate receives outside medical services. Documentation related to SAFE/SANE exams would be maintained by the community where the inmate receives services.

D) The agency makes a victim advocate from Counseling and Psychotherapy Center available to support any inmate victim of sexual abuse. The community-based hospitals provide a victim advocate (Day One) during medical exams. RIDOC provides PREA Emotional Support Services via its contract with Counseling and Psychotherapy Center (CPC) to all inmates who allege sexual abuse. CPC is independent from the criminal justice system and offers a comparable level of confidentiality to that of nongovernmental service providers.

E) If the victim wants, an advocate or support person stays with them through exams and interviews, offering help and information throughout the process.

	<p>F) If another agency is managing the investigation, the facility requests that they follow the same evidence collection and victim support procedures.</p> <p>G) These protocols apply to state and federal agencies involved in investigating abuse in custody settings.</p> <p>H) Anyone serving in a victim advocacy role is screened for suitability and trained in sexual assault response and forensic protocols.</p> <p>Auditor Determination: Based on review of evidence protocols, forensic examination procedures, advocacy arrangements, outside service agreements, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that the facility follows an established evidence protocol, provides timely access to forensic medical examinations at no cost to the victim when appropriate, and makes advocacy and emotional support services available. The auditor also verified that appropriate arrangements are in place with outside providers and that the facility has procedures for coordination when another investigative agency is involved.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22 Policies to Ensure Referrals of Allegations for Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 9.50.2 DOC Office of Inspection Policy 4. 9.42-4 DOC, Special Investigations Unit (SIU) 5. MOU with the Rhode Island State Police 6. Field Operations Policy's for the Rhode Island State Police 7. 9.31-6 DOC Reporting of Events 8. Facility Incident Report 9. Memo from PREA Coordinator concerning Administrative Investigations 10. 56 PREA Incident Reports that included the incident reviews.

11. Facility Incident Report Summary

12. PREA Cases by Finding and Facility

13. Website Review

14. Interviews with the Acting Assistant Director of Institutions and Operations (ADIO) and investigation staff

Findings:

A) Every report of sexual abuse or harassment no matter how it is received is fully investigated. This includes reports from staff, residents, third parties, or anonymous sources. The Auditor reviewed:

- 56 PREA Incident Reports.
- 13 Allegations for Inmate-on-Inmate Sexual Abuse investigations (2 Ongoing, 3 Unfounded and 8 Unsubstantiated),
- 15 Allegations of Staff on Inmate Sexual Abuse investigations (11 Unfounded and 4 Unsubstantiated),
- 17 Allegations for inmate-on-inmate Sexual Harassment investigations (1 Ongoing, 1 not PREA, 1 Substantiated, 1 Unfounded, 13 Unsubstantiated),
- 11 Allegations of Staff on Inmate Sexual Harassment investigations (4 Unfounded and 7 Unsubstantiated).

B) The facility has a clear written policy requiring that all allegations be referred to the appropriate investigative authority. This policy is available to the public through the agency website and all referrals are documented. All allegations are investigated promptly and thoroughly, and when supported by evidence, appropriate and proportional sanctions are imposed, including referral for criminal prosecution when warranted. Allegations of inmate-on-inmate sexual abuse and sexual harassment are investigated by the RIDOC Special Investigations Unit (SIU) who refers the investigation to the Rhode Island State Police if the investigation determines that there was criminal activity. Allegations involving staff, contractors, volunteers, and interns are investigated by the Office of Inspections (OI) if there was suspected criminal activity the investigation would be referred to the Rhode Island State Police. The agency has a MOU with the Rhode Island State Police for PREA criminal investigations.

The PREA Coordinator sent an email concerning administrative investigations stating in part:

"At our meeting last week, it was decided that the Office of Inspections ("OI") shall complete the required Administrative Investigations for each PREA "Sexual Abuse" allegation and make a written finding as to whether staff actions or failures to act contributed to the abuse. The written findings from the Administrative Investigations shall be maintained by the Special Investigations Unit ("SIU") or OI in the applicable investigative files.

For those allegations involving inmate-inmate sexual abuse that are investigated by SIU, the investigator assigned to the case shall notify the Chief of OI of the allegation of "sexual abuse" and provide a copy of the completed SIU investigation report to the Chief of OI. The Chief of OI/designee shall conduct the Administrative Investigation: (1) review the SIU report and (2) review any additional information necessary to determine whether staff actions or failures to act contributed to the abuse. The Chief of OI/designee shall document his/her findings and the justification for the findings in writing and send a copy of the Administrative Investigation to the SIU investigator. The findings from the Administrative Investigation shall be maintained in the SIU investigative file.

For those allegations involving staff-on-inmate sexual abuse that are investigated by OI, the Inspector assigned to the case shall conduct the Administrative Investigation. The Inspector shall document his/her findings and the justification for the findings in writing and maintain the findings from the Administrative Investigation in the OI investigative file."

C) When the Rhode Island State Police manage criminal investigations, the policy outlines who is responsible for what, so nothing falls through the cracks.

D) The Auditor is not required to audit this provision.

E) The Auditor is not required to audit this provision

Auditor Determination:

Based on review of investigative referral policies, reporting procedures, public information, documentation of prior investigations, and interviews with facility leadership and investigative staff, the auditor determined the facility meets the requirements of this standard. The evidence showed that all allegations of sexual abuse and sexual harassment are referred for investigation and that the facility has clear procedures for both internal and external referrals when appropriate. The auditor also confirmed that the policy is publicly available and that staff understand their responsibilities for reporting and documenting allegations.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.31 Employee Training
	Evidence Analyzed:
	1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy
	2. Pre-Audit Questionnaire

3. 4.02-2 DOC Orientation and Basic Training Program for Correctional Officers
4. 4.03-4 DOC New Employee Orientation for Non-Correctional Officer Employees, Volunteers, Mentors and Interns
5. Employee PREA Training Curriculum
6. PREA In-Service Training Notice
7. Email from Assistant Director Concerning Mandatory In-Service Training Beginning in 2026
8. PREA Refresher Information Handouts from 2016-2026
9. PREA Training Quiz
10. 3.32 DOC Access to Facility Policy
11. Staff PREA Training Files
12. Interviews with random staff

Findings:

A) All staff who have contact with residents receive PREA training during orientation, along with refresher training and ongoing updates as required. The training covers the facility's zero-tolerance policy and staff responsibilities for preventing, detecting, reporting, and responding to sexual abuse and sexual harassment. Staff are trained on residents' right to be free from sexual abuse and sexual harassment, as well as the right of residents and staff to be free from retaliation for reporting. Training also addresses the dynamics of sexual abuse in confinement, common reactions of victims, professional boundaries, signs of abuse, how to avoid inappropriate relationships with residents, and applicable mandatory reporting laws.

B) Training is tailored to the gender of the resident population served by the facility. Staff who are reassigned or transferred to a facility serving a different gender receive additional training specific to that population.

C) The facility ensures that all current employees have received PREA training consistent with the standards and receive refresher training at least every two years, with annual updates provided in the years between full refresher courses.

D) The facility maintains documentation showing that employees completed the required training and understood the material presented. Training completion is verified through signed acknowledgments, training rosters, or electronic records.

Auditor Determination:

Based on a review of training materials, employee training records, refresher training documentation, and interviews with staff, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that staff receive PREA training at orientation and through ongoing refresher training, and that the content includes all required topics related to prevention, detection, reporting, response, and

	professional boundaries. Documentation also showed that completion of training is maintained and verified.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32 Volunteer and contractor training.</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 9.40-6 DOC Procedures for Contractors at Institutional Facilities 4. 9.22.5 Tours of Facilities Policy 5. 3.32 DOC Access to Facility Policy 6. 7.01 DOC Accountability and Procedure for the Utilization of Community Agencies, volunteers and/or Employees of outside Public or Private Organizations. 7. 4.03-4 DOC New Employee Orientation for Non-Correctional Officer Employees, Volunteers, Mentors and Interns 8. Volunteer/Contractor PREA Training Curriculum 9. Training Acknowledgement Form 10. PREA Quiz 11. Interviews with Contractors and/or Volunteers <p>Findings:</p> <p>Findings:</p> <p>A) All volunteers and contractors who may have contact with residents receive PREA training before being permitted to work in or enter areas where resident contact may occur. This training includes the facility's zero-tolerance policy, expectations for professional conduct, how to recognize and report sexual abuse and sexual harassment, and the duty to immediately report any knowledge, suspicion, or information regarding an incident.</p> <p>B) The level and type of training provided are based on the services performed and the amount of contact the volunteer or contractor may have with residents. At a minimum, all volunteers and contractors are informed of the facility's zero-tolerance</p>

	<p>policy and the procedures for reporting allegations or concerns.</p> <p>C) The facility maintains documentation confirming that volunteers and contractors received and understood the required PREA training before assuming their duties.</p> <p>Auditor Determination: Based on a review of volunteer and contractor training practices, training documentation, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence showed that volunteers and contractors who may have contact with residents receive PREA training appropriate to their roles and level of contact. The auditor also confirmed that the facility maintains documentation verifying completion and understanding of the training provided.</p>
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115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.33 Inmate Education</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 9.40-6 DOC Procedures for Contractors at Institutional Facilities 4. 9.22.5 Tours of Facilities Policy 5. 3.32 DOC Access to Facility Policy 6. 7.01 DOC Accountability and Procedure for the Utilization of Community Agencies, volunteers and/or Employees of outside Public or Private Organizations. 7. 4.03-4 DOC New Employee Orientation for Non-Correctional Officer Employees, Volunteers, Mentors and Interns 8. Volunteer/Contractor PREA Training Curriculum 9. Training Acknowledgement Form 10. Snapshot Of PREA Coordinators Calendar Showing PREA Meetings 11. PREA Posters 12. Site Review: Intake-PREA Information; Interpretation Services; Comprehensive PREA Education

13. Interviews with intake staff and inmates

Findings:

A) At intake, each inmate receives written PREA information in a format they can understand, exceeding standards by ensuring the material is explained and reviewed with the inmate rather than simply distributed. This information clearly outlines the facility's zero-tolerance policy for sexual abuse and sexual harassment and provides detailed instructions on how to report abuse or harassment through multiple internal and external reporting options. During a mock demonstration, sexual safety information (PREA information/zero-tolerance information) is provided at the point of intake or transfer. Intake staff are provided with on demand language line service information should bilingual staff be unavailable.

B) Within 30 days of intake, inmates receive comprehensive PREA education through in-person instruction and/or video presentation. The auditor reviewed signed education acknowledgements for attendance at the orientation. PREA signage was observed in units and throughout the facility. The education exceeds minimum requirements by reinforcing key concepts and allowing opportunities for questions and clarification. The training covers:

1. The inmate's right to personal safety, dignity, and freedom from retaliation for reporting sexual abuse or harassment.
2. Facility policies, reporting procedures, available victim services, and how to access help confidentially and safely.

C) Inmates who were housed in the facility prior to the implementation of PREA standards received education within one year of adoption. Additionally, transfer inmates are provided updated PREA information whenever facility rules or reporting procedures differ, ensuring no gaps in understanding and maintaining consistent protection across placements.

D) The facility exceeds standards by ensuring PREA education is accessible to all inmates regardless of individual needs. PREA signage was observed in English and Spanish. This includes providing appropriate accommodations for those who:

1. Are deaf, hard of hearing, or visually impaired, through auxiliary aids or alternative formats.
2. Have limited English proficiency, through interpretive services or translated materials.
3. Have disabilities or limited literacy, through simplified materials, verbal explanations, or individualized assistance.

E) The facility maintains detailed documentation of all PREA education sessions, including attendance records and verification that each inmate received and understood the information. This recordkeeping ensures accountability and demonstrates consistent compliance. This information was reviewed.

	<p>F) PREA information is continuously available throughout the facility. Posters, handbooks, brochures, and other educational materials are prominently displayed in housing units and common areas to reinforce reporting options and resident rights beyond initial orientation.</p> <p>Auditor Determination: Based on a review of orientation materials, PREA educational materials, documentation of resident education, posted information, and interviews with inmates and staff, the auditor determined the facility meets the requirements of this standard. The evidence demonstrates that inmates receive timely, accessible, and well-supported PREA education from intake forward, with continued reinforcement throughout their stay. The facility's use of multiple educational methods, educational accommodations for diverse communication needs, and continuous access to posted and written PREA information reflects an approach that goes beyond minimum requirements and supports strong inmate awareness and access to reporting options.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34 Specialized Training: Investigations</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 9.50.2 DOC Office of Inspection Policy 4. 9.42-4 DOC, Special Investigations Unit (SIU) 5. MOU with the Rhode Island State Police 6. Field Operations Policies for the Rhode Island State Police 7. Office of the Inspectors and Special Investigations units Staff Lists 8. Job Descriptions for Correctional Officers, Inspectors and Chief Inspectors 9. Email From PREA Coordinator 10. Investigators Training Modules Curriculum 11. Investigator Training Certificates 12. Interviews with investigation staff

Findings:

A) All facility investigators receive specialized training in investigating sexual abuse in confinement settings, in addition to standard employee training.

B) All staff in RIDOC's Special Investigations Unit (SIU) and Office of the Inspectors (OI) receive specialized training in conducting sexual abuse and sexual harassment investigations in a prison setting in addition to the standard RIDOC employee PREA training.

This training shall include, but not be limited to:

1. Techniques for interviewing sexual abuse victims.
2. Proper use of Miranda and Garrity warnings.
3. Sexual abuse evidence collection in a prison setting; and
4. The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

C) The facility maintains records confirming that investigators have completed the training. The PREA Coordinator submitted the following email:

"As you are aware, the PREA Standards require that all investigators/inspectors must receive specialized PREA investigations training (PREA Standard 115.34). RIDOC has used online classes through NIC to satisfy this training requirement. At this time, and until further notice, NIC has removed access to their specialized PREA trainings. Therefore, to ensure that RIDOC remains compliant with the PREA specialized training standard and the RIDOC PREA Policy, please use the four (4) attached presentations from the PREA Resource Center to provide specialized training to any new Inspectors or Investigators (including any 3-day rules) who have not previously completed the specialized training and the attached affirmation to document receipt of the specialized training. Please send completed affirmations to the Training Academy and copy me on the emails".

D)The Rhode Island State Police investigations are required through a MOU to have its investigators trained to the same standards.

Auditor Determination:

Based on a review of investigator training records, investigative procedures, and interviews with investigative staff, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that investigators receive specialized training specific to sexual abuse investigations in confinement settings, in addition to general PREA training. Documentation showed that the facility maintains records verifying completion of this training and that investigators understand the required protocols and responsibilities.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.35 Specialized Training: Medical and Mental Health Care

Evidence Analyzed:

1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy
2. Pre-Audit Questionnaire
3. Behavior Health Specialized Training Affirmations
4. Medical Care Specialized Training Affirmations
5. Medical and Behavioral Specialized Training Curriculum
6. Interviews with medical and mental health staff

Findings:

A) Medical and mental health practitioners who work regularly in the facility receive specialized PREA training related to their professional roles. This training includes how to detect and assess signs of sexual abuse, how to preserve physical evidence when appropriate, how to respond effectively and professionally to victims, and how to report allegations in accordance with policy.

B) Medical staff who are responsible for coordinating care related to sexual abuse follow established professional protocols. Forensic medical examinations, when needed, are conducted by qualified outside professionals rather than routine facility medical staff.

C) The facility maintains documentation showing that medical and mental health practitioners have completed the specialized PREA training required for their positions.

D) In addition to specialized training, medical and mental health practitioners also complete the general PREA training required for all employees or contractors who work in the facility.

Auditor Determination:

Based on a review of training records, personnel files, service arrangements, and interviews with medical and mental health staff, the auditor determined the facility meets the requirements of this standard. The evidence demonstrated that medical and mental health practitioners receive specialized PREA training relevant to their professional roles and responsibilities. The auditor also confirmed that documentation of training is maintained and that the facility has arrangements in place for outside forensic examinations when necessary.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.41 Screening for Risk of Victimization and Abusiveness</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 18.30-3 DOC Receiving Screening and Mental Health Evaluation of New Commitments and Transfers 4. 9.33-6 DOC Inmate Housing Assignments 5. 14.01-4 DOC Intake/Committing Process 6. Supplements DOC Policy 9.33-6 PREA Color Codes 7. 26 Initial Assessments and 30-day reviews 8. Site Review: PREA Risk Screening; Record Storage 9. Interviews with staff responsible for completing the risk screening, inmates, PREA Coordinator and PREA Compliance Manager <p>Findings:</p> <p>A) The facility exceeds PREA standards by ensuring all individuals are assessed at intake and upon transfer for their risk of being sexually victimized or sexually abusive. This proactive approach allows the facility to make informed housing, supervision, and programming decisions from the outset. The auditor reviewed 26 initial assessments and 30-day reviews. During the site review, the auditor had staff walk through the process and complete a mock intake for demonstration purposes. Screenings occur in a private setting. An electronic screening tool is completed by staff asking inmates a series of questions and in a manner that fosters comfort and elicits responses.</p> <p>B) Intake screening is consistently completed within 72 hours of arrival, exceeding requirements by ensuring timely identification of potential vulnerabilities or risk factors and allowing for immediate safety planning.</p> <p>C) The screening process utilizes a structured, objective assessment tool to promote fairness, consistency, and individualized evaluation. This standard process helps avoid bias and ensures risks are identified accurately.</p> <p>D) The facility conducts a comprehensive review of multiple risk factors to ensure thorough assessment. These include:</p>

1. Age
2. Physical stature
3. Developmental disability
4. Mental illness
5. Sex offender status (per offense history)
6. First-time offender status
7. Past history of victimization
8. Physical disabilities and the resident's own perception of vulnerabilities.

This detailed review ensures housing and supervision decisions are based on a complete understanding of each resident's needs and risk profile.

E) The initial risk assessment is reassessed within 30 days of intake to incorporate any new or additional relevant information. This reassessment may be triggered by:

1. Referrals
2. Inmate requests
3. Incidents of sexual abuse
4. Additional relevant data

F) A formal follow-up screening is completed within 30 days to ensure updated information is considered and safety decisions remain appropriate and responsive.

G) Reassessments are also conducted whenever new information arises, including incidents, credible requests, behavioral changes, or other relevant developments, demonstrating the facility's ongoing commitment to resident safety.

H) Residents are not disciplined or penalized for declining to answer sensitive questions during the screening process, reinforcing trust and encouraging honest participation.

I) The facility safeguards screening information and limits access to authorized personnel to prevent misuse, protect confidentiality, and ensure the information is not used in a way that could result in harm, retaliation, or inappropriate placement decisions. During the site review, the auditor observed that risk screenings are secured with limited access.

Auditor Determination:

Based on a review of screening tools, intake and reassessment practices, confidentiality protections, and staff interviews, the auditor determined the facility exceeds the requirements of this standard. The evidence reflects a thorough and well-structured screening process that supports safe, individualized decision-making from the time of admission forward. The facility's consistent use of timely assessments, reassessments, objective criteria, and confidentiality protections demonstrates a strong commitment to resident safety and classification practices that go beyond minimum compliance expectations.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.42 Use of Screening Information

Evidence Analyzed:

1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy
2. Pre-Audit Questionnaire
3. 9.33-6 DOC Inmate Housing Assignments
4. Supplements DOC Policy #: 9.33-6 Color Codes
5. Interviews with PREA Coordinator, PREA Compliance Manager, staff responsible for completing the risk screening, and gay and transgender inmates.

Findings:

A) Inmates are screened during intake and upon transfer to another facility for risk of being sexually abused by other inmates (potential sexual victim) or risk of being sexually abusive toward other inmates (potential sexual predator). The screening information shall inform the individualized determination as to where an inmate will be housed with the goal of keeping separate those inmates at high risk of being sexually victimized from those at risk of being sexually abusive.

The screening information is used to generate a PREA Color Code in INFACETS, accessible and available only to RIDOC staff. PREA Color Codes help identify whether or not an inmate is identified as a potential sexual predator, a potential sexual victim, both, or neither.

B) The facility uses the information gathered during screening to separate residents who may be at high risk of sexual victimization from those who may present a higher risk of being sexually abusive whenever appropriate and feasible.

(c) (d) (e) (f) (g) These provisions are no longer applicable to your compliance finding.

Auditor Determination:

Based on a review of classification practices, housing and programming decisions, screening documentation, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that information gathered during the screening process is used to make individualized decisions intended to reduce the risk of sexual abuse and sexual victimization. The auditor found that the facility appropriately uses screening information to support resident safety.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.43 Protective Custody

Evidence Analyzed:

1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy
2. Pre-Audit Questionnaire
3. 12.01-2 DOC Protective Custody for Inmates

4. Interviews with Warden and staff who supervise inmates in segregated housing. There were no inmates in segregated housing for risk of sexual victimization or who alleged to have suffered sexual abuse.

Findings:

A) When an inmate is placed in protective custody, the Warden of the facility that houses said inmate, or in the case of the Intake Service Center, the Warden's designee (i.e., Deputy Warden), receives a copy of all information and reports pertaining to the protective custody placement. The Warden reviews this material and, at his/her discretion, has the case reviewed by a panel to include the Warden/designee of the sending facility and the Warden/designee of the receiving facility. A review of security issues will determine the housing of Awaiting Trial protective custody inmates. Housing may occur in an administrative housing unit at the Intake Service Center. Inmates who are at high risk for sexual abuse are not placed in involuntary segregation unless all other options have been explored and found to be unavailable. If that happens, the stay in segregation is limited to under 24 hours.

B) Inmates placed in protective custody still get access to programs, privileges, education, and work whenever possible. If anything is restricted, the facility documents the reasons, why, and for how long.

C) Segregation is only used while the facility works to find a safer, less restrictive housing option. Placement should never go beyond 30 days.

D) If protective custody is used, the facility documents why it was needed and why other housing options were not possible.

E) Every 30 days, staff review the inmate's status to decide if segregation is still necessary.

Auditor Determination:

Based on a review of protective custody procedures, documentation requirements, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence showed that involuntary segregation is not used as a routine means of protecting inmates at high risk for sexual abuse and would only be used when no less restrictive alternative is available. The auditor also verified that

	policies require documentation, continued access to programs and services when possible, and regular review of any such placement.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51 Inmate Reporting</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 13.10-5 DOC Inmate Grievances 4. 1.11-7 DOC Inmate Communications Policy 5. PREA Posters 6. Day One at a Glance and Sexual Awareness Brochures 7. 9.31-6 DOC Reporting of Events 8. Posted Phone Notice on Reporting Sexual Misconduct 9. Site Review: Signage; Internal and External Reporting Methods; Sending and Receiving Mail Processes; Record Storage; Staff Reporting 10. Interviews with random staff and inmates, and PREA Compliance Manager <p>Findings:</p> <p>A) Inmates have several private ways to report:</p> <ol style="list-style-type: none"> 1. Sexual abuse or harassment 2. Retaliation for reporting 3. Staff neglect or misconduct that contributes to abuse <p>Inmates are afforded multiple ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff, and staff neglect or violation(s) of responsibilities that may have contributed to such incidents. These methods include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Reporting to any staff member, contractor, volunteer, or intern - verbally or in writing. 2. calling or writing to Special Investigations Unit (SIU) - *9022/ (401) 462-2282

3. calling or writing to Office of Inspections (OI) - *9024/ (401) 462 2551
4. calling the Rhode Island State Police - *9023/ (401) 462-2650
5. calling the Helpline toll-free number - *9021/1 (800) 494-8100 Day One, 100 Medway Street, Providence, RI 02906-4402

The PREA Coordinator received an email concerning the Inmate Phone System which states:

"I reviewed all 5 * numbers and they are all set up as Emergency Calls, there are no PIN#'s and they are anonymous. This is for both Wall Phones and Tablets Calls. I did speak with Deputy Chief Vellone to update him to let him know." During the site review, the auditor observed posted and printed signage throughout the facility (e.g., posters, pamphlets, brochures, electronic signage). Signage included audit notices, how to report sexual abuse and sexual harassment, and other relevant PREA information. The auditor reviewed the information provided on signage and determined it to be readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility. Internal reporting methods were tested, and it was determined that inmates have regular and timely access to reporting methods and how the facility receives these reports. Secured mailboxes are kept locked and only retrieved by select staff.

B) Inmates also have access to Rhode Island State Police that can receive reports, even anonymously, and forward them to the facility. During the site review, the auditor observed signage with external reporting information. This was also tested to assure functionality and availability. Secure mailboxes are provided for outgoing mail, additionally inmates are provided with tablets with reporting features.

C) Staff must accept reports in any form verbal, written, anonymous, or third-party and must document all verbal reports right away.

D) Staff immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff take all PREA reports up the chain of command or privately to Special Investigative unit or Office of Inspections. Staff were able to describe the method they would take for reporting privately.

Auditor Determination:

Based on a review of reporting procedures, posted information, policy requirements, and interviews with staff and inmates, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that inmates have multiple internal and external ways to report sexual abuse, sexual harassment, retaliation, and staff misconduct. The auditor also verified that staff are required to accept reports made in any form and to document verbal reports immediately.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52 Exhaustion of administrative remedies</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 13.10-5 DOC Inmate Grievances 4. Site Review: Signage; Third Party Reporting 5. Interviews with inmates who reported sexual abuse <p>Findings:</p> <p>(A) - (G) This standard applies only to agencies that maintain grievance procedures for sexual abuse. Agencies without such systems are exempt. According to the agency grievance policy, allegations of sexual abuse or sexual harassment are not grievances. Allegations of Sexual Abuse or Harassment go up a different structure. Signage is posted in each unit and other areas of the facility of the ways inmates can report a sexual abuse or sexual harassment allegation. Third party reporting was displayed in housing units, public lobby and visitation areas.</p> <p>Auditor Determination:</p> <p>Based on a review of grievance procedures that state PREA issues are referred to the Special Investigations Unit (SIU) or the Office of Inspections (OI) for investigation. After interviews with staff and inmates, the auditor determined the facility meets the requirements of this standard.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53 Inmate Access to Outside Confidential Support Services</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire

3. PREA Posters
4. Contract with Counseling and Psychotherapy Center for Victim Services
5. Invoices from January-December for Victim Services
6. Day One at a Glance and Sexual Awareness Brochures
7. Standard Operating Procedure for PREA Sexual Abuse Investigations
8. Site Review: Signage; Outside Emotional Support Services; Processes for Sending and Receiving Mail
9. Interviews with random inmates and inmates who reported sexual abuse

Findings:

A) The facility provides inmates with access to outside victim advocates or emotional support services through Day One. Every inmate receives a Day One brochure at the time of commitment and has access to the * number for the HelpLine, which is operated by Day One and Blackstone Valley Advocacy Center. Through a contract with the Counseling and Psychotherapy Center (CPC), CPC provides PREA emotional support services to inmate victims when there is an allegation of sexual abuse. Contact information for Day One is made available through written materials, postings, or other accessible means. Information regarding access to outside victim emotional support services was posted in multiple locations within the facility. Secured mailboxes are kept locked and only retrieved by select staff. Referrals are made by the PREA Coordinator to the Counseling and Psychotherapy Center when there is an allegation of sexual abuse. The clinician from the Counseling and Psychotherapy Center provides additional contact information to the inmate when they meet in person for how to access additional services if needed.

B) Inmates are informed, before using those services, of the extent to which communications with outside providers will remain confidential and of any mandatory reporting obligations that may apply.

C) The agency maintains a contract with the Counseling and Psychotherapy Center to provide PREA Emotional Services when an allegation of sexual abuse is made. Day One Services are available to all Rhode Island residents and all inmates are provided access to Day One throughout their incarceration.

Auditor Determination:

Based on a review of posted information, resident materials, outside support agreements, and interviews with staff and residents, the auditor determined the facility meets the requirements of this standard. The evidence showed that residents are provided with access to outside victim advocacy and emotional support services and are informed of the level of confidentiality associated with those communications. The auditor also verified the existence of agreements or other arrangements supporting access to these services.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54 Third-Party Reporting</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. PREA Posters 4. Site Review: Signage; Third Party Reporting <p>Findings:</p> <p>A) A process is in place for friends, family, or others outside the facility to report sexual abuse or harassment on behalf of an inmate. This reporting information is clearly posted on the department’s website, in inmate handbooks, and on facility posters. Instructions include definitions, steps for submitting a report, and what happens during an investigation. This method was tested.</p> <p>Auditor Determination:</p> <p>Based on a review of public reporting information, website materials, posted notices, policy requirements, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that the facility provides a method for third parties, including family members and others outside the facility, to report sexual abuse or sexual harassment on behalf of an inmate. Reporting information was found to be publicly accessible.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61 Staff and Agency Reporting Duties</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. PREA Posters

	<p>4. Agency Website</p> <p>5. Site Review: Staff Reporting</p> <p>6. Interviews with random staff, medical and mental health staff, Warden and PREA Coordinator</p> <p>Findings:</p> <p>A) All staff, contractors, and volunteers are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation against residents or staff for reporting, and any staff neglect or violation of responsibilities that may have contributed to an incident. Staff were able to describe the staff reporting method provided by the facility.</p> <p>B) Apart from reporting to designated supervisors and officials, staff are prohibited from revealing information related to a sexual abuse report to anyone other than those who need the information to make treatment, investigation, and security or management decisions.</p> <p>C) Medical and mental health practitioners are required to report sexual abuse and to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.</p> <p>D) If the alleged victim is under the age of 18 or considered a vulnerable adult under applicable law, the facility reports the allegation to the designated state or local services agency as required.</p> <p>E) The facility ensures that all allegations of sexual abuse and sexual harassment, including those received from third parties and anonymous sources, are documented and referred for investigation.</p> <p>Auditor Determination: Based on a review of reporting duty requirements, confidentiality practices, mandatory reporting procedures, records management, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence demonstrated that staff, contractors, and volunteers understand their obligation to report sexual abuse, sexual harassment, retaliation, and staff neglect or misconduct. The auditor also confirmed that reports are managed confidentially and forwarded appropriately for investigation and follow-up.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.62 Agency Protection Duties

	<p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 12.01-2 DOC Protective Custody for Inmates 4. Interviews with the Acting Assistant Director of Institutions and Operations (ADIO), Warden and random staff <p>Findings:</p> <p>A) When staff learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility requires immediate action to protect that resident. Protective steps are taken without delay to reduce the risk and ensure resident safety.</p> <p>Auditor Determination:</p> <p>Based on a review of protection procedures, PAQ information, and interviews with staff, the auditor determined the facility meets the requirements of this standard. The evidence showed that staff understand their duty to take immediate action when they learn an inmate is at substantial risk of imminent sexual abuse. Although no such cases occurred during the audit period, policies and interviews supported the facility's readiness to respond appropriately.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63 Reporting to Other Confinement Facilities</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Three Incident reports 4. Interviews with the Acting Assistant Director of Institutions and Operations (ADIO) and Warden <p>Findings:</p> <p>A) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred</p>

	<p>and shall also notify the appropriate investigative agency. There were 3 notifications of Sexual abuse 2 from outside the facility and 1 from inside the facility. All three were handled appropriately and according to the policy and the standard.</p> <p>B) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>C) The agency documents that it has provided such notification.</p> <p>D) The facility head or agency office that receives such notification ensures that the allegation is investigated in accordance with these standards.</p> <p>Auditor Determination: Based on a review of notification procedures, documentation practices, and interviews with staff, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that the facility has procedures in place to notify the appropriate facility head or agency office when it receives an allegation that abuse occurred at another confinement facility and to document that notification. The auditor also verified that such notifications are expected to occur within the required timeframe.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64 Staff First Responder Duties</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Standard Operating Procedure for Investigating Sexual Abuse 4. Interviews with random staff, security staff and non-security staff first responders, and inmates who reported sexual abuse <p>Findings:</p> <p>A) Upon receiving a report that a resident was sexually abused, the facility ensures that the first responding staff member takes the following actions:</p> <ol style="list-style-type: none"> 1. Separate the alleged victim and abuser. 2. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.

	<p>3. If the abuse occurred within a time period that still allows for the collection of physical evidence, it requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriately, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</p> <p>4. If the alleged abuse occurred within a time period that still allows for the collection of physical evidence, 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.</p> <p>B) In situations where the first responder is not a security staff member, the responder is required to instruct the alleged victim not to take any actions that could destroy evidence and immediately notify security staff to assume control of the response.</p> <p>Auditor Determination: Based on a review of first responder responsibilities, evidence preservation procedures, policy requirements, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence demonstrated that staff understand the immediate actions required when responding to an allegation of sexual abuse, including separating involved parties and preserving potential evidence. Interviews confirmed that both security and non-security staff understand their respective responsibilities.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65 Coordinated Response</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Intake Service Center Coordinated Response Plan 4. Interview with Warden <p>Findings:</p> <p>A) The facility maintains a written institutional plan that coordinates the actions of first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The plan outlines each role and helps ensure a consistent and timely response.</p>

	<p>Auditor Determination: Based on a review of the coordinated response plan, response procedures, and interviews with staff, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that the facility maintains a written plan outlining the coordinated actions of first responders, medical and mental health staff, investigators, and facility leadership following an allegation of sexual abuse. Staff interviews reflected familiarity with their assigned roles in the response process.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66 Preservation of Ability to Protect Inmates</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Contract between Rhode Island Brotherhood of Correctional Officers and The State of Rhode Island 4. Interview with the Acting Assistant Director of Institutions and Operations (ADIO) <p>Findings:</p> <p>A) The agency collective bargaining contract does not limit its ability to remove alleged abusers from contact with inmates during investigations.</p> <p>B) Agreements related to discipline and personnel records comply with PREA requirements.</p> <p>Auditor Determination: Based on a review of applicable agreements, policy language, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence showed that the agency does not enter into or renew collective bargaining agreements or other agreements that would limit its ability to remove alleged staff abusers from contact with inmates pending the outcome of an investigation. No evidence of restrictive language was identified.</p>

115.67	Agency protection against retaliation
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

115.67 Agency Protection Against Retaliation

Evidence Analyzed:

1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy
2. Pre-Audit Questionnaire
3. Two Incident Reports of Claims of Retaliation
4. Retaliation Monitoring Training Curriculum
5. Interviews with Acting Assistant Director of Institutions and Operations (ADIO), Warden, designated staff member charged with monitoring retaliation, and inmates who reported sexual abuse. There were no inmates held in segregation for risk of sexual victimization or who alleged to have suffered sexual abuse.

Findings:

115.67 Agency Protection Against Retaliation

Findings:

- A) The facility has policy and practice in place to protect residents and staff from retaliation for reporting sexual abuse or sexual harassment or for participating in an investigation.
- B) Available protective measures may include housing changes, transfers, removal from contact with the alleged abuser, emotional support services, or other individualized interventions designed to enhance safety.
- C) The facility monitors residents and staff for retaliation for at least 90 days following a report or investigation and longer when necessary. Monitoring includes review of disciplinary reports, housing or work changes, and other indicators of retaliatory behavior.
- D) For residents, periodic status checks are conducted to determine whether retaliation concerns exist and whether additional protections are needed.
- E) The facility takes prompt action when any person expresses fear of retaliation or when evidence of retaliation is identified.
- F) Monitoring may end before the full period only if the allegation is determined to be unfounded and no continuing concern remains.

Auditor Determination:

Based on a review of retaliation monitoring practices, protective measures, documentation, and interviews with staff, the auditor determined the facility meets the requirements of this standard. After a review of 2 Incident reports of claims of Retaliation the evidence demonstrated that the facility has a process for protecting

	<p>inmates and staff from retaliation for reporting sexual abuse or participating in an investigation. The auditor also verified that monitoring is conducted for the required period and that protective steps are taken when concerns about retaliation arise.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 Post-Allegation Protective Custody</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Standard Operating Procedure for Investigating Sexual Abuse 4. 12.01-2 DOC Protective Custody for Inmates 5. Interviews with Warden, and staff who supervise inmates in segregated housing. There were no inmates held in segregation for risk of sexual victimization or who alleged to have suffered sexual abuse. <p>Findings:</p> <p>A) The facility does not place residents who allege sexual abuse in involuntary segregated housing unless an assessment determines there is no available alternative means of separation from likely abusers. If such placement is necessary, the facility meets the requirements of 115.43, including documentation, review, access to services, and efforts to move the resident to a less restrictive setting as soon as possible.</p> <p>Auditor Determination: Based on a review of protective custody practices, documentation requirements, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence showed that the facility did not place inmates in involuntary segregation for protection following allegations of sexual abuse during the audit period. Policies and staff interviews confirmed that if such placement were necessary, the facility would follow the requirements set out in standard 115.43.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.71 Criminal and Administrative Agency Investigations

Evidence Analyzed:

1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy
2. Pre-Audit Questionnaire
3. 5.01-5 DOC Management of Semi-Active and Archival Records
4. Standard Operating Procedure for Investigating Sexual Abuse
5. 9.50.2 DOC Office of Inspection Policy
6. 9.42-4 DOC, Special Investigations Unit (SIU)
7. 56 Completed Investigations
8. Site Review: Record Storage
9. Interviews with investigative staff, inmates who reported sexual abuse, Warden, PREA Coordinator, and PREA Compliance Manager

Findings:

A) The facility exceeds PREA standards by ensuring that all allegations including third-party and anonymous reports are investigated promptly, thoroughly, and objectively. The Auditor Reviewed the 56 investigations. Besides the Investigation the packet included:

1. Incident Reports
2. Win Facts and Case Reports
3. All memos from the facility
4. Documentation from medical and mental health
5. Victim and Suspect witness statements
6. Referrals to outside agencies
7. Video footage
8. HR bios
9. Administrative review sheet
10. Retaliation Monitoring report
11. Incident Reviews and Notifications to Inmates of the Investigative results

B) Specially trained investigators are assigned to all sexual abuse cases. These investigators have completed advanced PREA-specific training to ensure investigations are conducted in accordance with best practices.

C) Investigators gather and preserve direct and circumstantial evidence, including physical, DNA, and electronic evidence when available, and interview alleged victims, suspected perpetrators, and witnesses.

	<p>D) When the quality of evidence appears to support criminal prosecution, compelled interviews are conducted only after consultation with prosecutors as appropriate.</p> <p>E) The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by that person’s status as a resident or staff member. The facility does not require any party to submit to a polygraph or similar examination as a condition for proceeding with the investigation.</p> <p>F) Administrative investigations include written findings regarding whether staff actions or failures to act contributed to the abuse, with supporting facts and credibility assessments documented. Physical storage of investigation reports is maintained in a secure location with limited access.</p> <p>G) Criminal investigations are documented in written reports that describe the evidence, investigative actions, and case status.</p> <p>H) Substantiated allegations that appear to involve criminal conduct are referred for prosecution. According to the PAQ, there have not been any cases referred to prosecution since the last PREA audit.</p> <p>I) Investigative files and related documentation are retained for the period required by policy and standard.</p> <p>J) The departure of the alleged abuser or alleged victim from the facility or agency does not serve as a basis for terminating an investigation.</p> <p>K) The auditor is not required to audit this provision.</p> <p>Auditor Determination: Based on a review of investigative procedures, investigation files, training records, referral practices, and interviews with investigators and facility leadership, the auditor determined the facility exceeds the requirements of this standard. The evidence confirms that allegations are investigated promptly, thoroughly, and objectively by trained investigators and that investigative files contain the required documentation, evidence review, and findings. The facility demonstrated a strong commitment to investigative integrity through proper evidence preservation, credibility assessment, detailed documentation, and coordination with prosecutorial authorities when appropriate. These practices reflect a highly accountable investigative process that goes beyond baseline compliance.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.72 Evidentiary Standard for Administrative Investigations

	<p>Evidenced Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Standard Operating Procedure for Investigating Sexual Abuse 4. Interviews with investigative staff <p>Findings:</p> <p>A) The facility uses a preponderance of the evidence standard in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. No higher standard is required or applied.</p> <p>Auditor Determination: Based on a review of policy, investigative practices, and interviews with appropriate staff, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that the facility applies a preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. No evidence was found that a higher evidentiary threshold is used.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.73 Reporting to Inmates</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 26 Notifications to inmates on the Investigative Outcomes 4. MOU with the Rhode Island State Police 4. Interviews with Warden, investigative staff and an inmate who reported sexual abuse <p>Findings:</p> <p>A) After a review of 26 notification the Inmates are informed of the outcome (substantiated, unsubstantiated, or unfounded) of any sexual abuse investigation they initiate. Exceeding this standard, the agency has elected to provide notice of</p>

	<p>outcomes to inmate victims of sexual harassment as well.</p> <p>B) If the investigation is conducted by an outside agency, the facility requests the relevant information needed to notify the resident of the outcome.</p> <p>C) When the allegation involves staff misconduct and is not unfounded, the facility informs the inmate whenever the staff member is no longer assigned to the inmate's unit, is no longer employed at the facility, has been indicted on a charge related to the allegation, or has been convicted on a related charge.</p> <p>D) When the allegation involves abuse by another inmate and is substantiated, the facility informs the alleged victim whenever the other inmate has been indicted on a related charge or convicted on a related charge.</p> <p>E) The facility documents all notifications to inmates or all attempts to provide those notifications.</p> <p>F) The facility's obligation to report investigative outcomes to the resident ends if the resident is released from custody.</p> <p>Auditor Determination: Based on a review of notification practices, supporting documentation, and interviews with staff, the auditor determined the facility exceeds the requirements of this standard. The evidence showed that inmates are informed of the outcome of investigations they initiate and, when applicable, are notified of changes in staff status or criminal proceedings related to substantiated allegations. The auditor also verified that these notifications and attempts to notify are documented as required. Notice of outcome letters are provided to all sexual abuse and sexual harassment victims.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76 Disciplinary Sanctions for Staff</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 3.14-4 DOC Staff Code of Ethics and Conduct <p>Findings:</p> <p>A) Staff are subject to disciplinary action, up to and including termination, for</p>

violating sexual abuse or harassment policies. According to the information in Pre-Audit Questionnaire no staff have been disciplined for violating the zero-tolerance policy in the last 12 months.

B) Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. This expectation reflects the facility's zero-tolerance approach and its commitment to protecting residents from abuse and misconduct.

C) Disciplinary sanctions for violations of policies related to sexual abuse or sexual harassment, other than actual sexual abuse, are based on the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

D) 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies when applicable.

Auditor Determination:

Based on a review of personnel rules, disciplinary procedures, staff interviews, and relevant documentation, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that staff are subject to disciplinary action, up to and including termination, for violating sexual abuse or sexual harassment policies and that termination is the presumptive sanction for substantiated sexual abuse. The auditor also verified that appropriate reporting to law enforcement and licensing bodies occurs when required.

115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.77 Corrective Action for Contractors and Volunteers</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 3.14-4 DOC Staff Code of Ethics and Conduct 4. 9.40-6 DOC Procedures for Contractors at Institutional Facilities 5. Interview with Warden <p>Findings:</p>

	<p>A) Contractors or volunteers who engage in sexual abuse are banned from inmate contact and reported to law enforcement and licensing agencies. According to the information in Pre-Audit Questionnaire no volunteers/contractors have been disciplined for violating the zero-tolerance policy in the last 12 months.</p> <p>B) The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Corrective action is based on the seriousness of the conduct and the risk posed to resident safety.</p> <p>Auditor Determination: Based on a review of contractor and volunteer corrective action practices, supporting documentation, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence demonstrated that contractors or volunteers who engage in sexual abuse are prohibited from further contact with inmates and are reported to appropriate authorities when required. Other PREA-related violations are addressed through corrective action proportionate to the conduct.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78 Disciplinary Sanctions for Inmates</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 11.01-9 DOC Inmate Discipline 4. Interviews with Warden and medical and mental health staff <p>Findings:</p> <p>A) Inmates are subject to disciplinary sanctions only following a formal disciplinary process and only after an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. According to the information in the pre-audit questionnaire, no inmates have been disciplined for sexual abuse.</p> <p>B) Sanctions are proportionate to the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p>

	<p>C) The disciplinary process considers whether a inmate's mental disabilities or mental illness contributed to the behavior when determining what type of sanction, if any, should be imposed.</p> <p>D) If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions.</p> <p>E) 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.</p> <p>F) Inmates are not punished for making good faith reports, even if unsubstantiated. According to the information in Pre-Audit Questionnaire no inmates have been disciplined for violating the zero-tolerance policy in the last 12 months.</p> <p>G) The facility does not classify consensual sexual activity between residents as sexual abuse when coercion is not present, consistent with applicable policy and PREA definitions.</p> <p>Auditor Determination: Based on a review of inmate discipline policies, disciplinary practices, related documentation, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that inmates are disciplined for sexual abuse only following a substantiated administrative finding or criminal finding and that sanctions are imposed in a fair and individualized manner. The auditor also verified that good faith reporting is protected and that non-coercive sexual activity is not misclassified as sexual abuse.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81 Medical and Mental Health Screenings: History of Sexual Abuse</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 18.30-3 DOC Receiving Screening and Mental Health Evaluation of New Commitments and Transfers 4. 100 Nurse Intake Notes 5. 14 Day Follow up Mental Health Notes

6. Site Review: Records Storage

7. Interviews with medical and mental health staff, staff responsible for risk screening and inmates who disclosed sexual victimization at risk screening

Findings:

A) During the Intake and Committing process, nursing staff conduct a standard Intake Screen to identify potential emergency situations among new commitments, prevent newly arrived inmates who pose a threat to their own health or others' health, mental health, or safety from being admitted to general population, and provide them with rapid health/mental health care. A Qualified Mental Health Professional (QMHP) will complete a mental health assessment of all inmates admitted to the facility within fourteen (14) days of commitment. This includes an assessment of individuals who are identified as having experienced prior sexual victimization or having perpetrated sexual abuse. Appropriate referrals to psychiatry and/or for ongoing clinical follow-up by behavioral health services will be made. These mental health assessments are documented in the inmate's file.

B) As evidenced by reviewing the intake nurse's notes and a review of the 14 follow-ups by mental health staff. Inmates identified as having previously perpetrated sexual abuse are also referred for a mental health and follow-up were completed within 14 days. A behavioral health transfer screening is performed within twelve (12) hours of reception by a Qualified Mental Health Professional (QMHP).

C) Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to make informed treatment plans, housing decisions, and security and management determinations.

D) Information related to sexual victimization or abusiveness that occurred in the community is also handled confidentially and shared only with staff who have a legitimate need to know for treatment, safety, or operational reasons. Records are maintained through an electronic record system with secure and limited access.

E) 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 or unless otherwise required by law.

Auditor Determination:

Based on a review of screening practices, referral procedures, confidentiality protections, and interviews with medical and mental health staff, the auditor determined the facility meets the requirements of this standard. The evidence showed that inmates who disclose prior victimization or abusiveness are referred for follow-up within the required timeframe and that this information is managed on a need-to-know basis. The auditor also verified that informed consent is obtained when required before disclosing prior victimization that occurred outside an institutional setting.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82 Access to Emergency Medical and Mental Health Services</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Brown Health for Forensic Exams information 4. Kent Hospital for Victims of Sexual Assault information 5. Contract with Counseling and Psychotherapy Center for Victim Services 6. Documentation from Emergency Medical Treatment Notes 7. Interviews with medical and mental health staff, inmates who reported sexual abuse, and security and non-security staff first responders. <p>Findings:</p> <p>A) Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and timing of these services are determined by medical and mental health practitioners according to their professional judgment.</p> <p>B) If no qualified medical or mental health practitioners are on duty at the time of the report, security staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff.</p> <p>C) This is an all-male inmate facility.</p> <p>D) Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p>Auditor Determination:</p> <p>Based on a review of emergency response procedures, medical access practices, and interviews with staff, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that victims of sexual abuse are provided timely access to emergency medical and mental health care, including crisis intervention and medically appropriate treatment. The auditor also verified that such care is provided at no cost to the victim, regardless of cooperation with an investigation.</p>

115.83	<p data-bbox="252 107 1449 197">Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p data-bbox="252 232 960 268">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 309 544 344">Auditor Discussion</p> <p data-bbox="252 385 946 421">115.83 Ongoing Medical and Mental Health Care</p> <p data-bbox="252 456 536 492">Evidence Analyzed:</p> <ol data-bbox="252 528 1453 963" style="list-style-type: none"> <li data-bbox="252 528 1050 564">1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy <li data-bbox="252 600 632 636">2. Pre-Audit Questionnaire <li data-bbox="252 672 1289 707">3. Contract with Counseling and Psychotherapy Center for Victim Services <li data-bbox="252 743 1161 779">4. Standard Operating Procedure for Investigating Sexual Abuse <li data-bbox="252 815 730 851">5. Sexual Abuse Incident Reviews <li data-bbox="252 887 1453 963">6. Interviews with medical and mental health staff and inmates who reported sexual abuse <p data-bbox="252 999 384 1034">Findings:</p> <p data-bbox="252 1070 1481 1272">A) To ensure that inmates identified during the intake and commitment screening process as having experienced prior sexual victimization or perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, are referred to a medical or behavioral health practitioner. The auditor reviewed intake nurse notes and mental health notes.</p> <p data-bbox="252 1308 1453 1429">B) Evaluation and treatment services include, as appropriate, follow-up services, treatment plans, and referrals for continued care following transfer to, or placement in, other facilities, or release from custody.</p> <p data-bbox="252 1464 1409 1541">C) The facility provides such services in a manner consistent with the community level of care.</p> <p data-bbox="252 1576 770 1612">D) This is an all-male inmate facility.</p> <p data-bbox="252 1648 770 1684">E) This is an all-male inmate facility.</p> <p data-bbox="252 1720 1422 1796">F) Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="252 1832 1441 1953">G) Treatment services are provided to the inmate victim of sexual abuse while incarcerated without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="252 1989 1461 2065">H) The facility attempts to conduct a mental health evaluation of any known inmate-on-inmate abuser within 60 days of discovery and offers treatment where</p>
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	<p>appropriate.</p> <p>Auditor Determination: Based on a review of medical and mental health care practices, referral procedures, treatment documentation, and interviews with staff, the auditor determined the facility meets the requirements of this standard. The evidence demonstrated that ongoing medical and mental health services are offered to victims of sexual abuse and that referrals for continued care are provided when residents are transferred or released. The auditor also confirmed that services are provided at no cost to the inmate and that evaluation of known abusers occurs when appropriate.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.86 Sexual Abuse Incident Reviews</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. 56 PREA Incident Reports that included the incident reviews. 4. Interviews with Warden, PREA Compliance Manager and other incident review team members <p>Findings:</p> <p>A) The facility conducts a sexual abuse incident review at the conclusion of each investigation, regardless of the outcome.</p> <p>B) Reviews are completed within 30 days of receiving the investigation’s findings.</p> <p>C) The review team includes facility leadership, supervisors, investigators, medical/ mental health staff, and the PREA Compliance Manager.</p> <p>(d) The review team conducts a thorough review of each incident to determine whether any changes to policies or procedures are needed to strengthen prevention and response efforts. As part of this process, the team looks at possible motivations that may have contributed to the incident, including bias, retaliation, or group dynamics. The team also evaluates whether the facility’s physical layout or environmental conditions played a role. Staffing levels and supervision at the time of the incident are reviewed to determine whether they were appropriate and consistent with the staffing plan. In addition, the team assesses the use and effectiveness of video monitoring and considers whether improvements or additional technology may</p>

	<p>be needed to enhance safety and oversight.</p> <p>E) The facility either implements the team’s recommendations or documents reasons for not doing so. Results are submitted to the agency PREA Coordinator and administrator within 30 days of the review.</p> <p>Auditor Determination: Based on a review of incident review practices, meeting records, documentation, and interviews with facility leadership and staff, the auditor determined the facility meets the requirements of this standard. The evidence confirmed that sexual abuse incident reviews are completed following investigations, within the required timeframe, and with participation from appropriate team members. The auditor also verified that recommendations are documented and either implemented or formally addressed when not adopted.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87 Data Collection</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Surveys of Sexual Victimization Reports 4. Agency Website 5. PREA Audit Reports 6. PREA Annual Reports <p>Findings:</p> <p>A) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions.</p> <p>B) The agency aggregates the incident-based sexual abuse data at least annually.</p> <p>C) The information collected is sufficient to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>D) The agency maintains, reviews, and incorporates incident reports, investigative</p>

	<p>files, and sexual abuse incident review information as part of its data collection process. The auditor reviewed the agency website and reviewed all agency/facility annual PREA reports.</p> <p>E) The agency does not contract detainment services with private facilities.</p> <p>F) Upon request, the agency provides the Department of Justice with data from the previous calendar year no later than June 30.</p> <p>Auditor Determination: Based on a review of data collection practices, data forms, annual summaries, and interviews with staff, the auditor determined the facility meets the requirements of this standard. The evidence demonstrated that the agency collects accurate, standardized incident-based data for every allegation of sexual abuse and aggregates that data annually. The auditor also confirmed that the data supports required reporting obligations, including the Survey of Sexual Violence, when applicable.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.88 Data Review for Corrective Action</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Surveys of Sexual Victimization Reports 4. Agency Website 5. PREA Audit Reports 6. PREA Annual Reports from 2014-2024 7. Interviews with Acting Assistant Director of Institutions and Operations (ADIO), PREA Coordinator and PREA Compliance Manager <p>Findings:</p> <p>A) RIDOC meets PREA standards by requiring the Agency PREA Coordinator to review collected and aggregated data to evaluate and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training. As part of this process, RIDOC identifies problem areas and implements corrective actions where needed. Exceeding this standard, the agency's commitment</p>

to accurately collecting sexual abuse data is demonstrated by the creation and implementation of the "STRIDOC" database. This database provides current data reporting on agency-wide and facility-specific levels and is available to agency and facility leadership as well as to the PREA Coordinator.

B) RIDOC prepares an annual report for each facility and for the agency as a whole that outlines its findings and any corrective actions taken. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

C) The annual report is approved by the Director of Corrections and made readily available to the public through the RIDOC website.

D) Personal identifiers are removed before publication to protect resident privacy. As evidenced by reviewing the department website it contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.

Auditor Determination:

Based on a review of annual reports, corrective action practices, public posting, and interviews with leadership, the auditor determined the facility exceeds the requirements of this standard. The evidence confirmed that aggregated data is reviewed to identify trends, problem areas, and the need for corrective action and that annual reports compare current and prior year data. The auditor also verified that reports are approved by agency leadership and made publicly available. The development of the STRIDOC database provides up-to-date information to agency and facility leadership as well as to the PREA Coordinator.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 Data Storage, Publication, and Destruction</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. 9.49-5 DOC PREA (Prison Rape Elimination Act) Policy 2. Pre-Audit Questionnaire 3. Agency Website 4. Site Review: Records Storage 5. Interview with PREA Coordinator

	<p>Findings:</p> <p>A) All collected data is securely retained. The Agency website was analyzed and contains all required, redacted PREA data.</p> <p>B) Aggregated data from all facilities is published annually. The Agency website was analyzed and contains all required, redacted PREA data.</p> <p>C) Personal identifiers are removed before publication to protect resident privacy. As evidenced by reviewing the department website it contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information.</p> <p>D) The Agency website was analyzed and contains all required, redacted PREA data.</p> <p>Auditor Determination: Based on a review of data retention practices, annual public reports, website materials, and staff interviews, the auditor determined the facility meets the requirements of this standard. The evidence demonstrated that collected data is securely maintained, aggregated data is published annually, and personal identifiers are removed prior to public release. The auditor also confirmed that the agency retains PREA-related data for the required period in accordance with policy and applicable law.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 Frequency and Scope of Audits</p> <p>Evidence Analyzed:</p> <ol style="list-style-type: none"> 1. Agency Website 2. Site Review 3. Issue Log 4. PAQ (pre audit questionnaire) 5. Notice of Audit (NOA) <p>Findings:</p> <p>A) During the prior three-year period, the agency has ensured that each facility it operates are audited at least once. This was verified by a review of Final Audit Report's found on the agency website.</p>

	<p>B) This is the first year of the current audit cycle. In review of the agency website, the agency has ensured that at least one-third of each facility type operated by the agency, were audited during the first year of the current audit cycle.</p> <p>H) The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor completed a full site review.</p> <p>I) The auditor received copies of all relevant documents requested, including electronically stored information.</p> <p>M) The auditor conducted interviews with inmates in a private setting.</p> <p>N) The auditor observed Notice of Audit (NOA) signage displayed in all housing units, and other areas throughout the facility. The NOA was provided to the facility by the auditor at least six weeks in advance and posted in English and Spanish. The NOA included the posting date, and the facility provided via a time stamped email photos of each posting.</p> <p>Auditor Determination: Based on a review of the Agency's website, observations made onsite, pre-audit questionnaire, issue log and the Notice of Audit, the auditor determined the facility meets the requirements of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 Audit Contents and Findings</p> <p>Evidence Analyzed:</p> <p>1. Agency Website</p> <p>Findings:</p> <p>A) The auditor verified that the agency has published on its website all Final PREA Audit Reports completed during the past three years proceeding with this audit.</p> <p>Auditor Determination: Based on a review of the Agency's website, the auditor determined the facility meets the requirements of this standard.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	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.)	
115.13 (a)	Supervision and monitoring	
	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
	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
	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
	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
	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
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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
115.14 (b)	Youthful inmates	
	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
	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
115.14 (c)	Youthful inmates	
	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
	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
	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
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	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	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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	yes

	consent or refuse?	
	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 two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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
115.17 (c) Hiring and promotion decisions		
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d) Hiring and promotion decisions		
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e) Hiring and promotion decisions		
	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
115.17 (f) Hiring and promotion decisions		
	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
	Does the agency ask all applicants and employees who may have	yes

	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?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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.)	na

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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
115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.34 (c)	Specialized training: Investigations	

	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
115.35 (a) Specialized training: Medical and mental health care		
	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
	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
	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
	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
115.35 (b) Specialized training: Medical and mental health care		
	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.)	no
115.35 (c) Specialized training: Medical and mental health care		
	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	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	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
	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
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	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
	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
115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.41 (f)	Screening for risk of victimization and abusiveness	
	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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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
115.42 (a)	Use of screening information	
	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
	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
	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
	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	yes

	being sexually abusive, to inform: Education Assignments?	
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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
115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	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
	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	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	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
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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.)	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.)	na
115.52 (c)	Exhaustion of administrative remedies	
	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.)	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.)	na
115.52 (d)	Exhaustion of administrative remedies	
	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.)	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,	na

	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.)	
	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.)	na
115.52 (e)	Exhaustion of administrative remedies	
	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.)	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.)	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.)	na
115.52 (f)	Exhaustion of administrative remedies	
	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.)	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.).	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.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days?	na

	(N/A if agency is exempt from this standard.)	
	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.)	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.)	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.)	na
115.52 (g)	Exhaustion of administrative remedies	
	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.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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

	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	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
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	

	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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
115.73 (b)	Reporting to inmates	
	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
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	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
	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
115.73 (e) Reporting to inmates		
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a) Disciplinary sanctions for staff		
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b) Disciplinary sanctions for staff		
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	

	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	na

	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.)	
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	

	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	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.)	na
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	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
	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
	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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	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?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	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	na

	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.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403 (f)	Audit contents and findings	
	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, there has never been a Final Audit Report issued.)	yes