

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: December 31, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: May 15 - 17, 2017			
Facility Information			
Facility name: Anthony Travisano Intake Service Center			
Facility physical address: 18 Slate Hill Drive, Cranston, RI 02920			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 401-462-3801			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Wayne Salisbury			
Number of staff assigned to the facility in the last 12 months: 244			
Designed facility capacity: 1148			
Current population of facility: 787			
Facility security levels/inmate custody levels: Intake and awaiting trial			
Age range of the population: 18 years of age and older			
Name of PREA Compliance Manager: Lynne Corry		Title: Deputy Warden	
Email address: lynne.corry@doc.ri.gov		Telephone number: 401-462-3800	
Agency Information			
Name of agency: Rhode Island Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Rhode Island			
Physical address: 40 Howard Avenue, Cranston, RI 02920			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 401-462-2611			
Agency Chief Executive Officer			
Name: Ashbel T. Wall II		Title: Director	
Email address: AT.Wall@doc.ri.gov		Telephone number: 401-462-2611	
Agency-Wide PREA Coordinator			
Name: Heather Daglieri		Title: Interdepartmental Project Manager	
Email address: heather.daglieri@doc.ri.gov		Telephone number: 401-462-3087	

AUDIT FINDINGS

NARRATIVE

The Rhode Island Department of Corrections (“RIDOC”) Anthony P. Travisano Intake Service Center (“ISC”) contracted with G4S Youth Services, LLC for PREA Audit services. DOJ Certified auditor Bobbi Pohlman-Rodgers was assigned to this facility.

Initial contact with the facility was on April 3, 2017 when the auditor sent the Audit Notices to the facility with the requirement to be posted in all housing units and areas where both staff and inmates could view by April 3, 2017. At this time, the auditor also sent information on how to complete and submit the Pre-Audit Questionnaire and supporting documentation.

Upon receipt of the Pre-Audit Questionnaire and flash drive with supporting documentation, the auditor reviewed all materials submitted. The auditor spoke with the facility PREA Compliance Manager and requested additional documentation to be ready for review on the day of the audit – this included inmate rosters by housing unit, staff rosters for the two days the auditor would be on site, a list of inmates who identified as LGBTI, Limited English Proficient, Disabled, Prior Victimization, Current Allegations, and inmates in Segregation.

On May 15, 2017, this auditor conducted an entrance meeting that included a review of the audit process, the activities for the two days (tours, interviews, and additional document review), additional documentation requests, deadlines for submission of additional information, interim report, corrective action plans, and the final PREA report. The meeting included the auditor, Interim Warden Salisbury, Deputy Warden/PREA Compliance Manager Corry, and Agency PREA Coordinator Heather Daglieri.

Upon conclusion of the entrance meeting, the auditor toured the facility. The tour included all areas of the facility, paying special attention to areas where inmates shower, toilet, and change clothing. Upon completion of the tour, the auditor utilized provided rosters for the selection of interviewees which included specialized staff, random staff, and random inmates.

There are sixteen (16) housing units at this facility. At the time of the audit, four (4) of these were closed. From the housing rosters, the auditor selected twelve (12) interviewees. These included an inmate who reported being LGBTI, one (1) inmate with a disability, one (1) inmate from the restrictive housing unit, and one (1) inmate with a current allegation. Additionally, within the eleven (11) selected there was one (1) inmate who was identified at high risk of sexual victimization, one (1) inmate identified as high risk of being sexually aggressive, and one (1) inmate who identified as both high risk of sexual victimization and as high risk of being sexually aggressive.

There are four (4) shifts at the facility. From the shift rosters the auditor randomly selected four (4) staff from the 7-3 shift, four (4) staff from the 3-11 shift and two (2) staff from the 11-7 shift for interviewing (total 10). There is also a 1-9 shift and the auditor selected from this shift for specialized interviews.

A total of twenty-one (21) specialized interviews were conducted. The auditor interviewed on-site the Warden, PREA Manager, Upper Level Manager, Medical Staff, Mental Health Staff, Volunteer, Investigator, two (2) Intake Staff, Risk Screening Staff, Restrictive Housing Unit Staff, Incident Review Staff, Retaliation Staff, Limited English Proficient Staff, and Grievance Staff.

At various off-site locations, and on May 17, 2017, the auditor interviewed the Agency Head designee – Assistant Director of Institutions and Operations, the Agency PREA Coordinator, the Human Resource Director, the Chief of the Special Investigations Unit, the Chief of the Office of Inspections, and the Training Director.

On May 17, 2017, the auditor held an exit meeting with Warden Salisbury, Deputy Warden/PREA Compliance Manager Corry, and Agency PREA Coordinator Daglieri to review the findings.

DESCRIPTION OF FACILITY CHARACTERISTICS

ISC is a maximum security facility which serves as Rhode Island's jail for male offenders, aged eighteen (18) and above, as well as the central intake for the entire male RIDOC population. ISC opened in 1982 and was renovated in 1995. The facility was expanded in 1992.

ISC, as part of RIDOC, provides for the protection of the public. Maintaining a secure, safe, and clean environment for the housing of pretrial detainees, newly sentenced offenders, parole violators, and other inmates into proper custody levels begins at the ISC. This ongoing procedure will continue throughout the inmate's confinement at RIDOC. Inmate available education opportunities at this facility are GED preparation, ESL and ABE.

Rhode Island is one (1) of six (6) states that have unified systems, incorporating the jail and state prison into one Department. Inmates housed at the ISC include pretrial detainees and newly sentenced inmates who are awaiting classification to other facilities, pretrial protective custody, and sentenced protective custody. The length of time an inmate remains housed in Awaiting Trial status at the ISC is approximately twenty-three (23) days; this translates into a constant turnover of the inmate population. The seven (7) facilities that encompass RIDOC are all within one (1) mile of each other – Anthony P. Travisano Intake Service Center (ISC), Gloria McDonald Awaiting Trial and Medium Security Facility, Maximum Security, High Security Center (HSC), John J. Moran Medium Security, Minimum Security, and the Bernadette Building.

The Agency mission is “The Rhode Island Department of Corrections (RIDOC) contributes to the public safety by maintaining a balanced correctional system of institutional and community programs that provide a range of custodial options, supervision and rehabilitative services in order to facilitate successful offender reentry into the community upon release”. This is accomplished through its operational philosophies which include maintaining safe, secure, orderly, constitutional, and humane correctional environments; providing community based management, supervision, and intervention services for criminal offenders on probation, parole or home confinement; demonstrating the highest ethical and professional standards in all the operations; accountability to the public for operations, including maintaining cooperative, open communication and partnerships with law enforcement, governmental entities, human services agencies, community leaders and members and faith based organizations; fostering a spirit of teamwork, unity, and dedication of staff and maintaining a diverse and culturally aware workforce; providing staff with opportunities for personal and professional growth through staff development, recognition of staff achievements, and encouragement; and measuring outcomes and utilizing the data to make decisions and evidence-based policy and planning.

As both a jail and a prison, the ISC has a large transient population. The designed facility capacity is 1,148 and there were 787 inmates on site on the first day of the audit. There were a reported 9,980 inmates admitted to the facility in the past year, with 599 staying for thirty (30) days or longer. Male inmates are initially brought here for intake. Intake consists of property, searches, records, showers, clothing distribution, classification, and the initial medical and mental health screenings. PREA education is completed in this area. PREA brochures are distributed and there are three (3) holding cells in the intake area that allow for the viewing of the PREA video when the cells are occupied. From here, housing decisions are made. Many remain here until sentencing or after sentencing, based on the length of incarceration. Some have already been sentenced and after initial intake is conducted the inmate will then move directly to the Minimum, Medium, High, or Maximum Security facilities.

While there is one (1) building, there are two (2) wings. The south wing of the facility constructed in 1982 houses the infirmary/hospital, eight (8) housing modules, and committing area. The north wing constructed in 1992 houses the kitchen, dining room, visiting room, eight (8) housing modules, and an administration area.

There are sixteen (16) module housing units (A – P), one of which serves as a restrictive housing unit. Units A – P provide wet cell, double occupancy cells. The units are two (2) tiered. Of these, Units I-L are currently closed. Inmate capacity in the units is from 24 – 48 inmates. Showers are available to all inmates through shower bays which have either shower curtains or shower doors. There are bathroom urinary troughs or a single bathroom in the day rooms available to inmates; however both staff and inmates report that these do not provide enough privacy. The majority of the units do not utilize the upper tier showers for purposes of supervision. Unit D did report upper tiered showers are utilized and prior to the writing of this report, the Warden reported and provided photographs of shower curtains having been installed to address inmate privacy concerns. Showers on H, restrictive housing unit, did not allow for complete privacy; however, during the Corrective Action Period, they

installed curtains to ensure complete privacy. All areas now allow for inmate privacy.

The medical wards are ten (10) bed units where medical supervision is provided for those who require constant medical care. There are four (4) negative pressure cells which provide single room housing for the isolation of inmates who may be contagious, as well as those who need medical care but must be separated from other inmates for a short period of time. There are also four (4) behavioral health cells available for inmate who are a danger to themselves or others. Both the negative pressure cells and the behavior health cells have cameras that enhance supervision. Staff are not permitted to have these cameras on screen unless the situation requires constant supervision. Unless emergency circumstances, visual viewing of the cameras is permitted only by male staff or medical staff.

All housing offers inmates the ability to utilize phones. For those units with no stationary phones installed, a rolling phone is available to inmates. Posters and other information were observed in the housing units that detail how to report sexual abuse or sexual harassment to both internal and external agencies. Additionally, the Pre-Audit Notice was observed in housing units and in other areas where both inmates and staff have viewing capability. Notices of how to report sexual abuse and sexual harassment were observed in the visitation area.

There is one kitchen that contains a variety of work areas and storage areas. Camera views cover all areas. Two (2) dining rooms are available and each has camera coverage and clear lines of sight. There are two (2) court video areas. A number of maintenance rooms that provide access to the HVAC and communication rooms are present and keys are restricted to these areas.

There are 314 cameras that can be viewed through the control center or the Warden and Deputy Warden's offices. With the exception of the negative pressure cells and behavioral health cells, none of the views prohibit the privacy of inmates while toileting or showering.

SUMMARY OF AUDIT FINDINGS

The on-site audit concluded on May 17, 2017 with the following persons in attendance: the auditor, Central Warden Donna Collins, Warden Salisbury, Deputy Warden/PREA Compliance Manager Corry, Captain Lyons, and the Agency PREA Coordinator Daglieri. A review of the facility challenges were discussed. The following standards were found to not be in compliance at the time: 115.13, 115.15, 115.16, 115.31, 115.33, 115.41, 115.53, 115.67, 115.86 and 115.71.

As this auditor conducted the prior audit that was found in compliance with all but 115.15, it is noted that many systems implemented after the last PREA audit were not continued as required by policy. A change in administration is believed to be the underlying reason. The former Agency PREA Coordinator was part-time and a new Agency PREA Coordinator was hired approximately one (1) year ago. Both the prior facility Warden and the Deputy Warden/Facility PREA Compliance Manager have retired and a new Warden and new Deputy Warden/Facility PREA Compliance Manager are now in place. The transition for the Facility PREA Compliance Manager was approximately six (6) weeks prior to the audit. Her first tasks included a review of PREA standards. Her review identified systems that were put into place after the prior audit, and were the responsibility of the outgoing Deputy Warden/Facility PREA Compliance Manager, but that were not continued. As a result, ISC will enter a 180-day corrective action period beginning June 11, 2017.

On December 6, 2017, Heather Daglieri, RIDOC PREA Coordinator, met with PREA Auditor Bobbi Pohlman-Rodgers at the Intake Service Center. The auditor conducted a focused interview with the staff responsible for Retaliation Monitoring, as the retaliation system identified at the formal on-site audit was found deficient. Additionally, Heath Daglieri, RIDOC PREA Coordinator, provided the PREA Auditor with a file containing documentation and a flash drive to complete the Corrective Action Plan. On December 11, 2017, the PREA Auditor returned and conducted a walk-through of both Restricted Housing and other units to verify changes with privacy issues that were initially identified.

On December 31, 2017, PREA Auditor Bobbi Pohlman-Rodgers completed a review of the documents and flash drive information and found the facility to be compliant with all standards of the PREA audit.

Number of standards exceeded: 3

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

RIDOC Policy 9.49-3 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, is the agency's zero-tolerance policy that prohibits sexual misconduct between all inmates and staff, interns, contractors and other inmates. This policy outlines their approach to prevention, detection, reporting and response to all allegations of sexual misconduct. The policy includes references to the following policies, procedures or state laws: RIDOC 1.13 – Limited English Proficiency; RIDOC 3.05 Sexual Harassment; RIDOC 3.14 Code of Ethics and Conduct; RIDOC 4.03 Orientation and Entrance-Level Training for Non-Correctional Officer Employees, Volunteers, DOC 11.01 Code of Inmate Discipline; RIDOC 13.10 Inmate Grievance Procedure; RIDOC 18.30 Receiving Screening and mental Health Evaluation of New Commitments; RIDOC 18.59 Confidentiality of Inmate Health Information to Include Electronic Medical Record (EMR) and Paper Documents; PREA investigations SOP; RIGL 11-25-24 Correctional employees – Sexual relations with inmates – Felony; RIGL 11-37-3.1 Duty to report sexual assault; RIGL 11-37-3.3 Failure to report – Penalty.

The agency has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment in the facilities that it operates. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policies include sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The Agency PREA Coordinator, Heather Daglieri, has been in this position for approximately 1 (one) year (July 2016). The position of PREA Coordinator is under the Institutions & Operations Division of the Agency and she directly reports to the Central Office Warden. Within the agency organizational chart, this position is identified as the Interdepartmental Project Manager. She has the indirect responsibility for eight (8) Facility PREA Compliance Managers, and has the support of the Assistant Director of Institutions and Operations and the Director. She has taken a proactive stance regarding PREA compliance, through monthly meetings with the Facility PREA Compliance Managers and conducting mock audits. She also attends the monthly Warden meetings and the Institutions and Operations monthly meetings to provide updates and concerns related to PREA compliance throughout the agency and its facilities. In December 2016, she held training for all of the Facility PREA Compliance Managers. She has also worked with the Training Director to update the annual PREA training and refresher information for all staff. In her response to issues identified as non-compliance with PREA standards, she immediately works to address the issues with the Warden and Deputy Warden/Facility PREA Compliance Manager and has provided training and internal reviews of the issues until rectified. She was aware of the findings of the new Deputy Warden/Facility PREA Compliance Manager and has provided clear guidance on resolving the issues. She has implemented many system checks since taking this position. It is noted that she has completed the following online courses from the National Institute of Corrections, "PREA: Coordinators' Roles and Responsibilities," "PREA: Audit Process and Instrument Review," "PREA: Your Role Responding to Sexual Abuse," "PREA: Investigating Sexual Abuse in a Confinement Setting," and "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations." She is currently awaiting word on her acceptance in the new PRC class "Implementation and Audit Preparedness Training".

The Deputy Warden of Inmate Life Issues is the Facility PREA Compliance Manager, and she has been in this position for three (3) months. Prior to this position, she held the position of Deputy Warden/Facility PREA Compliance Manager position at the Gloria McDonald Awaiting Trial and Medium Security facility. While her first six (6) weeks has been dedicated to a strong focus on identifying compliance with PREA standards and agency policy, she reports that she finds this will reduce to approximately 20% of her work week. She has identified an Assistant Facility PREA Compliance Manager, Captain Lyons, to assist with certain components of the Facility PREA Compliance Manager's responsibilities. Coordinating the facility's efforts to comply with PREA standards includes working as a united front with the Warden and other Deputy Warden. She elicits their assistance to identify strengths and weaknesses of systems and implementation of policy. A major piece is talking with staff on policy compliance, as well as providing appropriate training. When issues arise with PREA compliance, she works directly with staff, creating or modifying current systems to ensure policies are followed. She inspects what is expected, and conducts mock audits and drills to further identify compliance. She also reports that she feels fully supported by the Agency PREA Coordinator.

Based on the information discovered in agency policies, observations, and information obtained through staff interviews, the auditor finds that the facility and agency exceed the requirements of the standard, as evidenced by: the dedication of a full-time PREA Coordinator position, the training conducted for all Facility PREA Compliance Managers, the establishment of monthly meetings for all Facility PREA Compliance Managers, the PREA Coordinator's attendance at the monthly Warden meetings and the Institutions and Operations meetings. These efforts show an agency that is dedicated to achieving and sustaining PREA compliance. The new Facility PREA Compliance Manager's proactive audit of the current facility systems upon transfer and the availability of an Assistant Facility PREA Compliance Manager show a facility that is dedicated to achieving and sustaining PREA compliance

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

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

Based on the information that the agency does not contract with other agencies for the confinement of inmates, the auditor has determined that this standard is Not Applicable.

Standard 115.13 Supervision and monitoring

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

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

RIDOC Policy 9.49-3 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, requires that an annual review of the staffing plan shall be conducted by the Warden and the PREA Coordinator. This review shall require taking into effect any generally accepted detention and correctional practices; any judicial findings of inadequacy; any finding of inadequacy from Federal investigative agencies and internal or external oversight bodies; all components of the facility's physical plant; composition of inmate population; number and placement of supervisory staff; institutional programs occurring on a particular shift; applicable State or local laws, regulations or standards; and prevalence of substantiated or unsubstantiated incidents of sexual misconduct. The policy requires documentation and justification of deviations from the plan.

RIDOC Policy 9.49-3 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, requires that unannounced rounds be conducted by facility supervisors, and that staff is prohibited from notifying other staff when these rounds are being conducted.

RIDOC Policy 3.02-1 "Involuntary Mandatory Overtime", effective date 5/29/2012, provides for the circumstances in which overtime may be ordered and provides for a uniform, fair and consistent procedure for administering involuntary mandatory overtime. In the event of a staff shortage, the facility must offer overtime to those off-duty employees who are regularly assigned to the shift on which overtime occurs; after

which it may be offered to employees on the preceding shift; after which it is offered to employees on subsequent shifts; after which it is offered to off-duty employees regularly assigned to the facility; and lastly offered on a rotating basis to personnel regularly assigned to other facilities under RIDOC control. Involuntary mandatory overtime is ordered on a rotating basis to employees who are regularly assigned to the facility by reverse seniority from a rotating list. Exceptions to this include ordering an employee who has just completed a double shift (except in major emergencies) or an employee who completed an eight (8) hour shift at an outside hospital post.

Rhode Island Brotherhood of Correctional Officer (RIBCO) Arbitration Decision signed October 10, 2016 acknowledges the need to ensure the safety of the facility, inmates and staff through the use of staff for overtime. The agreement requires voluntary overtime be offered before involuntary mandatory overtime shall be done in reverse order of seniority is utilized to fill positions.

RIDOC Policy 9.05-2 "Institutional Log Book System", effective date 10/22/2007, requires that the Warden establish a special log book(s) to monitor unusual situation that are not covered by traditional log book procedures, to include staff work stoppage.

The staffing at the facility is based upon position. There a total of 261 staff assigned to the facility, which includes twenty-two (22) Supervisors and 239 Officers. The facility reviews and petitions for changes in post titles or additional staff based on need. The staffing plan is reviewed regularly by the facility, the last documented formal review was conducted on April 12, 2017. The annual review was based on a daily average of 912 inmates. The annual review included an assessment of staff deployment, staffing resources, and video monitoring. There are no findings of inadequacy from judiciary, federal investigative agencies, or internal/external oversight bodies. The annual review was signed by the Warden, Security Specialist, Facility PREA Compliance Manager and the Agency PREA Coordinator.

The Warden reports that there has not been an instance of non-compliance of the staffing plan due to the use of a voluntary and involuntary mandatory overtime system. He reported that a request for overtime is called by the Operations Lieutenant prior to the involuntary mandatory overtime being ordered. Any changes in staff are documented on the Shift Report and these were reviewed by the auditor. The Warden reports that no permanent post goes unfilled. The Warden confirmed in an interview that he monitors for compliance with the staffing plan daily through roll call, monitoring overtime, and ensuring that no permanent post is unfilled.

Unannounced rounds are conducted by policy on every shift by facility supervisors. Staff responsible for unannounced rounds are the Warden, Deputy Warden and Shift Commanders. A special log book form is utilized that identifies the date and time started and ended, the areas checked, any discrepancies noted, the signature of the person conducting the rounds, and a review of all camera views. During an interview with staff who conducts unannounced rounds, he reported monthly unannounced rounds are conducted by him on the 3-11 shift. He reports that he takes alternative paths in order to prevent staff from alerting his presence, he does not announce his presence, and he completes the PREA Unannounced Log Form and forwards to the Security Specialist to conduct a camera review. He also reported that the addition of the camera check is a new process. While not required by policy, the facility staff conducting unannounced rounds also addresses any PREA signage that is identified as damaged or missing.

A review of the documentation found that the unannounced rounds had stopped for a period of time and were reinstated in March 2017 and therefore there were few to review.

Based on the information discovered in agency policies, observations, and information obtained through staff interviews, the auditor finds that the facility does not meet the requirements of the standard, as evidenced by the lack of documentation showing unannounced rounds and the Facility PREA Compliance Manager confirming that the unannounced rounds had stopped and were recently reinstated. As such, the facility entered into a Corrective Action Plan. The CAP required the facility to ensure unannounced rounds were implemented and conducted in accordance with policy frequency. The facility was required to provide the auditor with copies of the unannounced rounds.

During the Corrective Action Plan, the facility implemented unannounced rounds that are conducted in accordance with policy frequency. The facility provided unannounced round documentation for each month (March – November) and on each shift. A review of the forms found that these were conducted utilizing the agency appropriate form and address all areas as required by policy.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.14 Youthful inmates

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

- Does Not Meet Standard (requires corrective action)

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

RIDOC Policy 12.26-4 “Special Management of Juvenile Offenders”, effective date 2/16/2015, addresses the housing and management of juvenile offenders in the adult system. The prohibition of placing juvenile offenders with adult inmates. No juvenile offender will be accepted by RIDOC unless accompanied by a Waiver of Jurisdiction. Juvenile offenders are immediately placed into Protective Custody, are prohibited from being placed in a holding cell, dorm room or housing unit with adult inmates. Housing shall be single cell or double cell with another juvenile offender. Access to showers are through a separate schedule allowing juvenile offenders to complete showers without adult inmates present. Outside of housing, staff are required to either ensure sight/sound separation from adult inmates or to provide direct staff supervision of the juvenile offender. If only isolation is available for housing, the policy requires that education and exercise may not be denied. Other programming and work opportunities may be available. Mandates education if the juvenile offender does not have a high school diploma or equivalent. Requires mental health to assess a juvenile offender every thirty (30) days.

The facility reports that there have been no youthful inmates at the facility in the past twelve (12) months. In interviews, it was discovered that only the intake process is conducted at this facility. Any youthful inmate who requires continued incarceration would be moved to the High Security facility.

Based on the information discovered in agency policies, observations, and information obtained through staff interviews, the auditor finds this facility meets the requirements of this standard.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

RIDOC Policy 9.14-8 “Detecting and Confiscating Contraband on or in the Possession of Inmates/Detainees (Including frisk, strip and body cavity searches) or in Inmate Transport Vehicles, effective date 1/25/2016, addresses both strip searches and body cavity searches. Strip searches shall be conducted by two staff of the same gender as the inmate, except in an emergency. Emergency situations require Shift Commander approval and documentation of the search in the Shift Command Report. Body cavity searches are only authorized by a Court Order or the consent of an inmate. These are only permitted to be conducted at an offsite medical facility and by a medical professional. If the gender of the inmate is in question, requires compliance with policy 18.30.

RIDOC Policy 18.30-2 “Receiving Screening and Mental Health Evaluation of New Commitments”, effective date 01/06/2014, requires that any additional questions regarding an inmate’s gender identity or gender expression shall only be asked when necessary for ensuring proper classification, housing, and medical treatment, to protect the inmate’s confidentiality and human dignity, and to avoid subjecting the inmate to abuse, humiliation, ridicule or assaults.

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to be trained on procedures ensuring inmate supervision during showers, performing bodily functions, and changing clothing. All staff of the opposite gender of the inmate housing unit shall announce (knock and enter) themselves when entering a housing unit.

RIDOC Standard Operating Procedure “Identification, Treatment and Management of Transgender Inmates”, revised 1/27/2017, allows a transgender or intersex inmate to request the gender of the staff who will perform frisk and strip search through the submission of the

“Statement of Search Preference Form”, which shall be uploaded into the electronic medical record and notations placed within the comments screen in INFANTS (Inmate Facility Tracking System). This request shall be honored by staff, unless exigent circumstances exist and deviations from the “Statement of Search Preference” shall be documented in INFANTS (Inmate Facility Tracking System). Inmate identification cards will be updated to reflect the gender of the staff who is required to perform frisk or strip searches. A transgender or intersex inmate who does not complete the form will be subject to searches in accordance with department/facility policies and procedures for the general population.

The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Per policy, the facility must document all cross-gender strip searches and cross-gender visual body cavity searches. The facility has policies and procedures to enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances such as cell checks. Policy requires all female staff to announce their presence when entering an inmate housing unit. Policies prohibit the search or examining of a transgender or intersex inmate for the sole purpose of determining an inmate’s status, and any question of the gender identity or gender orientation shall require referral to medical staff. Agency training for staff includes how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates.

In interviews with staff and inmates, it was reported that female staff are not always announcing their presence when entering the inmate housing units. A refresher training was conducted for all female Correctional officer and all female non-uniform staff on the requirement to announce themselves in the unit. This was conducted on 5/9/17 through the use of a memo and staff signature of acknowledgement.

Due to the age of the facility, the agency had shower curtains installed in all housing unit to allow for privacy and stopped the practice of the use of showers that are located on the upper tiers of the housing units. Each cell has an individual toilet and sink. Within each housing unit is a trough style urinal or a single bathroom. Both staff and inmates feel that these do not afford enough privacy to prevent cross-gender viewing. While the upper tier showers are not in use in Restricted Housing, the lower tier showers do not prevent cross-gender viewing.

In an interview with the Training Director, he confirmed that training is provided annually on how to search a transgender or intersex inmate appropriately. Training records showed that staff have received appropriate training. However, interviews with staff indicated that they have not received, or do not remember, training on searching transgender or intersex inmates.

Based on the information discovered in agency policies, observations, and information obtained through staff interviews, the auditor finds that the facility does not meet the requirements of the standard, as evidenced by the lack of female staff announcing their presence in inmate housing units, the reporting by both staff and inmates that the urinal style troughs do not allow privacy, the Restricted Housing shower privacy issue, and the lack of staff education on searching transgender and intersex inmates. As such the facility entered into a Corrective Action Plan. The CAP required refresher training for all staff on the requirement of female staff announcing their presence when entering inmate housing units, addressing privacy concerns in the housing units regarding the trough style urinals or bathrooms, addressing privacy issues with the Restricted Housing lower tier showers, and providing refresher training of staff on how to search both transgender and intersex inmates.

The facility provided documentation of staff retraining on the requirement female staff announcing their presence when entering inmate housing units via a read at roll call. The auditor was on site on December 11, 2017 touring a number of housing units. The PREA Auditor noted appropriate signage and announcements of “Female on the Floor” on this date.

The facility reports that the urinals in the dayrooms are no longer in use. Staff were educated of this change via a read at roll call. Inmates were educated of this change via a memo from the Warden dates 11/28/2017, and which is posted in all housing units. On December 11, 2017, the PREA auditor toured a number of housing units at the facility to view the trough style urinals. Both staff and inmates questioned confirmed that these were no longer in use. The agency has a plan to cover the troughs in the near future.

The facility reported that the showers in H Mod (Restrictive Housing) had been fitted with appropriate shower curtains, and the curtains were being used for all inmate showers. On December 11, 2017, the PREA auditor toured the H Mod and found that all lower level showers contained a shower curtain that afforded inmates privacy from the view of cross-gender staff.

The facility provided documentation of staff retraining on searching both transgender and intersex inmates via a read at roll call.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

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

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

RIDOC Policy 18.22 "Inmates and Visitors with Special Needs", effective date 8/18/2008, identifies the Associate Director of Health Care Services as the ADA (Americans with Disabilities Act) Coordinator and is responsible for coordinating and monitoring activities and procedures related to special accommodations and access to programs for inmates. The Deputy Warden in each facility is designated as the Facility ADA Coordinator and is responsible for coordinating, monitoring, and ensuring access to programs and services for inmates within the individual facility. This policy requires TDD (Telecommunications Devices for the Deaf) equipment, or comparable equipment, be available for inmates with hearing or speech disabilities, as well as to those with hearing or speech disabilities on an inmates' approved visitor list. Additionally, telephones are required to have volume controls for inmates with hearing impairments.

RIDOC Policy 9.49-3 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, requires the provision of services of Limited English Proficient inmates, and prohibits the use of inmate interpreters, inmate readers or other inmate assistance except in situations where a delay in obtaining an effective interpreter could compromise an inmate safety, delay for first responder duties, or in the investigation of an inmates' allegations.

RIDOC has a contract that began on 1/14/2013 with Dorcas International Institute of Rhode Island for the provision of interpreting and translation services. This contract, originally for one year, is in its' third extension and currently ends on 06/30/2017. Dorcas International Institution is a non-profit agency who provides Pinpoint Translation Services that covers fluent interpretation and translation in more than sixty (60) languages. Services include documentation translation, over-the-phone translation, and conference call translation.

RIDOC Policy 14.1-3 "Intake/Committing Process", effective date 6/13/2016, requires that the Committing Officer staff begin the identification of Limited English Proficient inmates.

RIDOC Policy 1.13-1 "Limited English Proficiency (LEP) Individuals", effective date 2/16/2015, identifies that a Departmental LEP Coordinator is identified to oversee and direct language services, including applicable contracts and provides meaningful access for LEP person to the services and benefits of all programs and activities. This person is to maintain contracts, identify training needs to facility LEP Monitors and staff, and implement a system for receiving and responding to complaints by staff, inmates or other of ineffective language assistance measures. Each Warden is responsible for identifying a facility LEP Monitor who is responsible for the coordination of all LEP services in the facility. The LEP Monitor is responsible for being familiar with resources both internal and contracted vendors, serve as the point of contact for the provision of services by disseminating necessary information to applicable staff and assisting staff in scheduling needed services, ensures signage is available both in English and Spanish, work with the LEP Coordinator to identify needs and strategies for meeting those needs, and ensuring that data on all interactions with LEP persons is maintained and provided to the LEP Coordinator. This policy also requires staff to make all efforts to identify an individual's primary language through materials provided by the contracted vendor which ask an individual to point to their language. These materials are made available on the RIDOC intranet.

Interviews with staff found that there are certified staff throughout the agency that can be called upon to provide interpretation when needed, including American Sign Language, and they are aware of how to access an interpreter. There is information available in both English and Spanish (the most common LEP language). However, an interview with the committing staff found that there is no process in place to identify inmates who have a disability that would require alternative PREA resources upon intake unless it was clearly visible. Information in both English and Spanish was present in the units during the tour. In an interview with an inmate who was Limited English Proficient and with the aid of a staff member who spoke Spanish, he reported that Spanish information was made available in the unit but during the intake he did not receive the Spanish version of the brochure. The facility reported no instances where inmate interpreters were utilized in the past twelve (12) months to provide assistance.

Based on the information discovered in agency policies, observations, and information obtained through staff and inmate interviews, the auditor finds that the facility does not meet the requirements of the standard, as evidenced by the lack of a system to identify inmates with a disability who require alternative PREA resources upon intake. As such, the facility entered into a Corrective Action Plan. The CAP required the facility to provide education to committing staff on how to identify inmates who are disabled in order to provide PREA education in a manner that they can comprehend. The facility was required to provide the auditor with the curriculum used for training and proof of training through staff signature.

During the Corrective Action Period the Agency made the following changes to the current system to ensure appropriate education is provided

in a manner that all inmates could understand.

RIDOC updated its EMR, which now includes a PREA section which is completed during the nursing intake for each inmate at the time of commitment to the both the Intake Service Center (male intake) and the Women's Facility (female intake). The nurses verbally inform each inmate about RIDOC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment: "RIDOC has a zero-tolerance policy regarding sexual abuse and sexual harassment. If this happens to you, you should tell staff immediately or you may use the phone and call one of the numbers in this brochure I am giving you to report it. These numbers are also posted throughout the facility." The nurses also provide each inmate with the RIDOC PREA Brochure and the Day One Brochure. All of these actions are documented in the EMR. Nurses were trained on this new procedure on 8/22/17 and 8/24/17.

Changes were made to the INFACETS LEP Questions and Records & ID staff ask each inmate whether the inmate can read or write in English even if the inmate appears to be an English speaker and documents all answers in INFACETS. The Intake Captain trained all Records & ID staff regarding the changes to INFACETS and the need to ask all inmates about whether they can read or write in English. The Intake Captain met with her staff in October to discuss these changes (not documented) and provided additional training to her staff in November (documented).

The facility provided copies of the new nursing notes where both Communication and Physical Limitations are noted. This new information is captured through prompted questions with space for the inmate response. Samples are dated September, October and November of 2017. The auditor also reviewed the training material and sign-in sheets for staff training.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.17 Hiring and promotion decisions

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

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

RIDOC Policy 9.49-3 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, prohibits the hiring of any person who has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the sexual activity. This policy also addresses the employee affirmative duty to report and that all material omissions or the provision of materially false information is grounds for termination. This information is captured in the PREA Form, #9.49-3 DOC that is titled "PREA Supplemental Questionnaire" that asks all three (3) questions and requires an applicant or employee signature and date. Allows for the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of a contractor, who may have contact with inmates.

RIDOC Policy 3.14-3 "Code of Ethics and Conduct", effective date 1/11/2016, prohibits the hire or promotion of any person who has engaged in sexual misconduct in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual misconduct in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the sexual activity. This policy also requires that the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The RIDOC also imposes upon employees a continuing affirmative duty to disclose any such misconduct.

RIDOC Policy 3.06-3 "Selection, Retention, and Promotion", effective date 3/12/2007, requires that all applicants (current employee or non-employee) for open positions will have a background, BCI, and NCIC check.

RIDOC Policy 3.32 “Pre-Employment Background Investigations” effective date 11/9/2015, requires all job applicants receive a background investigation to verify information, authenticate qualifications and confirm character.

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires a background check at hire for all employees, contractors and volunteers. Contractors and volunteers shall receive a background check every two (2) years. As well, this policy addresses the providing of information regarding substantiated sexual abuse or substantiated sexual harassment to prospective employers. Policy requires that all request are submitted to the Office of Human Resources who has the authority to provide this information.

RIDOC Policy 9-23-3 “Security and Control: Access to ACI Facilities”, effective date 1/30/2017, identifies that employees, contractors, interns/students, and volunteers Identification Badges expire at a minimum every two (2) years and at a maximum every five (5) years. The pending policy states that in order to renew the Identification Badge, RIDOC must complete a background screening that consists of a Bureau of Criminal Identification (BCI) check, a National Crime Information Center (NCIC) inquiry, BANNER check, and a review of inmate’s telephone and visitors is completed. Additionally, the policy identifies who is authorized to conduct the background screening. Contractors and Volunteers are also subject to background screenings prior to access to the facility.

RIDOC Policy 9.40-5 “Procedure for Contractors at Institutional Facilities” requires emergency contractors to have an on-site background check and to be accompanied by a correctional officer.

RIDOC Policy 3.31 “Employment References”, effective date 11/15/2010, requires that all requests for employment references, other than the employee’s name, dates of employment, job title, descriptions of the jobs performed, and salary or wage rate, must be accompanied by an Employee Reference Release. This policy also requires that only the Office of Human Resources may respond to reference requests.

During an interview with the Human Resources Director, it was confirmed that all applicants and employees are required to complete the “PREA Supplemental Questionnaire” which addresses prior sexual misconduct prior to hire and when interviewing for promotions. He reports that background checks include prior employers, including institutional employers. If they receive a request for a former employee’s information, they must receive a signed affidavit to release information other than position, salary and duties. The release would be forwarded to the Office of Inspections for the dissemination of this information. He also reported that employees are required to report misconduct the next working day, or if on vacation within five (5) calendar days. During an interview with the Office of Inspections Chief his department is responsible for the background screenings at hire and every five (5) years for staff, as well as for contractors and volunteers. A review of background screenings of the staff interviewed during the audit found that all have had a background screening in the past five (5) years. A review of the contractor background found that her initial background was completed on 9/14/2016 and is to be completed again on 9/14/2018.

Based on the information discovered in agency policies, observations, records and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

There has been no substantial upgrades to the facility in the past twelve (12) months. However, the Assistant Director of Institutions and Operations reports that they utilize architects who have a history of prison work when addressing modifications. This allows for an experienced team to address blind areas. The Warden reported that there were additional cameras installed in the past twelve (12) months to address some identified blind areas.

Based on the information discovered in observations, and obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

RIDOC Policy 9.49-3 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, states that the Special Investigations Unit (SIU) conducts inmate-on-inmate administrative investigations and the Office of Inspections (OI) conducts staff-on-inmate administrative investigations. The RIDOC does not conduct criminal investigations. The Rhode Island State Police conducts criminal investigations as per an MOU dated 03/31/2015. Rhode Island State Police General Order 53B "Collection and Preservation of Evidence" was provided.

RIDOC Standard Operating Procedure (SOP) "PREA Investigations" requires administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and investigations be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Requires the alleged victim is provided immediate medical attention at the facility medical center (24/7) for immediate medical treatment but will defer to an off-site health care provider for forensic examination, which is conducted at the Rhode Island Hospital, where SANE services are available. Provides that victim's access to forensic medical examinations are without financial cost to the victim. Requires forensic examination is offered within two (2) weeks for a victim under eighteen (18) years of age and within seventy-two (72) hours for an adult victim.

RIDOC Policy 9.16-1 "Procedure for Protecting, Gathering, and Preserving Evidence", effective date 9/25/2006, details guidelines for the systematic protection, acquisition, and preservation of evidence at the scene or, or associated with, any crime committed within the facilities of the RIDOC. This policy include the notification of incidents, first responder duties, posting of staff to guard the area, addresses unauthorized personnel access, diagram of scene, report gathering, photographing, methods of preservation of a variety of evidence, preservation kits, evidence locker, evidence logs, transfer of evidence, destroying evidence, and evidence that is of value or identified as contraband.

Day One is the state's Rape Crisis Center. They are located in Providence, Rhode Island. They are the one agency in Rhode Island that is specifically organized to deal with issues of sexual assault as a community concern. They provide treatment, intervention, education, advocacy, and prevention series to all citizens of Rhode Island. Inmates are transported to the Rhode Island Hospital where Day One has an office and immediately responds to sexual abuse cases. Additionally, they will provide advocates as necessary and by request of the inmate while the inmate is at Rhode Island Hospital. Day One will currently provide a victim advocate at the request of a victim during the forensic examination at Rhode Island Hospital as part of its relationship with Rhode Island Hospital. However, the Agency is currently in the process of a new RFP for the provision of outside support services for inmates who are the victims of sexual abuse (as defined by PREA) and for victim advocacy services during the investigative process.

A contractual agreement between Day One and both the RIDOC and the RI Department of Children, Youth, and Families provides that Day One will develop educational curricula for male and female inmates for compliance with PREA Standard 115.33, conduct presentations of adult and female education criteria at RIDOC intake facilities, develop and print PREA Informational Brochures for inmates, develop educational curriculum for RIDOC that is specific to law enforcement with emphases on training RISP, RIDOC Special Investigations Unit and the RIDOC Office of Inspectors for compliance with PREA Standard 115.34, conduct training that is specific to law enforcement to RISP, RIDOC Special Investigations Unit, and the RIDOC Office of Inspections, and development of education curricula for RIDOC that is specific to prosecution with emphasis on a coordinated response to sexual abuse and sexual harassment that is compliant with PREA Standard 115.65. The effective period of this contract is November 1, 2015 through June 20, 2017.

There is an MOU with the Rhode Island State Police, effective March 26, 2015, that requests compliance with PREA Standards, allows for inmates to contact the Rhode Island State Police directly, confirms that a victim advocate may be present during examinations, and that the Rhode Island State Police will conduct investigations received from all parties, including third parties and anonymous reports. Additionally, there are two Rhode Island State Police detectives within the RIDOC Administrative Building who have an excellent working relationship with both the Office of Inspections and the Special Investigations Unit investigators.

There are five (5) Inspectors in the Office of Inspections. All five (5) are former law enforcement and have completed the National Institute of Corrections "PREA: Investigating Sexual Abuse in a Confinement Setting" course. There are eight (8) Investigators in the Special

Investigations Unit. These are former correctional staff and have completed the National Institute of Corrections “PREA: Investigating Sexual Abuse in a Confinement Setting” course.

A discussion with the Chief of the Special Investigations Unit and the Chief of the Office of Inspections found that both are fact finders and provide an investigation into all allegations of sexual abuse or sexual harassment, with the Rhode Island State Police being notified of any criminal activity. All investigations are documented and all physical and tangible evidence is collected. The Office of Inspections completes all Administrative Investigations to determine if staff actions or staffs failure to act contributed to any abuse. Should information be present that indicates a crime has been committed, the case is referred to the Rhode Island State Police, of which (2) two are assigned by the Department of Public Safety to the agency and have offices in the RIDOC administrative building.

The facility reported twenty-seven (27) allegations of sexual abuse or sexual harassment in the past twelve (12) months. The Office of Inspections conducted nine (9) of the audits and the Special Investigations Unit conducted eighteen (18). All twenty-seven (27) received Administrative Investigations. Of the twenty-seven (27), three (3) were referred for criminal investigation. All but one (1) of the twenty-seven (27) have had a completed investigation.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility does not meet the requirements of the Standard, as evidence by the lack of a current RFP for the provision of victim advocacy services during the investigation. As such, the facility entered into a Corrective Action Plan. The CAP required the facility to provide a copy of the RFP, or executed contract, for outside support services.

The RFP for RIDOC Prison Rape Elimination Act (“PREA”) Emotional Support Services Provider is with the state’s Division of Purchasing and following the state’s RFP. The initial request for the requisition and the request for a Critical Expense request was made on November 16, 2017. The RFP requests that the PREA Emotional Support Services Provider shall provide emotional support services to victims of sexual abuse (as defined by PREA) at RIDOC, including; Responding to RIDOC facilities or offices to accompany and support victims during investigative interviews with the Special Investigations Unit, Office of Inspections, Rhode Island State Police, and/or any other law enforcement entities as appropriate; Written correspondence or telephonic follow up and referrals when deemed appropriate; and Crisis intervention and emotional support as needed. The requisition was approved on December 1, 2017. Currently, any victim of sexual abuse who is seen at the hospital is offered a victim advocate through Day One, the state’s sole Rape Crisis Center.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

RIDOC Standard Operating Procedure “Procedure for Response to Allegations of Inmate Sexual Violence and Staff Misconduct/Harassment towards Inmates” states that all allegations of sexual misconduct shall be reported to the Warden, the Special Investigations Unit and the Office of Inspections. The Special Investigations Unit investigator or Office of Inspections inspector shall notify the Clinical Director, Psychologist and the Rhode Island State Police. The website allows access to Policy 9.49-3 which provides for a brief description of the notification and joint investigations, and references the Investigations SOP. The Investigations SOP is not made public due to confidential information within the policy.

There is an MOU with the Rhode Island State Police, effective March 26, 2015, that requests compliance with PREA Standards, allows for inmates to contact the Rhode Island State Police directly, confirms that a victim advocate may be present during examinations, and that the Rhode Island State Police will conduct investigations received from all parties, including third parties and anonymous reports. Additionally, there are two (2) Rhode Island State Police detectives within the Rhode Island Department of Corrections Administrative Building who have an excellent working relationship with both the Office of Inspections inspectors and the Special Investigations Unit investigators.

It was clear through polices and interviews that all allegations of sexual abuse and sexual harassment are referred for investigation. Special Investigations Unit conducts inmate-on-inmate investigations and the Office of Inspections conducts staff-on-inmate investigations and are available twenty-four (24) hours a day/seven (7) days a week. The Office of Inspections completes all Administrative Investigations to determine if staff actions or staffs failure to act contributed to any abuse. If evidence indicates a crime has been committed, the case is referred to the Rhode Island State Police, of which two (2) are assigned by the Department of Public Safety to the agency and have offices on the RIDOC property.

The facility reported twenty-seven (27) allegations of sexual abuse or sexual harassment in the past twelve (12) months. The Office of Inspections conducted nine (9) of the investigations and the Special Investigations Unit conducted eighteen (18). All twenty-seven (27) received Administrative Investigations. Of the twenty-seven (27), three (3) were referred for criminal investigation. All but one (1) of the twenty-seven (27) have had a completed investigation. Interviews with the Warden, PREA Compliance Manager, PREA Coordinator, Office of Inspections Chief, and Special Investigations Chief confirmed all allegations are taken seriously and immediate notification is made for investigation.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.31 Employee training

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

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

The agency has created PREA training for all staff in conjunction with Day One sexual assault center. Included in the training is information on the following topics: the zero-tolerance policy, how staff are to fulfill their responsibilities under the agency PREA policy, inmates rights to be free from sexual abuse and sexual harassment, staff and inmates right to be free from retaliation for reporting sexual misconduct, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, effective communication including communication with lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates, and how to comply with relevant laws relating to mandatory reporting to outside authorities. The training material details the differences between males and female inmates within the one training. Per a prior conversation with the Warden at the women’s prison, all new staff complete a training specifically for the uniqueness of female inmates when they are assigned.

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff training every other year, with refresher information in the alternative years.

This auditor met with the Training Director who reported that PREA training is provided during New Employee Orientation and every other year thereafter (in-service training). He provided proof of training for all staff interviewed. Non-uniform staff will receive PREA training at the facility prior to their in-service training. With few exceptions due to FMLA or long-term disability, all staff have completed the training as required by policy. All staff will again receive PREA training during the 2017 in-service training, a forty (40) hour training required for all staff. Refresher training is provided to staff through policy change notifications, as well as at the individual facility during briefings or special training classes.

Interviews with staff found that they have completed the required training and were able to articulate topics presented in the training. However, many were not aware of Child Abuse or Elder Abuse Reporting Laws. A training was held at roll call on May 10, 2017 and is signed by the staff present that they received information on reporting of child abuse and suspicions of elder abuse and/or elder financial exploitation.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility does not meet the requirements of the standard as evidenced by that staff were unfamiliar with Child Abuse or Elder Abuse

Reporting Laws that apply in the correctional setting. As such, the facility entered into a Corrective Action Plan. The CAP required the facility to conduct refresher training for all staff on Child Abuse and Elder Abuse Reporting Laws, and to provide a copy of the training material and proof of training to the auditor.

During the Corrective Action Period, Mandatory Reporting Law Training for Child Abuse and Elder Abuse was provided for facility staff via a read at roll call. The PREA Auditor was provided a copy of the material used for training, and sign-in sheets showing staff training.

Based on the information discovered in observations, documents reviewed, information obtained through staff interviews, and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.32 Volunteer and contractor training

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires that all contractors, volunteers and interns complete PREA training upon approval to enter into the facilities.

RIDOC Policy 9.40-5 “Procedure for Contractors at Institutional Facilities” requires emergency contractors to have an on-site background check and to be accompanied by a correctional officer.

The agency has created PREA training for all contractors, volunteers, and interns that mirrors the security staff training. Included in the training is information on the following topics: the zero-tolerance policy, how staff are to fulfill their responsibilities under the agency PREA policy, inmates rights to be free from sexual abuse and sexual harassment, staff and inmates right to be free from retaliation for reporting sexual misconduct, the dynamics of sexual abuse and sexual harassment in confinement, common reactions of victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, effective communication including communication with lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmates, and how to comply with relevant laws relating to mandatory reporting to outside authorities. The training material details the differences between males and female inmates within the one training.

A file review of a volunteer showed that the volunteer has completed necessary training and this is documented showing she attended New Orientation Training on 9/6/2016 and attended the PREA class on 9/7/2016. An interview with a contractor found that she began in September 2016 and was required to complete New Employee Orientation, which included PREA training. She received updated information in 2017. She reported that staff holds PREA in high regards and will not tolerate any violation of their zero tolerance policy. She reported that she, nor her department, have received an allegation of sexual abuse or sexual harassment.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.33 Inmate education

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

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

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

RIDOC Policy 9.49-3 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, requires a comprehensive training for inmates in order to emphasize the importance of preventing sexual misconduct towards inmates, and to promote awareness of the serious impact of sexual victimization within the correctional setting. This policy requires that during the intake and commitment process, inmates shall receive information explaining RIDOC's zero tolerance mandate regarding sexual misconduct and how to report such incidents or suspicions through verbal instruction or video presentation. This information shall include the right to be free from sexual misconduct, the right to be free from retaliation for reporting such incidents, and the policy and procedure for responding to such incidents. The PREA Manager is responsible to ensure that inmates receive this training on intake or transfer, as well as for ensuring that inmates incarcerated before the program began are provided the same education.

RIDOC Policy 14.1-3 "Intake/Committing Process", effective date 6/13/2016, requires that all inmates are provided the Inmate Rulebook and the PREA brochure/information. This policy requires that all inmates are provided the Inmate Rulebook and the PREA brochure/information. PREA information is within the first few pages of the Inmate Rulebook and includes information regarding reporting to staff verbally and through notes, as well as free phone access to the Special Investigations Unit, Office of Inspections, and Rhode Island State Police. The PREA Brochure describes sexual misconduct and provide the reporting options that include telling a staff or calling the Special Investigations Unit, Office of Inspections, or the Rhode Island State Police. The PREA video is required to be shown to the inmate upon the inmate's arrival at their housing facility (Women's, ISC, Maximum, High, Medium, or Minimum). Inmates are typically moved to their permanent housing within thirty (30) days.

RIDOC provides PREA education in the following formats: English, Spanish (most common LEP language), deaf, limited in reading skills, visually impaired, and otherwise disabled as identified. However, the Rule Book is not provided in Spanish as of yet.

The committing process includes the collection and documentation of inmate property and clothing, a review of the inmates' body for scars and marks, a search, and the presentation of PREA education. Inmate PREA education is documented in the inmate database INFACFS (Inmate Facility Tracking System), showing the date that the inmate completed PREA education. The facility has installed video monitors in order to show the PREA video to all new inmates. Interviews with inmates found that some reported seeing the video and some reported receiving the PREA Brochure and the Day One Brochure. Inmates who are LEP or disabled are not identified and therefore not receiving information in a manner they can understand. A new form was implemented in May 2017 in order to document the inmate's receipt of PREA material and education; however it was discovered during interviews with staff and inmates that the form is required to be signed before the inmate receives PREA information.

Based on the information discovered in observations, documents reviewed, and information obtained through staff and inmate interviews, the auditor finds that the facility does not meet the requirements of the standard as evidenced by the system to document inmate education was not followed and therefore the auditor cannot determine if education was provided. As such, the facility entered into a Corrective Action Plan. The CAP required the facility to review and update the procedures for providing PREA information at intake, ensuring that inmates receive the information prior to signing the form and that systems are in place to identify those who require alternative materials or alternative methods of education due to disabilities or being identified as LE; provide the auditor with the updated procedures and proof of staff training through staff signature; provide all inmates currently incarcerated with inmate PREA education, including brochures and video; and provide to the auditor the material used to educate inmates and proof of inmate education through inmate signature.

During the Corrective Action Plan the Agency made the following changes to the current system to ensure appropriate education is provided in a manner that all inmates could understand, as well as identify those inmates with disabilities for who are LEP. RIDOC updated its EMR, which now includes a PREA Section which is completed during the nursing intake for each inmate at the time of commitment to ISC and WF. The nurses verbally inform each inmate about RIDOC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment: "RIDOC has a zero-tolerance policy regarding sexual abuse and sexual harassment. If this happens to you, you should tell staff immediately or you may use the phone and call one of the numbers in this brochure I am giving you to report it. These numbers are also posted throughout the facility." The nurses also provide each inmate with the RIDOC PREA Brochure and the Day One Brochure. All of these actions are documented in the EMR. Nurses were trained on this new procedure on 8/22/17 and 8/24/17.

ISC conducted mass PREA education for inmates at ISC on 9/11/17. All inmates either received the ISC Rulebook, RIDOC PREA Brochure, Day One Brochure and saw the PREA Video OR were verbally told the same basic PREA information that nursing now provides, given the aforementioned brochures, and provided with a copy of the script to the PREA video.

Since September 2017, comprehensive PREA Education, including the showing of the PREA video, is now conducted during orientation while inmates are housed in the Orientation Unit. The facility provided the PREA Auditor with examples of the new Orientation Form that

is signed by an inmate and includes an inmate acknowledgement of receiving appropriate brochures, orientation information, and the rule book.

Based on the information discovered in observations, documents reviewed, information obtained through staff and inmate interviews, and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.34 Specialized training: Investigations

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires that all Special Investigations Unit Investigators and Office of Inspections Inspectors receive both standard PREA education and specialized training in conducting sexual misconduct investigations in a prison setting. RIDOC conducts a training titled “PREA Investigators Training” which covers the steps to be taken when notified of an allegations of sexual misconduct. The steps include conferring with RIDOC staff, medical staff, hospital staff, interviewing the victim, and the collection of evidence. All Investigators and Inspectors have also completed the National Institute of Corrections on-line training titled “PREA: Investigating Sexual Abuse in a Confinement Setting”.

Interviews and training documents show that all investigators and inspectors have received appropriate training for conducting administrative and criminal investigations, as well as the standard agency PREA in-service training. In an interview with the Chief of the Special Investigations Unit and the Chief of the Office of Inspections, both reported that their investigators and inspectors complete specialized training for investigating allegations of sexual abuse or sexual harassment. In addition to the National Institute of Corrections on-line training, the agency has sent two (2) investigators/inspectors to Roger Williams University for evidence collection training, has sent two (2) investigators to the PREA Conference in Boston for the investigation track conference, and three (3) investigators and one (1) inspector have applied to attend the PREA Conference in Phoenix.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard

Standard 115.35 Specialized training: Medical and mental health care

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires that all medical and mental health staff completed both standard PREA training, as well as specialized training in how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct, and how and to whom to

report allegations or suspicions of sexual misconduct. This training is provided by RIDOC in a course titled “PREA Update Training for Medical and Mental Health Staff”.

An interview and record check with the Training Director found that the medical and mental health staff have completed specialized training that addresses the requirements of the policy and standard, and which contains some of the information offered through the NIC online courses for medical and mental health staff. Interviews with both medical and mental health staff confirm they have completed the required training. Records indicate they have completed both specialized training and the in-service training as required.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

RIDOC Policy 9.33-5 “Inmate Housing Assignments”, effective date 1/25/2016, requires that all inmates are screened for risk of being sexually abused by other inmates or sexually abusive toward other inmates. This is required to be completed upon intake and transfer. The risk screening is completed and documented through INFACFS (Inmate Facility Tracking System), the inmate electronic record system. The risk screening addresses all ten required components of the standard except specifically addressing whether the inmate reports being LGBTI or gender non-conforming. This question is addressed in a form that the inmate completes privately and then signs. The policy also requires a re-screening within 30 days and/or when warranted due to referral, request of the inmate, incident of sexual abuse, or receipt of additional information since the inmate’s initial screening that bears on the inmate’s risk of sexual victimization or abusiveness. The policy also addresses the prohibition of discipline if an inmate refuses to answer the questions.

RIDOC Policy 14.05-3 “Identification Unit Committing Process”, effective date 03/24/14, requires the Identification Unit to gather and update information within INFACFS for all inmates arriving at the facility. This requires name, alias, date of birth, new or repeat offender, demographic information, emergency contact, PREA questions and obtains the offender’s signature. The Identification Unit is also required to review the offender’s committing papers – including warrants, mittimus, judgement, and conviction to ensure the lawfulness of commitment.

RIDOC Policy 14.01-3 “Intake/Committing Process”, effective date 06/13/16, requires that each new commitment is initially identified by the Identification Unit in accordance with the most recent revision of policy 14.5. Requires the Identification Unit’s Captain or designee directs the offender to answer the PREA questions on the form and obtains the offender’s signature. The Identification Unit Captain or designee shall note on the form if the offender refused to answer the PREA questions or if the offender refused to sign the form. Requires that each new commitment is provided an initial medical screening by qualified medical personnel.

INFACFS (Inmate Facility Tracking System) Assessment Screening identifies those as vulnerable or aggressive through a different color font (Red - predator; Blue - victim; Green - both victim and predator; and Black - no identification). This color coding allows the Shift Commander to easily reassign housing providing safety to the inmate and security measures to ensure the privacy of the information. Floor staff do not have access to specific inmate screening results.

In an interview with the Identification Unit staff who conducts the classification process, including the risk for victimization or aggressive behavior, he reported the agency currently completes the initial screening the same day the inmate arrives, which includes gathering information, PREA questions, fingerprints, photographs and iris scanning. The screening is completed utilizing a checklist, pre-population of the database, and a signed questionnaire by the inmate. The screening includes information such as age, build, previous incarceration, criminal history, staff perception of gender identity, and prior sexual victimization of the inmate. The inmate is requested to complete a questionnaire that allows for the gathering of information on their gender identity and perception of safety. There is no consequence if the inmate refuses to answer the questions. Medical and mental health staff also see the inmate upon intake and will cover mental, physical or developmental disabilities and gender identity. All information collected by the various staff is entered into the INFACFS (Inmate Facility Tracking System)

database.

A 30-day re-screening is completed either at the intake facility or at the facility where the inmate is transferred, based on the classification. However, in interviews with inmates, they reported that within thirty (30) days a Lieutenant approached them and asked two (2) questions: “Is anyone bullying you?” and “Are you okay?” The re-screening does not take into consideration any additional, relevant information received by the facility since the intake screening.

In an interview with the Identification Unit Captain, she reported that she updates the system when an inmate’s level of risk requires updating due to a referral, request, incident of sexual abuse, or when informed of additional information that may bear on the risk of sexual victimization or abusiveness.

The results of the screening is revealed through the use of color coding within the Count Board. The system will automatically assign a color code – Red for predator, Blue for vulnerability to victimization, and Green for both predator and vulnerability to victimization. The count board is available only to classification staff and to those authorized to make housing decisions. Correctional officers do not have access to this information. Interviews with the Identification Unit classification staff and the Identification Unit Captain affirmed that security staff do not have access to the information.

Based on the information discovered in observations, documents reviewed, and information obtained through staff and inmate interviews, the auditor finds that the facility does not meet the requirements of the standard as evidenced by 30-day reassessments are not conducted utilizing all information that may be available. As such, the facility entered into a Corrective Action Plan. The CAP required refresher training for staff who conduct the 30-day reassessments, and proof of training to be provided to the auditor.

The Intake Captain trained all Records & ID staff regarding how to conduct 30 day reviews pursuant to Standard 115.41. All Records & ID staff who conduct 30 day reviews were provided with PREA Standard 115.41 and were advised of the following: When conducting a 30 Day Review, staff will meet with the inmate and ask the inmate (1) whether any of the information the inmate provided at the time of commitment has changed and (2) for the inmate’s belief about his/her vulnerability in the facility. Proof of the training, and the material used to conduct the training, was provided to the PREA Auditor for review.

Based on the information discovered in observations, documents reviewed, information obtained through staff and inmate interviews, and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.42 Use of screening information

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

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

RIDOC Policy 9.33-5 “Inmate Housing Assignments”, effective date 1/25/2016, requires that all housing decisions are determined by the Shift Commander and decisions are subject to the review and approval of the Warden. In an emergency, the Shift Commander may approve housing changes at any time.

RIDOC Policy 15.01-6 “Classification Process”, effective date 11/24/2014, requires the implementation of a Classification Board which shall review all studies made of each sentenced inmate during the period of point of commitment and from time to time thereafter as shall be necessary. The Board shall recommend to the Director the custody level as well as rehabilitation/treatment plans. This is the process to determine the level of custody and the facility to which each inmate shall be assigned.

INFACTS (Inmate Facility Tracking System) Assessment Screening identifies those as vulnerable or aggressive through a different color font (Red - predator; Blue - victim; Green - both victim and predator; and Black - no identification). This color coding allows the Shift Commander to easily reassign housing providing safety to the inmate and security measures to ensure the privacy of the information. Floor staff do not have access to specific inmate screening results.

RIDOC Standard Operating Procedure “Identification, Treatment, and Management of Transgender Inmates”, requires all staff, upon intake of an inmate, to refer transgender or intersex inmates to the Health Care Services for gender determination. Housing and programming are determined by the Medical Program Director/designee after a medical and mental health assessment is completed on the transgender or intersex inmate. Consideration is given based on the inmates own views with respect to their own safety and all decisions are made on a case-by-case basis. This procedure addresses placement and programming assignment reviews at least twice per year. Transgender and intersex inmates are provided the ability to shower separately.

RIDOC Standard Operating Procedure “Identification, Treatment, and Management of Transgender Inmates”, prohibits the use of segregation solely on the basis of an inmate being transgender or intersex. It may be used only after an assessment of all available alternatives has been made and it is determined that no feasible alternative exists. In this case, the Warden or designee must document the basis for the concern and document the reason why no alternative means of housing could be arranged. Every thirty (30) days thereafter, until they are removed from segregation, the Warden or designee must review the inmate’s circumstances and determine if appropriate to continue separate from the general population.

RIDOC Standard Operating Procedure “Identification, Treatment, and Management of Transgender Inmates”, identifies the ability of RIDOC to house transgender or intersex inmates based on their birth sex or according to their gender identity. This decision is on a case-by-case basis. Inmates who identify as transgender or intersex will complete a Gender Housing Request Form. This form allows the inmate to request housing based upon birth sex or gender identity. Once completed, the Transgender and Intersex Review Board will meet within seventy-two (72) hours and conduct a review in order to assess the on-going and long-term medical, psychological and facility needs of the inmate, including the Gender Housing Request Form, State of Search Preference Form, birth sex, inmates view with respect to their own identify and where to not those views have been consistent, procedures or treatments taken by the inmate towards sexual reassignment surgery, relevant characteristics of the inmate (including physical stature, tendency toward violence or predatory behavior, and any vulnerability to violence or predatory behavior), the final score of the inmate’s Gender Identify Risk Assessment, inmates institutional history, inmates adjustment to incarceration, other psychosocial factors that may contribute to either the individual’s resiliency or vulnerability, inmates privacy concerns, available housing, and recommendations from both medical and mental health providers. The Review Board consists of the agency PREA Coordinator, medical staff, mental health staff and the Deputy Warden. Requires a reassessment of placement and programming assignments for each transgender or intersex inmate by the Warden or designee at least every six (6) months, or more frequently as needed. For inmates housed according to their gender identity, the reviews shall be conducted every three (3) months.

RIDOC Policy 18.30-2 “Receiving Screening and Mental Health Evaluation of New Commitments”, effective 01/06/2014, requires a medical staff to conduct an assessment upon intake and a behavioral health staff to conduct a more in-depth assessment to determine if the inmate needs housing in a special medical custody area and/or should be under the care of behavior health staff. Requires that inmates identified for prior sexual victimization or perpetration of acts of sexual abuse are referred to a medical or behavioral health practitioner for an offer of a follow-up meeting within fourteen (14) days of this screening. Requires that nursing staff may obtain information relating to the offender’s gender identity or gender expression and shall relate this information only to a physician or the Shift Commander.

RIDOC Policy 14.01-3 “Intake/Committing Process”, effective date 06/13/16, requires that any new committed inmates who are identified as having experienced prior sexual victimization or having perpetrated sexual abuse are offered a follow-up examination within fourteen (14) days and that the offers of follow-up examinations are documented in the inmate’s electronic medical record (EMR) and will indicate if the inmate accepted or rejected the offer.

In an interview with the Identification Unit Captain, the count board officer will make all housing decisions based upon the color coding and enemy list that is maintained at the facility. This ensures protections for inmates who are identified as vulnerable to victimization (green and blue color-codes). An interview with staff who works Restrictive Housing stated that only the alleged perpetrator is brought to Restrictive Housing and the alleged victim is taken to the hospital, provided protective custody and a transfer of housing.

The facility will utilize the Transgender and Intersex Review Board to make case-by-case determinations for housing transgender and intersex inmates, following the agency procedures. Reassessments of transgender or intersex inmates are conducted by the Identification Unit Captain. In an interview with the Deputy Warden/PREA Compliance Manager, she reported that the agency does consider in the placement of transgender and intersex inmate the health, safety or the inmate and the impact to management and security of the facility. She reports that reassessments are conducted as per policy. She reported that inmates who identify as transgender or intersex are provided an opportunity to shower separately. The agency PREA Coordinator reported that LEGTI inmates are not housed in any dedicated facilities, units or wings. Interviews with three inmates who reported being LGBTI found that two of them did not report their LGBTI status and the remaining inmates stated he was not housed in a special unit as a result of his reported gender identity. Documents reviewed showed that the transgender inmate requested to be housed by his birth gender and this was reviewed through the Transgender and Intersex Review Board.

Based on the information discovered in observations, documents reviewed, and information obtained through staff and inmate interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.43 Protective custody

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

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

RIDOC Policy 12.01-2 “Protective Custody for Inmates”, effective date 12/15/2014, requires the use of protective custody only when there is full documentation that such action is warranted, and no reasonable alternatives are available. Inmates at high risk for sexual victimization cannot be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. An investigation is required to be completed within 24 hours. The status of all inmates placed in protective custody pursuant to risk of sexual victimization is reviewed by the Warden or designee every 30 days, and this is required to be documented. Each inmate placed in Protective Custody receives an individualized meeting to identify access to programming and services, to include visitation, recreation, programming, telephone, and work.

The Pre-Audit Questionnaire and interview with the Warden confirmed that there has been no placement of an inmate at high risk for sexual victimization. Staff who work in restrictive housing reported that he has not seen a victim held in restrictive housing/protective custody. In an interview with the Warden, he reported that policy prohibits the use of protective custody unless there is no reasonable alternative available.

Based on the information discovered in observations, documents reviewed, and information obtained through staff and inmate interviews, the auditor finds that the facility meets the requirements of the standard.

Standard 115.51 Inmate reporting

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to accept reports of sexual misconduct verbally, in writing, from third party sources, and anonymously. It also identifies the various methods of reporting that are available for inmates: Verbal or written notification to staff, filing a grievance, contacting the Special Investigations Unit, Office of Inspections or Rhode Island State Police, and notifying the Victims of Crime Hotline.

RIDOC provides inmates a variety of way for inmates to report sexual misconduct, both internally and externally. The Facility Rulebook identifies that inmates may report to the staff, both verbally and through notes, and free phone calls to the Special Investigations Unit, Office of Inspections, Rhode Island State Police and to the Victims of Crime. These are dedicated numbers within the phone system that allow inmates to report without using their inmate pin number. The PREA Brochure mirrors this same information. The PREA video also reminds inmates that reporting to staff, family, and friends are other ways of reporting sexual misconduct. External reporting is through the Rhode Island State Police or Victims of Crime.

Randomly during the tour, the auditor noted that the phones have information for reporting sexual abuse nearby and showed all four options for reporting. The auditor placed a call to each of the four phone options for reporting abuse in different units. All calls went through and the person answering the phone confirmed that the allegation would be reported to RIDOC, if not an RIDOC agency. Inmates report knowing all ways to report, including the use of the phones and that inmate pin numbers were not required. Staff interviews confirmed staff knowledge of

these methods for inmate reporting and that they are required to immediately report any knowledge or information received that indicates sexual abuse or sexual harassment regardless of how received. Staff interviews found that they were able to report sexual abuse or sexual harassment through their direct supervisor or by contacting the Office of Inspections, the Special Investigations Unit or the Rhode Island State Police.

Interviews with both the Office of Inspections Chief and the Special Investigations Unit Chief found that all allegations are taken seriously and are investigated whether reported by inmates or by staff.

Based on the information discovered in observations, documents reviewed, and information obtained through staff and inmate interviews, the auditor finds that the facility exceeds the requirements of the standard in that there are two external agencies that will accept reports of sexual abuse or sexual harassment and report back to the agency, that there are two internal divisions of the agency that accept reports of sexual abuse or sexual harassment, and that all calls made through the inmate phone system do not require the inmate identification number allowing for the anonymous reporting of sexual abuse or sexual harassment.

Standard 115.52 Exhaustion of administrative remedies

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to accept reports of sexual misconduct verbally, in writing, from third party sources, and anonymously. It also identifies the various methods of reporting that are available for inmates: Verbal or written notification to staff, filing a grievance, contacting the Special Investigations Unit, Office of Inspections or Rhode Island State Police, and notifying the Victims of Crime Hotline. However, it was noted that filing a grievance was not one of the ways identified to report in all inmate information.

RIDOC Policy 13.10-2 “Inmate Grievance Procedure”, effective date 2/10/2014, allows for a system to resolve inmate complaints, problems and grievances that cannot be resolve informally. Provisions within this policy require that any grievance filed that alleges sexual misconduct must immediately be provided to the Superior Officer on shift. The Superior Officer shall then report to the Special Investigations Unit, Office of Inspections, and Warden. This system removes the allegation from the grievance process. The policy requires that all sexual misconduct grievances filed are not required to be resolved informally, or with a staff who is the subject of the complaint, prior to reporting and that there is no timeframe for reporting. All dispositions must be made within ninety (90) days. The ninety (90) day timeframe does not include any time in which the inmate was preparing an administrative appeal. A seventy (70) day extension is available but the inmate must be notified and a final decision date must be identified. Should a third party person file a grievance, the facility may require the victim to agree to have the requested filed on their behalf, and may require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The agency shall document the inmate’s wish to decline to have the request processed on their behalf. An emergency grievance filed alleging substantial risk of imminent sexual abuse requires a review and initial response within forty-eight (48) hours, and a final decision within five (5) days. Discipline of an inmate can only be where the agency demonstrates that the inmate filed the grievance in bad faith.

The facility reported no grievances received alleging sexual abuse or sexual harassment in the past twelve (12) months.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.53 Inmate access to outside confidential support services

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires the Facility PREA Compliance Manager to ensure that inmates have access to outside support services, including the Victims of Crime hotline and Day One, the local victim advocacy/rape crisis organization, by posting such contact information within the facility. Additionally, the Facility PREA Compliance Manager is to ensure that Immigration Services information is posted where inmates have access.

RIDOC Policy 24.02-5 “Inmate Telephone Privileges/Monitoring”, effective date 7/14/2014, establishes the recording and monitoring of RIDOC inmates. This policy identifies the following calls that will not be recorded: RIDOC Special Investigations Unit, RIDOC Office of Inspections, on-grounds Rhode Island State Police, any Law Enforcement Agencies, and Attorney Calls. Many of these are already identified through a speed dial system.

Day One is the state’s Rape Crisis Center. They are located in Providence, Rhode Island. They are the one agency in Rhode Island that is specifically organized to deal with issues of sexual assault as a community concern. They provide treatment, intervention, education, advocacy, and prevention series to all citizens of Rhode Island. Inmates are transported to the Rhode Island Hospital where Day One has an office and immediately responds to sexual abuse cases. Additionally, they will provide advocates as necessary and by request of the inmate while the inmate is at Rhode Island Hospital.

A contractual agreement between Day One and both the RIDOC and the RI Department of Children, Youth, and Families provides that Day One will develop educational curricula for male and female inmates for compliance with PREA Standard 115.33, conduct presentations of adult and female education criteria at RIDOC intake facilities, develop and print PREA Informational Brochures for inmates, develop educational curriculum for RIDOC that is specific to law enforcement with emphases on training RISP, RIDOC Special Investigations Unit and the RIDOC Office of Inspections for compliance with PREA Standard 115.34, conduct training that is specific to law enforcement to RISP, RIDOC Special Investigations Unit, and the RIDOC Office of Inspections, and development of education curricula for RIDOC that is specific to prosecution with emphasis on a coordinated response to sexual abuse and sexual harassment that is compliant with PREA Standard 115.65. The effective period of this contract is November 1, 2015 through June 20, 2017.

During the tour, information for Day One information was posted in the Intake Unit and brochures were provided to inmates as a part of the PREA education. Interviews with inmates and a tour of the facility confirmed that information on available services is posted, though many inmates could not articulate the services available.

Day One will currently provide a victim advocate at the request of a victim during the forensic examination at Rhode Island Hospital as part of its relationship with Rhode Island Hospital. However, the Agency is currently in the process of a new RFP for the provision of outside support services for inmates who are the victims of sexual abuse (as defined by PREA) and for victim advocacy services during the investigative process.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility does not meet the requirements of the Standard, as evidenced by the lack of a current RFP for the provision of victim advocacy services during the investigation. As such, the facility entered into a Corrective Action Plan. The CAP required the facility to provide a copy of the RFP, or executed contract, for outside support services.

The RFP for RIDOC Prison Rape Elimination Act (“PREA”) Emotional Support Services Provider is with the state’s Division of Purchasing and following the state’s RFP. The initial request for the requisition and the request for a Critical Expense request was made on November 16, 2017. The RFP requests that the PREA Emotional Support Services Provider shall provide emotional support services to victims of sexual abuse (as defined by PREA) at RIDOC, including; Responding to RIDOC facilities or offices to accompany and support victims during investigative interviews with the Special Investigations Unit, Office of Inspections, Rhode Island State Police, and/or any other law enforcement entities as appropriate; Written correspondence or telephonic follow up and referrals when deemed appropriate; and Crisis intervention and emotional support as needed. The requisition was approved on December 1, 2017. Currently, any victim of sexual abuse who is seen at the hospital is offered a victim advocate through Day One, the state’s sole Rape Crisis Center.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the

Standard 115.54 Third-party reporting

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to accept reports of sexual misconduct verbally, in writing, from third party sources, and anonymously. The agency has updated their PREA page with four ways for inmates to report allegations of sexual assault or sexual harassment. These include Special Investigations Unit, Office of Inspections, Rhode Island State Police and the Rhode Island Victim of Crime Hotline. Phone numbers are present on the website. Additionally, this information is in the PREA Brochure that is available for inmates and posted in the visitation area.

Based on the information discovered in observations, documents reviewed, and information obtained through agency website, the auditor finds that the facility meets requirements of the standard.

Standard 115.61 Staff and agency reporting duties

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires staff to accept reports of sexual misconduct verbally, in writing, from third party sources, and anonymously. The policy also identifies that staff have the option of reporting “up the chain of command” or privately to the Special Investigations Unit or Office of Inspections. Staff are not to reveal information relating to the sexual misconduct to anyone other than to the extent necessary to make treatment, investigation or other security/management decisions. The policy also addresses the notification of the Rhode Island Department of Children, Youth and Families if the alleged victim is under eighteen (18) years of age, and to make notification to the Division of Elderly Affairs, Protective Service Unit, if the victim is sixty (60) years of age or older. All allegations are required to be reported to the Special Investigations Unit, Office of Inspections and the Warden.

RIDOC Policy 18.59-6 “Confidentiality of Inmate Health Care Information to Include Electronic Medical Record (EMR) and Paper Documents”, effective date 1/25/2016, addresses confidentiality of information including informed consent. This policy requires a signed “Authorization to Request/Release Health Care Information Form” prior to the release of confidential health information, including prior to reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmates is under the age of eighteen (18). This policy also identifies those person who are granted access to medical records, on a need to know basis, without a signed release. These persons include the RIDOC Director, Rehabilitative Services Assistant Director, Institutions and Operations Assistant Director,

Medical Program Director, Secretary to Medical Program Director, Associate Director of Health Care Services, Secretary to Associate Director of Health Care Services, Associate Director of Planning, Wardens, Clinical Director/Psychologist, Executive Counsel, Health Care staff, Mental Health staff, Substance Abuse Coordinator, Public Health Education Specialists, Interstate Transfer Administrator, School Psychologist, School Social Worker, RI Department of Health/Disease Control Representatives, RI Department of Health/Board of Medical Licensure and Discipline, and the RI Medical Examiner. All other requests for disclosure must be submitted in writing to the Director, or designee, and are considered after consultation with the Executive Counsel.

Staff interviews confirm that they have received training on the requirement to report any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation against inmates or staff who report such incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy prohibits the revealing of information to persons without a need to know. Both medical and mental health staff report that they are aware of the requirement to obtain a separate informed consent before reporting instances of sexual victimization that did not occur in an institutional setting. There is not a separate informed consent process for inmates under eighteen (18) due to mandatory reporting laws. The Warden confirmed in an interview that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are called into the Special Investigations Unit. The agency PREA Coordinator confirmed that instances of abuse of a youthful offender or an inmate who is considered a vulnerable adult under state or local law would be reported by the Office of Inspections or the Special Investigations Unit. She also reported that she reviews all PREA investigations for compliance with state laws on mandatory reporting.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility exceeds the requirements of the standard, in that the Office of Inspections and the Special Investigations Unit are required to report abuse of youthful offenders or vulnerable adults and the agency PREA Coordinator reviews all investigative reports relating to sexual misconduct to ensure compliance with mandatory reporting laws.

Standard 115.62 Agency protection duties

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

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

RIDOC Policy 12.01-2 "Protective Custody for Inmates", effective date 12/15/2014, requires immediate response by the Shift Commander when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse. This may include housing changes, housing restriction. An investigation into the alleged risk must be completed within 24 hours.

Staff interviews confirmed their knowledge to protect an inmate through separation and to notify a supervisor if they become aware of an inmate who is at substantial risk of sexual abuse. The Warden confirmed that separation of the inmate who is believed to be at substantial risk of sexual abuse is required. He also reported that housing changes, mental health interviews, and custody staff checks may also be implemented. The Assistant Director of Institutions and Operations reported that separating an inmate who may be at risk of imminent sexual abuse is the first step. This would be followed by investigation and possible housing or facility changes. The facility reported on the Pre-Audit Questionnaire that there have been no inmates identified at risk of imminent sexual abuse in the past twelve (12) months.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires the Warden to notify another facility head when information is received that alleges abuse at the other facility. This notification must be made within seventy-two (72) hours and documented. Upon receipt of information alleging abuse at their facility, the Warden is required to report this to the RIDOC PREA Coordinator for investigation.

Investigation 17-0174: The investigation file showed that an inmate, upon his arrest at an out of state facility, reported he was sexually abused while at the ISC. The incident was verbally reported on 03/13/2017 to the Special Investigations Unit and on the same day the investigation was opened. On 03/20/2017, the Special Investigations Unit investigator travelled to and met with the alleged victim to obtain information after a review of the information that was available at the facility.

The Assistant Director of Institutions and Operations, the Warden, and investigative staff confirmed the agency response to all allegations of sexual abuse or sexual harassment is to conduct an investigation.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.64 Staff first responder duties

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

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

RIDOC Operating Procedure “PREA Investigations” require all staff, upon learning of an allegation that an inmate was sexual abused, shall first notify their Superior Officer, separate the victim from the abuser, ensure the alleged victim is immediately escorted to a secure and non-hostile environment – preferably the Health Care Services Unit, preserve and protect any crime scene, request the alleged victim and alleged perpetrator, if known, do not take any action that could destroy evidence (i.e. brushing teeth, showering, changing clothing, eating, etc.), be aware of the visual appearance and listen for any spontaneous utterance from the victim or alleged offender, and ensure confidentiality is protected. If the staff member is not a security staff member, they shall request the victim not take any actions to destroy physical evidence, notify the nearest Superior Officer or Shift Commander, be aware of the visual appears and listen for any spontaneous utterance from the victim or alleged offender, and submit a written report to the Shift Commander.

All staff interviews confirmed their understanding of what is required if they should receive information or knowledge of sexual abuse. All were able to articulate that they will separate the victim, request the preservation of physical evidence, notify their immediate supervisor, and protect the scene.

All staff are trained as first responders. This information is provided for in staff training that is required for all uniform and non-uniform staff. Agency policy requires if the first responder is not a security staff, the victim will be requested not to take any actions to destroy evidence and to notify the nearest security officer.

There have been eighteen (18) allegations of sexual abuse at this facility. In each instance, the information was reported immediately and inmates were separated as required. There was one (1) incident that was reported to a non-security staff – the inmate reported this information to the medical staff while in the medical clinic. A review of a random sample of report confirmed that none were reported within the time frame for the collection of forensic evidence.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.65 Coordinated response

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

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

RIDOC – ISC – PREA Sexual Abuse Incident Coordinated Response Plan

The facility has a facility specific Coordinated Response Plan that addresses the actions of the 1st Responder (security staff and non-security staff), Shift Commander/Supervisor, Facility Warden/designee, Chief Inspector/designee, Health Care Services Staff, Mental Health Staff, and the Office of Inspections or the Special Investigations Unit. The Warden confirms that the plan is facility specific and provides step-by-step instructions in order to ensure appropriate response to sexual abuse allegations.

Based on the information discovered in observations, documents reviewed, and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

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

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

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

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Rhode Island Brotherhood of Correctional Officers, EE-3611 Professional Unit, signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Howard Union of Teachers, signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Rhode Island State Employed Physician’s Association, signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Rhode Island Probation and Parole

Association (Supervisors & Officers), signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and the Rhode Island Probation and Parole Association (Clerks & Aides), signed through June 30, 2017.

There is a Tentative Agreement: Memorandum of Agreement between the State of Rhode Island and Rhode Island Council 94, AFSCME, signed through June 30, 2017.

A review of these documents, as well as a discussion with the Human Resources Coordinator, finds that there are no prohibitions of removing a staff member from contact with inmates during an investigation into sexual abuse or sexual harassment, or pending a determination of whether and to what extent discipline is warranted. This was confirmed with the Assistant Director of Institutions and Operations who reported that the agency has the ability to put a staff on administrative leave or transfer to another facility following an allegation of sexual misconduct. All contracts were entered into prior to August 20, 2012.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.67 Agency protection against retaliation

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires the monitoring of the victim or persons who reported the sexual misconduct – either staff or inmates. For a minimum of 90 days, the Warden or designee shall monitor the conduct and treatment of all identified person to see if there are changes that may suggest possible retaliation by other inmates or staff. The Warden is responsible for prompt response to remedy such retaliation, monitor beyond 90 days if the initial monitoring indicates a continued need, and shall terminate the monitoring if it is determined that the allegation is unfounded. Multiple protections that are available include housing changes or transfers for victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates and staff who fear retaliation for reporting sexual misconduct or for cooperating with an investigation. The reporting system prompts for retaliation monitoring, and will continue to prompt indefinitely, and for periodic status checks, until the date ended box is completed.

The Assistant Director of Institutions and Operations reported that policies require the monitoring for retaliation for up to ninety (90) days. The Warden reported that protections used for those who report retaliation include transfers, housing changes, staff disciplines, shift changes, and facility changes. He also reported that when retaliation is suspected they would interview the alleged victim and conduct retaliation monitoring for up to ninety (90) days. He reported there were no examples of reported retaliation. The Deputy Warden/Facility PREA Compliance Manager reported to the auditor that when she stepped into the position and conducted a review of the systems, she found that retaliation monitoring was not being conducted. She has recently appointed a staff member to be responsible for retaliation monitoring, but training had not yet been completed with this staff.

Based on the information discovered through staff interviews, the auditor finds that the facility does not meet the requirements of the standard. As such, the facility entered a Corrective Action Period. The CAP required the facility to provide training to the newly identified staff who will be responsible for retaliation monitoring; provide the auditor with the material used to train, the acknowledgment of the staff’s receipt of training through staff signature; a review all investigations that have closed in the past ninety (90) days and implement retaliation monitoring for those who reported sexual abuse or sexual harassment or who cooperated with a sexual abuse or sexual harassment investigation; and provide the auditor with documentation to show that the retaliation procedures have been effectively implemented. The auditor will also conduct a phone interview with the retaliation staff prior to a finding of compliance for this standard.

On December 6, 2017, the PREA Auditor arrived at the facility to conduct an interview with the newly identified staff responsible for PREA Audit Report

Retaliation Monitoring. Additionally, the PREA Auditor had a discussion with the Facility PREA Compliance Manager who oversees the process. While she is no longer conducting the monitoring, she maintains the database and ensures the Retaliation Monitor makes inmates checks as required. She is also responsible for monitoring staff who report retaliation.

The staff who conducts Retaliation Monitoring has held the position since October 2017, he reports training that includes ensuring inmates and staff are not retaliated against by others through conversations with inmates, staff, mental health staff, discipline reports, medical staff, everyday care concerns, Behavior Reports, and housing changes. Options for those who report retaliation include housing changes, area changes, floor changes, addressing the perpetrator and discipline reports towards to perpetrator. If an inmate requires transfer to another facility, or is transferred based on identified needs, he notifies the new facility to ensure continued monitoring. He reports that monitoring is conducted for a minimum of 90 days. If necessary, monitoring can continue indefinitely.

The facility also provided the PREA auditor with the material used to train the staff and sign-in sheets to acknowledge training.

Logs were obtained from the Facility PREA Compliance Manager to show the currently monitoring of those who reported or were a victim of sexual abuse/sexual harassment. Seven (7) logs were reviewed. All show contact with the person being monitored more frequently than every 30 days – the average being weekly.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews, and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.68 Post-allegation protective custody

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

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

RIDOC Policy 12.01-2 “Protective Custody for Inmates”, effective date 12/15/2014, requires the use of protective custody only when there is full documentation that such action is warranted, and no reasonable alternatives are available. Inmates alleged to have been victimized can only be placed in protective custody in order to determine appropriate alternatives to keeping the victim separated from the alleged abuser. An assessment is required to be completed within twenty-four (24) hours. When possible, the alleged victim is not denied any rights and privileges consistent with the inmate’s classification, discipline status, or custody level, including personal property and schedule of activities. Protective custody is usually no longer than fifteen (15) days, with 30-day reviews as identified.

The Warden confirmed that Protective Custody may be used only until an alternative means of separation from likely abuser can be arranged. He reported that typically a hold would be less than twenty-four (24) hours in order for the victim to receive medical and mental health services, and to speak with an investigator, and placement would be in the medical isolation cell and not in the segregation unit. The Warden reported one (1) instance where an inmate was held in protective custody (medical isolation) until he could be assessed by medical and mental health staff, and to meet with the investigator. A staff who works in the segregation unit reported that he has not been aware of an alleged victim held in the restrictive housing unit. Investigative staff reported that all victims are placed in restrictive housing until an investigator arrives. In an interview with the Deputy Warden/Facility PREA Compliance Manager, she reported that her initial review of systems upon her transfer to the facility found instances where inmate victims were placed in restrictive housing as a means to protect the inmates. On May 10, 2017, she issued a memo to all supervisory staff reminding them that a victim of an alleged PREA incident is never to be placed in Isolation or Restrictive Housing unless he is deemed to be a danger to himself or others, already on disciplinary status, or if there is an immediate need to preserve physical evidence, and if an inmates is placed in isolation for the need to preserve physical evidence he is to be released as soon as that process is completed.

Random investigative files were reviewed. 17-0016 indicates that the alleged victim was initially housed in restrictive housing but the initial report was not a report of sexual abuse or sexual harassment. During the investigation of assault, the investigator was informed of a possible sexual assault and the inmate was not housed in Isolation or Restricted Housing. 17-0034 indicates the alleged victim was held in Isolation in order to allow for the State Police to interview the inmate. 17-0174 indicates that the allegation was made after the inmate was released from

the program. 17-0165 indicates that the alleged victim was placed in Isolation for a medical check and was released immediately thereafter. 17-0150 indicates that the alleged victim was not placed in Isolation or Restricted Housing.

Based on the information discovered in observations, documents reviewed, and information obtained through staff and inmate interviews, the auditor finds that the facility does not meet the requirements of the standard, in that it appears that victims may be placed in isolation without documentation that no alternative methods of protecting the inmate were reviewed and found unacceptable. As such, the facility entered into a Corrective Action Plan period. The CAP required the facility to conduct training for all brass (lieutenants and captains) on the need to conduct an assessment of all other alternatives available to protect an alleged victim prior to the use of Isolation or Restricted Housing; and to provide to the auditor the material used for training and proof of staff training through staff signature.

The Facility PREA Compliance Manager discussed the placement of PREA victims with Brass, prior to the May 2017 Audit and after the May 2017 Audit, and ISC has not been placing victims of alleged PREA incidents in either Isolation or Restrictive Housing as a response to PREA incidents. In November and December 2017, all ISC Lieutenants and Captains were provided with PREA Standards 115.64, 115.68, and 115.43. All Brass were also advised of the following: A victim of an alleged PREA incident shall not be placed in Isolation or Restrictive housing unless the inmate is deemed to be a danger to self or others, was already on discipline status, the inmate needs to be seen by medical, or there is an immediate need to preserve physical evidence. If the reason the inmate in Isolation is for the inmate to be seen by medical or to preserve physical evidence, the inmate shall be released from Isolation as soon as that process is completed. Lieutenants and Captains signed off that they received this information.

Training material and proof of training was provided to the auditor for review and consideration.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews, and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.71 Criminal and administrative agency investigations

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

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

RIDOC Operating Procedure “PREA Investigations” requires that all administrative investigations shall be conducted promptly, thoroughly and objectively. Specially trained investigators shall gather and preserve the following: direct and circumstantial evidence, including physical and DNA evidence, and electronic monitoring evidence; interview alleged victims, suspected perpetrators and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the Investigators shall turn the case over to the Rhode Island State Police, who then becomes the lead agency in the investigation. Credibility of the victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as an inmate or a staff. Administrative investigations shall include efforts to make a determination whether staff actions or failures to act contributed to the abuse; and must be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Departure of the alleged abuser or victim from the employment or controls of the RIDOC shall not provide a basis for terminating an investigation.

RIDOC Policy 5.01-5 “Management of Semi-Active and Archival Records, effective date 01/11/2016, requires that all investigative reports will be maintained for a minimum of 25 years to permanent retention.

Rhode Island State Police MOU allows the sharing of investigation results with the RIDOC, as well as the sharing of progress in the case during an investigation.

In interviews with the Office of Inspections Chief, Special Investigations Unit Chief, and the investigator assigned to the facility, all reported that all allegations of sexual abuse or sexual harassment are investigated promptly, thoroughly, and objectively. This includes all reports made by a third party or anonymously. All investigators and inspectors have received appropriate specialized training to conduct sexual abuse and sexual harassment investigations. Both the Office of Inspections Chief and Special Investigations Unit Chief report that all investigators and

inspectors are responsible for gathering and preserving direct and circumstantial evidences, including any available electronic monitoring data, are required to conduct interviews with the alleged victims and suspected perpetrators and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. However, the facility investigator reported that he directs the collection of inmate clothing by a security staff at the facility. When discussed with the Office of Inspections Chief and Special Investigations Unit Chief both stated that this is not the policy of the agency nor indicative of normal practices. All interviewed confirmed that when the quality of the evidence appears to support criminal prosecution, the case is referred to the Rhode Island State Police, who has assigned two (2) staff to the agency for this purpose. The facility investigator confirmed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determine by the person's status as an inmate or staff member. The facility investigator reported that truth-telling devices, such as polygraph examinations are not used by the agency. All interviewed confirmed that the Rhode Island State Police share information on investigations.

The facility investigator reported that the investigation process beings at the time of notification and initiation of an incident report. Evidence collection follows and this includes witness/victim/alleged perpetrator interviews and statements, phone records, photographs, electronic video tapes, medical and mental health interviews, and physical, direct, and circumstantial evidence. A meeting with the investigator's supervisor to conduct a file review before a determination of outcome is documented.

Special Investigations Unit conducts all inmate-on-inmate allegations of sexual abuse and sexual harassment. The Office of Inspections conducts staff-on-inmate allegations of sexual abuse and sexual harassment as well as administrative investigations that are conducted to determine whether staff actions or failures to act contributed to the alleged abuse and these investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings. All investigations require a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of such are attached where feasible. All investigations are completed regardless of the departure of the alleged abuser or victim from the employment or control of the facility or agency.

The Pre-Audit Questionnaire indicated that there have been no substantiated incidents that were referred for prosecution.

A review of the random samples of investigations found written reports that contained descriptions of physical, testimonial and documentary evidence, interviews, a review of prior complaints, any disciplinary reports, photographs and electronic video evidence. A review of a random sample of investigation files did not find any substantiated outcomes of sexual abuse. In the past twelve (12) months, there was one (1) case (17-0150) that was reviewed by the Office of Inspections Chief and he determined that no administrative investigation was necessary. This was a case where inmate boundaries were violated when an inmate touched another inmate on the arm and head.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility does not meet the requirements of the standard, in that the facility investigator stated that he utilizes security staff to collect physical evidence. Security staff has not received specialized training in evidence collection and agency policies requires that investigators collect physical evidence. As such, the facility entered a Corrective Action Plan. The CAP required the facility to provide the auditor with either documentation of security staff receiving specialized training on evidence collection, a policy change, and proof of staff training; or provide the auditor with proof of training of the facility investigator on the policy which identifies only investigators who have received specialized training can collect physical evidence.

The Agency did not change policy, only OI and SIU inspectors are responsible for gathering evidence and conducting investigations. As a result, Chief Catlow (OI), Chief Aul (SIU), and Heather Daglieri (PREA Coordinator) conducted a retraining, PREA Investigations 2017, for all OI and SIU inspectors and investigators on October 16, 2017. The material used to retrain investigators contains all elements of the PREA standard.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews, and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

The Office of Inspections Chief, the Special Investigations Unit Chief and the facility investigator confirmed that there is no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.73 Reporting to inmates

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, requires the Special Investigations Unit to report to the victim the outcome of any inmate-on-inmate investigation, including subsequently if the alleged abuser has been indicted on a charge related to sexual abuse within the facility or when the alleged abuser has been convicted on a charge related to sexual abuse in the facility. The policy requires the Office of Inspections to report to the victim the outcome of any staff-on-inmate investigation, including subsequently if the staff member is no longer in the inmate’s unit, is no longer employed at the facility, has been indicted on a charge related to sexual abuse with the facility or has been convicted on a charge related to sexual abuse within the facility. All notifications, or attempts at notification, shall be documented. Investigators shall obtain criminal investigation results in order to make victim notifications. The agency’s obligation to report terminates if the inmate is released from RIDOC custody.

During an interview with the facility investigator, he reported that the Special Investigations Unit or the Office of Inspections will advise the victim of the outcome of an investigation through a letter. If the inmate is still incarcerated, the letter is provided in person and signed.

The Pre-Audit Questionnaire noted twenty-one (21) investigations of sexual abuse were completed in the past twelve (12) months. Of these investigations, victims were notified in eleven (11) cases. Based on interviews, this was due to the inmate no longer being in the custody of the agency. Of three (3) investigations conducted by an outside agency, the victim was verbally notified in all cases. A review of a random samples of closed investigation files found that all required to have a victim notification had a letter within.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, states that employees, volunteers, contractors or other third party’s found guilty of committing sexual misconduct towards inmates are sanctioned in accordance with RIDOC Policy 3.14 “Code of Ethics and Conduct”, up to and including termination and criminal prosecution. Disciplinary sanctions for staff found guilty of committing acts of sexual misconduct shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history and the sanctions imposed on other staff with similar histories. All terminations for violations, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing authority.

RIDOC Policy 3.14 “Code of Ethics and Conduct”, effective 1/11/2016, prohibits all forms of harassment of offenders and any form of romantic or sexual relationship with offenders. Staff also has an affirmative duty to report any relationship with a former offender who has been under the department’s supervision within the past two years.

There have been no disciplinary sanctions towards a staff member who violated the sexual abuse policy based on the outcome of any investigation. This was confirmed during the interview with the Human Resources Coordinator.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, states that employees, volunteers, contractors or other third party’s found guilty of committing sexual misconduct towards inmates are sanctioned in accordance with RIDOC Policy 3.14 “Code of Ethics and Conduct”, up to and including termination and criminal prosecution. Any contractor or volunteer who engages in sexual misconduct shall be prohibited from contact with inmates, banned from entering secure RIDOC facilities, and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any licensing authority.

There have been no reports of sexual abuse or sexual harassment at this facility; therefore, there have been no disciplinary sanctions towards any volunteer or contractor who violated the sexual abuse policy. This information in an interview with the Warden.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.78 Disciplinary sanctions for inmates

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

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

RIDOC Policy 11.01-6 “Code of Inmate Discipline”, effective date 1/31/2014, addresses disciplinary sanctions and the formal disciplinary process for Class 1 misconduct (sexual abuse, sexual harassment). This policy outlines all the possible sanctions that may be imposed when inmates are found guilty of committing acts of sexual misconduct. This policy states that all sanctions are proportionate to the seriousness of the offense. Requires five (5) steps for discipline: Initial Booking Report (Disciplinary Report), Superior Officer/designee review, Notice to Inmate, Hearing before a Hearing Officer, and record. Requires behavioral health staff to monitor disciplinary reports and to notify the Warden if there are mental health issues that may have contributed to the incident. The Warden is then charged with a review of the information to determine if the inmates mental health status significantly contribute to the infraction, if the inmate is able to understand the charges against them and the hearing process, is the charge appropriate considering the mental health status of the inmate, and if consideration should be given to other behaviors that might be subject to disciplinary charges.

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses disciplinary sanctions and consideration of an inmate’s mental disabilities or mental health that may have contributed to their behavior. It offers discipline for sexual contact with staff only upon a finding that the staff member did not consent to such contact. It provides for inmate’s participation in sex offender treatment program if the inmate is willing to meet criteria and obligations of the program. RIDOC does not permit sexual activity between inmates. The policy prohibits disciplinary action for a report of sexual misconduct made in good faith based on a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The Pre-Audit Questionnaire indicates that there has been one (1) inmate subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmates sexual abuse and no inmates subject to disciplinary sanctions pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Warden reports that sanctions are 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 and that the disciplinary process shall consider whether an inmate’s mental health disabilities or mental illness contributed to the behavior as the behavioral health staff monitor disciplinary reports and provide information. Mental health staff reported during an interview that the agency offers therapy, counseling and other interventions designed to address and correct underlying reasons or motivations for sexual abuse and that if an inmate is required to participate services would be provided at the Medium Security facility and that participation would be as per sentencing or parole guidelines.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

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

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

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

RIDOC Policy 14.01-3 “Intake/Committing Process”, effective date 06/13/16, requires that any new committed inmates who are identified as having experienced prior sexual victimization or having perpetrated sexual abuse are offered a follow-up examination within 14 days and that the offers of follow-up examinations are documented in the inmate’s electronic medical record (EMR) and will indicate if the inmate accepted or rejected the offer.

RIDOC Policy 18.30-2 “Receiving Screening and Mental Health Evaluation of New Commitments”, effective 01/06/2014, requires that inmates identified for prior sexual victimization or perpetration of acts of sexual abuse are referred to a medical or behavioral health practitioner

for an offer of a follow-up meeting within 14 days of this screening. Requires that nursing staff may obtain information relating to the offender's gender identity or gender expression and shall relate this information only to a physician or the Shift Commander.

All inmates upon intake to RIDOC are referred for mental health services on the same day as they report a prior victimization or report having previously perpetrated sexual, as reported by the Identification Unit staff. Mental Health staff confirm that they see the referred inmate within fourteen (14) days. This information is entered into INFACETS (Inmate Facility Tracking System), where access is limited to medical staff, mental health staff, Warden's, and PREA Compliance Managers have access only. Captains and Lieutenants only have access to the final determination of vulnerable or sexually aggressive through the color code on the Count Board. Medical and Mental Health staff are aware of the requirement for obtaining informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting and are aware of the mandatory reporting of Child Abuse.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.82 Access to emergency medical and mental health services

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

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

RIDOC Policy 9.49-3 "PREA (Prison Rape Elimination Act) Policy", effective date 5/9/2016, addresses access to emergency medical and mental health services upon information that they have been sexual abuse. Victims shall receive timely, unimpeded access to all medical and crisis intervention services when are determined by medical and mental health practitioners. If no qualified medical or mental health practitioners are on duty at the time, victims are taken to the hospital. All victims shall receive timely information and access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care and where medical appropriate. Treatment is provided at no charge to the inmate.

Interviews with medical and mental health staff found that all victims of sexual abuse receive timely, unimpeded, and immediate access to emergency medical treatment and crisis intervention services. Both report the nature and scope of services is based upon their professional judgement, however, medical staff report that other than emergency care, they are required to follow orders of the facility medical practitioner and the emergency room practitioner as all forensic examination are conducted at Rhode Island Hospital. Medical care at this facility is twenty-four (24) hours per day/seven (7) days per week. Medical staff report that timely access to sexually transmitted infections prophylaxis begins in the hospital and the facility medical practitioner will follow-up as medically necessary. All documentation of services is noted in the electronic medical records.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

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

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

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses ongoing medical and mental health care of sexual abuse victims and abusers. Policy requires that medical and behavioral care practitioners examine all inmates who report sexual victimization. Victims of sexual misconduct while incarcerated shall be offered tests for sexually transmitted infections as medical appropriate and access to mental health services. All medical and mental health care is provided free of charge. Behavioral Health Care Services staff shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within sixty (60) days of learning of such history and offer treatment when deemed appropriate by mental health practitioners.

Interviews with medical and mental health staff confirm that evaluations and treatment is provided free of charge and per policy or physician order. Medical services including treatment, laboratory work, injections, medications, and follow-up. Mental health services would include crisis assessment, mental health counseling, follow-up and referrals. Both report that the services provided are consistent with the community level of care, but sometimes harder due to the transient population, which impacts outside referrals and transfer to long-term counseling. The mental health staff reported that they would attempt to conduct a mental health evaluations of known inmate-on-inmate abusers within sixty (60) days of learning of the abuse and would offer treatment at the inmate’s permanent facility.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.86 Sexual abuse incident reviews

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses Sexual Abuse Incident Reviews. The Warden or designee conducts a sexual misconduct incident review at the conclusion of every sexual misconduct investigation, including where the allegation has not been substantiated, unless the allegations has been determined to be unfounded. This review shall occurred no more than thirty (30) days of the conclusion of the investigation. At a minimum, the review team will include the Warden or designee, PREA Compliance Manager, line supervisors, Special Investigations Unit, Office of Inspections and healthcare or mental health practitioners, as well as other “ad hoc” members as deemed necessary. The team shall review policies and procedures, motivation of the incident, physically exam in the area for physical barriers, assess monitoring technology and staff supervision. The Warden or designee shall prepare a report that includes the findings, recommendations for improvement, and status of the recommendations (implementation or reason for not completing). Copies of this report shall be distributed to the Director of Corrections, Assistant Director of Institutions and Operations, and the Agency PREA Coordinator.

A member of the Incident Review Team was interviewed. She reported receiving training on conducting Incident Reviews. She reported that the incident review (After Action Report) requires the team to consider the motivation, review the area where the incident allegedly occurred, assess the adequacy of staffing at the time of the incident, and assess whether monitoring technology should be deployed or augmented. She stated that she has sat on one, however the allegation was not sexual abuse but boundary issues. She reported that the incident review looks at what was right, what was wrong, and where improvement is needed. In an interview with the Warden, he reported that members of the Incident Review team include himself, the Deputy Warden/PREA Compliance Manager, Mental Health, Custody staff, security Supervisor and Medical staff. He reported that the Incident Review is an opportunity for improvement, to identify deficiencies, and ensure appropriate actions as per policy. He reports that they consider the targeted reason (motivation) and depending on the allegation, the area where the alleged incident occurred. He also states that they review both staffing and video capability. The Deputy Warden/PREA Compliance Manager reported during her initial assessment of PREA systems, she found that Incident Reviews were not conducted as required by policy.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility does not meet the requirements of the standard, in that the Incident Review process was discontinued sometime after the change in administration and the new administration has re-implemented this process. As such, the facility entered into a Corrective Action Plan. The CAP required the facility to provide the auditor with Incident Reviews for all investigations requiring Incident Reviews during the Corrective Action Period and a plan to ensure continued compliance with both policy and the PREA standards.

The facility provided thirteen (13) PREA Incident Reviews that contain all required components of the standard, and included the notification of outcome of the investigation. The facility has established a monthly schedule for conducting PREA Incident Reviews – the 4th Thursday of each month at 1 PM. This schedule is to ensure that PREA Incident Reviews are conducted according to policy and standard.

Based on the information discovered in agency policies, observations, information obtained through staff and inmate interviews, and the Corrective Action Plan response, the auditor finds that the facility meets the requirements of the standard.

Standard 115.87 Data collection

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses data collection. The RIDOC Planning and Research Unit is responsible for the collection of accurate, uniform data for every allegation of sexual abuse at all facilities under its direct control. The Department of Justice Survey of Sexual Victimization (DOJ-SSV) is used to gather this information. This information is provided to the Department of Justice annually. Information from Special Investigations Unit and Office of Inspections investigations is used to accurately complete the DOJ-SSV.

An interview with the outgoing PREA Coordinator found that this information is collected and maintained by the Planning and Research Department. They have maintained information that would allow for the completion of the Department of Justice Surveys of Sexual Violence and have completed the required DOJ-SSV forms. Information is aggregated annually and all information is maintained from all seven facilities that complete the Rhode Island Department of Corrections. The agency does not contract for the holding of its inmates and therefore no information is collected from other facilities. She also reported that the agency data collection database contains more accurate information than what is required to be collected to complete the DOJ-SSV and therefore will be used to complete the annual reports.

Based on the information discovered in information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.88 Data review for corrective action

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

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

corrective actions taken by the facility.

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses date review for corrective action. The Agency PREA Coordinator shall review collected data to assess and improve the effectiveness of sexual misconduct prevention, detection and response through identification of problem areas, corrective action, and preparing an annual report of its findings and corrective actions of each facility. An annual report shall be submitted to the Director of Corrections for approval and the report shall be made readily available to the public through the RIDOC website. Information may be redacted where publication would present a clear and specific threat to the safety and security of a facility, and/or the confidentiality of the alleged victims or perpetrators.

In an interview with the agency PREA Coordinator, the 2016 Annual Report is in draft format and pending approval from the Agency Director. She reports that an annual report is completed and that general information is provided within the report.

The 2015 Annual Report was submitted for review. The report shows comparative data from 2013 – 2015. There is an assessment of the agency’s progress in addressing sexual abuse that includes revisions of both agency policies and facility procedures regarding the prevention, detection, and response to sexual misconduct, developing of MOU’s with community partners, implemented staff training, developed and implemented screenings tools, and developed an incident based reporting system. Additionally, the report details the individual facility responses to addressing sexual misconduct.

The 2016 Annual Report was submitted for review prior to the writing of this report and was approved by the agency Director on 05/31/2017. The report shows comparative data from 2014-2016. There is an overview of the data collection system, the use of the RIDOC Facility Incident Database for gathering information related to sexual misconduct, a comparative data analysis, and corrective actions for the agency and each facility.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

Standard 115.89 Data storage, publication, and destruction

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

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

RIDOC Policy 9.49-3 “PREA (Prison Rape Elimination Act) Policy”, effective date 5/9/2016, addresses data storage, publication and destruction of information. The RIDOC Planning and Research Unit shall ensure that data collected is securely retained and shall make sexual misconduct data collected from facilities readily available to the public through annual reports. Before making reports public, personal identifiers shall be removed. The RIDOC Planning and Research Unit shall also maintain data collected for at least ten years.

In an interview with the agency PREA Coordinator, the agency collects incident-based and aggregate data and it is securely retained. The 2016 report is made public through the agency website. The auditor conducted a check of the agency website and found the annual report posted as required.

Based on the information discovered in documents reviewed and information obtained through staff interviews, the auditor finds that the facility meets requirements of the standard.

AUDITOR CERTIFICATION

I certify that:

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

Bobbi Pohlman-Rodgers

December 31, 2017

Auditor Signature

Date