

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report April 22, 2020

Auditor Information

Name: Shirley L. Turner Email: shirley.turner@thecmcg.com

Company Name: Correctional Management and Communications Group, LLC

Mailing Address: 604 US 27, Suite 1 City, State, Zip: Minneola, FL 34715

Telephone: 678-895-2829 Date of Facility Visit: March 16-17, 2020

Agency Information

Name of Agency Governing Authority or Parent Agency (If Applicable)

Rhode Island Dept. of Children, Youth and Families

Physical Address: 101 Friendship Street City, State, Zip: Providence, RI 02903

Mailing Address: 101 Friendship Street City, State, Zip: Providence, RI 02903

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: www.thehillsyfs.org

Agency Chief Executive Officer

Name: Kevin Aucoin, Esq., Acting Director

Email: kevin.aucoin@dcyf.ri.gov Telephone: 401-528-3540

Agency-Wide PREA Coordinator

Name: Mike Burk, Administrator

Email: mike.burk@dcyf.ri.gov Telephone: 401-528-3576

PREA Coordinator Reports to:
Aimee Mitchell, Chief of Staff Number of Compliance Managers who report to the PREA Coordinator: 2

Facility Information

Name of Facility: Rhode Island Training School

Physical Address: 57 Power Road

City, State, Zip: Cranston, RI 02920

Mailing Address (if different from above):
Same

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <http://www.dcyf.ri.gov/juvenile-corrective-services/>

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

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

ACA

NCCHC

CALEA

Other (please name or describe:)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Facility Administrator/Superintendent/Director

Name: Lyrome Myrick, Executive Director of Corrections / Brian Terry, Facility Superintendent

Email: larome.myrick@dcyf.ri.gov
brian.terry@dcyf.ri.gov

Telephone: 401-462-6612 / 401-462-3280

Facility PREA Compliance Manager

Name: Debra DiScuillo, Programming Services Officer / Arlindo Goncalves, Unit Manager

Email: debra.discuillo@dcyf.ri.gov
arlindo.goncalves@dcyf.ri.gov

Telephone: 401-462-1080 / 401-462-7310

Facility Health Service Administrator N/A

Name: Mary Clair-Michaud, Clinical Director	
Email: mary.clairmichaud@dcyf.ri.gov	Telephone: 401-462-7208
Facility Characteristics	
Designated Facility Capacity:	96
Current Population of Facility:	29
Average daily population for the past 12 months:	54.6
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	12-18
Average length of stay or time under supervision	57.2 Days
Facility security levels/resident custody levels	Locked Facility (detention and treatment)
Number of residents admitted to facility during the past 12 months	333
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	203
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	135
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	98

Number of staff hired by the facility during the past 12 months who may have contact with residents:	18
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	18
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
Number of single resident cells, rooms, or other enclosures:	96
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

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

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe:) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

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

The Rhode Island/Thomas C. Slater Training School, located in Cranston, is a part of the Rhode Island Department of Children, Youth and Families (DCYF), Division of Juvenile Corrections. The Office of Juvenile Probation is also a part of the Division of Juvenile Corrections. Larome Myrick serves as the Executive Director of Corrections and Brian Terry serves as the Superintendent of the Rhode Island Training School. The facility has two PREA Compliance Managers, Debra DiScuillo, Programming Services Officer and Arlindo Goncalves, Unit Manager. Mike Burk, Administrator, serves as the PREA Coordinator for the agency. The PREA Coordinator reports to the Chief of Staff, Aimee Mitchell, who reports directly to the agency Director. Kevin Aucoin is currently serving as the acting Director of the agency.

The onsite audit phase of the Prison Rape Elimination Act (PREA) audit was conducted March 16-17, 2020 by Shirley Turner, certified U. S. Department of Justice PREA Auditor. The facility's initial PREA audit was conducted in May 2016 and a subsequent PREA audit was conducted in June 2019. This audit was conducted with regards to the facility being up-to-date with the current audit cycle and was attained and assigned to the Auditor by the Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida. There are no known existing conflicts of interest regarding this audit and there were no barriers in completing any phase of the audit.

Service delivery is provided to male and female juveniles, ages 12-18, who are detained and for those who have been adjudicated and assigned to the facility for treatment services by order of the Rhode Island Family Court. The facility provides for the rehabilitation of juveniles through a comprehensive continuum of services provided in partnership with families, community and DCYF. The facility houses residents of all custody levels and care and services are provided in a locked and secure environment. Each resident is informed in writing, through the Resident Handbook and orientation, that "the training school must provide the highest quality of services to youth regardless of race, gender, actual or perceived sexual orientation or gender identity."

Pre-Onsite Audit Phase

Key Processes and Methodology

Following initial contact regarding general information and scheduling of the audit, the Auditor contacted the PREA Coordinator for planning purposes. Additional contact through telephone calls and emails was maintained by the Auditor with the PREA Coordinator, Programming Services Officer/PREA Compliance Manager, and DCYF Principal Community Services Liaison regarding the audit process, data gathering and/or logistics. The initial telephone calls

allowed for re-acquaintances to be made and a review the PREA audit methodology to be provided. Additional contact provided for the review of the site visit itinerary; opportunity to answer questions; and clarify information as needed. Contact was also maintained with the PREA Coordinator at the private facility, Ocean Tides Incorporated, that contracts with DCYF which was anticipating a PREA audit following completion of the audit at the Rhode Island Training School. Due to restrictions as a result of COVID-19, the PREA audit of the private provider's facility was postponed the day before the audit was to begin.

Access to various facility and central office staff members for interviews, logistics for the onsite phase of the audit, and goals and expectations of the audit process were confirmed by the Programming Services Officer/PREA Compliance Manager and the PREA Coordinator. The facility and agency staff members were receptive to the audit process and knowledgeable of the role of the Auditor and aware of the expectations during each phase of the PREA audit. Management and administrative staff members, as well as other staff members throughout the agency were familiar with the PREA audit process, having participated in or provided support to the previous PREA audits.

The site visit audit notice and PREA Information Letter were sent to the PREA Coordinator by the CMCG Vice President of Program Reviews and Audits. The Auditor sent the PREA Pre-Audit Questionnaire and the PREA Compliance Audit Tool to the Programming Services Officer/PREA Compliance Manager. The PREA Coordinator provided the site visit notice to the PREA Compliance Manager, copies of the audit notice were made and were posted at least six weeks prior to the onsite audit phase. Pictures of the posted notices were taken in the various locations and emailed to the Auditor. The audit notice was prepared in a manner that was easy to see and read and they were posted at varying eye levels. The notices were strategically placed throughout the facility including entrances to various areas of the facility; administrative areas; living units; etc. The notices were posted over six weeks prior to the onsite audit phase on January 30th and were accessible to residents, staff, visitors, and contractors.

Pictures attached to a dated and timed email were provided by the Programming Services Officer to confirm the posting of the notices. Further verification of the postings was made through observations during the comprehensive site review and as indicated through the interviews conducted with residents and staff. The postings contained the Auditor's contact information and information regarding confidentiality. Correspondence was not received from residents or staff members during any phase of the audit and the facility had a process in place to ensure confidential communication for residents.

The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The documentation on the flash drive was well organized and identified by each standard. This information was received by the Auditor prior to the site visit. An initial assessment was conducted of the information and the Auditor provided a written review or issue log to the Programming Services Officer requesting additional information be made available during the onsite audit phase and clarity of information provided.

The Auditor provided a document to the Program Services Officer that assisted in the completion of the interview schedule titled, "Information Requested to Determine Staff and Residents to be Interviewed During the On-Site PREA Audit." The document which was completed and returned to the Auditor, requested shift assignments; identification of staff members who served and performed in specific PREA related specialized roles; and volunteers and contractors who have contact with residents. The additional information requested prior to the site visit was provided to the Auditor. The information requested to be available during the site visit was provided.

The interview document requested a list of direct care staff and their scheduled shifts and the additional direct care staff, where applicable, and a current resident population roster. which could be provided onsite. The request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay, lesbian, bisexual and/or transgender residents. The information regarding the residents was made available to the Auditor upon arrival to the facility. Facility and agency central office staff members and residents were randomly selected from the identified categories of staff and residents, including target interviewees, required to be interviewed and identified through a schedule developed by the Auditor with input by and through the Programming Services Officer and PREA Coordinator.

The Auditor communicated with the Programming Services Officer and PREA Coordinator to confirm schedules and to clarify specialized PREA roles. A current resident roster was provided onsite to the Auditor. As a result of the information received, the Auditor completed the interview schedule of specialized and random staff and residents, including targeted resident interviews. The Auditor solicited and received input from the Programming Services Officer regarding conflicts in staff coverage and availability. The daily agenda or plans for each day of the PREA audit were reviewed with the Programming Services Officer and PREA Coordinator ensuring the Auditor would be as non-intrusive and flexible as possible when these actions did not interfere with the completion of a thorough audit.

Information was provided before and during the onsite audit phase that assisted with the following determinations which assisted in interview selections and development of the schedule. The Auditor reviewed the documents provided and conferred with the facility management staff members and PREA Coordinator for clarity as needed.

Lists/Information	Comments
Complete Resident Roster	Resident roster provided upon arrival.
Youthful Inmates/detainees	Not housed in this facility.
Residents with Disabilities	Provided Onsite
Residents who are Limited English Proficient	Provided Onsite
LGBTI Residents	Provided Onsite
Residents in segregated housing	There is no segregated housing.
Residents in Isolation	Isolation not related to PREA
Residents who reported sexual abuse	None Identified
Residents who reported sexual victimization during risk screening.	None Identified During Risk Screening

Staff roster for the time of the site visit.	Staff roster provided prior to onsite audit phase.
Specialized Staff	Specialized staff was identified on interview document sent to the facility during pre-onsite phase of the audit.
Contractors who have contact with the residents.	Contractors were identified during pre-onsite phase of the audit.
Volunteers who have contact with the residents.	Volunteer Identified
All grievances/allegations made in the 12 months preceding the audit	No allegations were made through a grievance for the 12 months preceding the audit.
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	There were no allegations of sexual abuse or sexual harassment reported for the 12 months preceding the audit.
Hotline calls made during the 12 months preceding the audit	There were no hotline calls made during the 12 months preceding the audit.
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	There were no allegations of sexual harassment in the 12 months preceding the audit.

General and specific information about the facility and the programs and services provided are detailed on the internet, including the facility's website. The internet contains the occurrences related to the facility and agency. An array of information, including contact information is available on the agency's website and may be accessed by the general public. The agency's website contains PREA related information, including the 2016 and 2019 PREA audit reports, and annual reports. The website also contains the Resident Handbook (English and Spanish versions).

Onsite Audit Phase

Key Processes and Methodology

The Auditor and the DCYF Principal Community Services Liaison, Jessica McCluskey, who also served as the designee for the PREA Coordinator, were greeted at the front door in the lobby and checked in by a direct care staff member. She ensured that the appropriate sign-in document was completed and that a written screener for COVID-19 symptoms was completed by visitors and staff. The entrance procedures into the building were the same on the second day of the audit and the Auditor was accompanied by the PREA Coordinator.

An entrance conference was conducted by the Auditor and included Larome Myrick, DCYF Executive Director of Juvenile Correctional Services; Brian Terry, Superintendent; Arlindo Goncalves, Unit Manager/Co-PREA Compliance Manager; Mary Clair Michaud, Clinical Director; and Jessica McCluskey, Principal Community Services Liaison. Formal introductions were conducted and comments were made. The Auditor provided a review of the audit process and the audit agenda.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted; led by the Unit Manager/Co-PREA Compliance Manager and accompanied by the PREA Coordinator. Various staff members were met and conferred with during the comprehensive site review. The areas visited included the lobby; administrative wing; control room; dining room; kitchen; medical clinic; treatment services administrative area; living units; gymnasium; classrooms; offices; storage areas; and outside recreation areas were observed. The staff was observed providing direct supervision and services to the residents in the living units. Ducks, chickens and a garden are maintained on a section of the outside grounds, visible from inside the building. Residents also work in this space with the animals and gardening; the area is under camera surveillance.

The resident population on the first day of the onsite audit phase was 29. The site review was extensive and included all program areas and sites. During the comprehensive site review, the printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, throughout the buildings visible to residents, staff and visitors. The notices contained large enough print to make them noticeable and easy to see and read. Residents' files were observed to be maintained in a secure manner in a locked room with limited access by identified staff and in lockable file cabinets.

Posted signs and brochures were observed regarding contact information for agencies that provide support for reporting allegations and seeking help regarding sexual abuse and sexual harassment. The posted information includes instructions on accessing assistance and according to staff and residents' interviews the staff cannot deny a resident's use of the telephone. The residents reported that use of the telephone to make an allegation of sexual abuse or sexual harassment would always be an option. Documented correspondence confirmed the agreement for advocacy services to be provided by Day One Program located in Providence, Rhode Island. The services to be provided were confirmed by the Helpline Services operator. Forensic medical services will be provided by a qualified medical practitioner at the Hasbro Children's Hospital in Providence.

During the comprehensive site review, staff were able to discuss the daily activities of the residents and answered questions regarding the daily activities and related staff duties. The intake process was explained by the Unit Manager and the PREA Coordinator during the review and observation of the intake area. The search procedures were posted visible to all residents and prior to the end of the audit, the procedures were also translated in Spanish and have subsequently been posted in Spanish. Informal staff interviews were conducted during the site review as different facility areas were visited. The comprehensive site review allowed for many observations about the daily activities, program services and operations.

The Auditor experienced staff members announcing their presence and the Auditor's presence when entering a living unit of the opposite gender and the actions taken to ensure that it was known to residents that the opposite gender was present. There is also use of the color-coded sign which indicates the gender of the staff present on the unit. The sign has "Female" written on the pink side and "Male" written on the blue side and is placed in a prominent spot at the staff station which is located in the front of the living unit. The Auditor observed staff announcing their gender when entering the living units, as applicable and also the use of the

color-coded sign. During the interviews with staff and residents, both groups mentioned the verbal announcement and the use of the color-coded signs.

Visibility is enhanced with the strategic use of cameras. There are no cameras in bathrooms and reasonable privacy is provided to residents when they use the toilet, change clothes and shower. The windows of the bathrooms have been shaded at the bottom to minimize the area of view by staff, providing the resident a reasonable amount of privacy during shower time. Grievance forms are accessible to residents and it was revealed through interviews that a grievance form or written note may be used to report an allegation of sexual abuse and sexual harassment. All residents have access to writing utensils needed for completing the form/note. Signage was posted which indicated where residents were not allowed or only allowed with staff supervision. The doors to closets and storage areas are kept closed and locked.

Interviews

Ninety-eight staff members are currently employed at the facility that may have contact with residents. A total of 29 residents were in the facility on the first day of the site visit. Ten residents were interviewed after randomly selecting the names from the facility population reports and inquiries regarding targeted interviews. Residents were randomly selected for interviews from the resident roster, considering each living unit; information regarding the make-up of the population; and input from program staff.

Five targeted and five random resident interviews were conducted as a result of requested lists/documents and conferring with the Programming Services Officer. Twelve random staff members were interviewed covering all shifts and 16 individual specialized staff members were interviewed based on their job duties related to PREA roles, including two contractors and a volunteer. The PREA Coordinator, facility Superintendent and Co-PREA Compliance Manager/ Programming Services Officer were interviewed but their interviews were not added to the number of specialized staff but counted separately.

One of the contractors interviewed provides clinical services and the other one provides support services to the clinical section. The volunteer provides religious services. Interviews with residents, staff, contractors and the volunteer indicated their receipt of PREA training which was also verified by a review of training materials, certificates and logs. Random and specialized staff and resident formal interviews were conducted onsite and were done in the privacy of offices, conference room and classrooms. The PREA Compliance Managers ensured that staff and residents were readily available and accessible for interviews. All facility and agency staff members, residents, contractors and volunteer were receptive to the interviews.

The Auditor conducted 10 resident interviews in the following categories during the onsite phase of the audit:

Category of Residents	Number of Interviews
Random Residents	5
Residents with a Cognitive Disability	2
Lesbian, Gay, Bisexual, Transgender, or Intersex Identification	2

Limited English Proficient	1
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The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews
Medical Staff	1
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (Unannounced Rounds)	1
Contractors who have Contact with Residents	2
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Intake Staff	1
Training Specialist	1
School Principal	1
Volunteer	1
Agency Contract Administrator Designee	1
Acting Agency Director	1
Number of Specialized Staff Interviews	16
Number of Random Staff Interviews	12
Total Random and Specialized Interviews	28
Total Interviews including the Administrator (PREA Coordinator), facility Superintendent and Programming Services Officer (Co-PREA Compliance Manager)	31

Additional interviews conducted were two community support providers. These interviews were conducted by phone during the Post Audit Phase. One interview was conducted with a Helpline Services Operator for Day One Program, the victim advocacy agency that works with the facility, to verify the accessibility of victim advocacy services to the residents, if needed. The other interview was with the Case Management Coordinator at the Rhode Island Office of Child Advocate to verify the advocacy services to be provided regarding an allegation of sexual abuse or sexual harassment by a resident at the facility. The Office of Child Advocate is a state agency charged with protecting the legal rights and interests of youth in the State's care. The contact information for both agencies is posted in the facility as a resource regarding allegations or incidents of sexual abuse or sexual harassment. The information is also provided in the Resident Handbook and available brochures and leaflets.

Onsite Documentation Review

The Auditor received many pieces of documentation for each standard as part of the Pre-Onsite Audit Phase data gathering process. The PREA Coordinator transported the Auditor to the DCYF central office to review the personnel files. The Auditor reviewed a sample of

personnel files of identified direct care staff members that were hired in the past year and contractors, including documentation of criminal background checks occurring and related employment paperwork. The PREA Pre-Audit Questionnaire and facility policies and procedures were reviewed prior to the onsite audit phase and policies and procedures were also reviewed during the site and the post audit phase.

Additional supporting or secondary documentation reviewed included but was not limited to various forms; vulnerability assessments; PREA education curriculum; education and training acknowledgement forms; training records; training certificates; checklists of tasks performed; unannounced rounds reports; sexual abuse coordinated response plan; logs; annual staffing plan assessment; annual reports; staff schedules; organization chart; and other documentation. There were no allegations of sexual abuse or sexual harassment during this audit period.

After the completion of the onsite audit phase, an exit meeting was held in the conference room. The attendees consisted of the Executive Director of Corrections; facility Superintendent; PREA Coordinator; Unit Manager/Co-PREA Compliance Manager; Clinical Director; and the Programming Services Officer by telephone. The exit briefing served to review the onsite process and review program strengths. The facility staff members were given the opportunity to ask additional questions about the audit process and comments were provided by staff. The Auditor thanked the staff for the cooperation and hospitality shown during the audit process.

Post Onsite Audit Phase

Key Processes and Methodology

All of the evidence provided, collected and reviewed on site was assessed and the consideration of all interviews and observations during the site review were triangulated by the Auditor to determine the standards were met. The Auditor contacted the Programming Services Officer and PREA Coordinator regarding clarity of information where needed.

The Helpline Services Operator for Day One, agency for victim advocacy services, was interviewed by telephone about the helpline being a conduit to advocacy services that would be provided to a resident. Communication between the Chief Operations Officer and the PREA Coordinator confirms the provision of advocacy services by the Day One Program which was also verified through previous interviews. The advocacy services include but are not limited to accompaniment during the forensic medical examination and forensic interview; access to the 24-hour helpline; and confidential support by telephone and in-person at the hospital.

The Case Management Coordinator for the Rhode Island Office of Child Advocate was interviewed to verify the services to be provided to the residents which include responding to complaints received from facility residents through phone calls or letters. A representative from the Office of Child Advocate may respond to complaints that may or may not be PREA related and would visit the resident at the facility. Representatives from the Office of the Child Advocate conduct periodic scheduled and unscheduled visits to the facility. The purpose of the visits is to follow-up with youth who may already be on the agency's radar or in the system due to situations occurring prior to the youth's admission to the Rhode Island Training School.

The final report was concluded on the posted date. The Auditor determined the information and documentation reviewed during the pre-audit, onsite audit and post audit phases; observations made during the site review; and the interviews with residents, staff, contractors and volunteer confirmed compliance. The report was submitted to the DCYF PREA Coordinator.

Facility Characteristics

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

The Rhode Island Training School serves to promote safety while providing services to residents in the least restrictive setting possible based on their needs and strengths. It is acknowledged that while in the facility, residents must receive fair and equal treatment from staff, volunteers and contractors in a professional manner and without bias. Services and care to the residents are provided in a secure environment to residents who have been detained or adjudicated by order of the Rhode Island Family Court.

The facility houses residents who have been committed to the residential program and others who are in detention. The population is made up of male and female adolescents who have been adjudicated or charged as a juvenile offender. The facility is a part of the Division of Juvenile Corrections within the Rhode Island Department of Children, Youth and Families. Also, located within this Division is the Office of Juvenile Probation.

Education; behavioral health; medical (including dental and optometry); recreation; religious; and transition services are provided during the resident's stay in the facility. All residents are provided educational services in accordance with their academic level and/or specific individual education plan. The facility's educational program is approved as an alternative educational program and adheres to Rhode Island Department of Education regulations. Mental health, medical and dental services are provided to all residents as identified through facility staff and contractors. Incidental to additional information, during the intake screening process, a Nurse will gather information directly from residents which range from how they are feeling to whether or not the youth is on medication. Individual, group and family counseling sessions and psychiatric services are also provided.

Behavioral health and counseling staff consist of the Clinical Director and Social Workers, one located on each living unit. The facility has a contract with Lifespan for the provision of clinicians that provide more intensive treatment services to residents. A Psychiatrist, through Lifespan, provides services to residents. Medical services are provided by Registered Nurses in coordination with the Clinical Director. Medical contract services are also provided through Lifespan by a physician; nurse practitioner who may fill in for the physician; dentist; and optometrist. The medical and behavioral health resources provide access for the facility to provide comprehensive medical and mental health care services for the residents.

Recreation is provided daily, including weekends. The gymnasium provides inside recreation and each living unit or mod has an outside recreation area which contains a basketball court. The outside grounds contain a recreation field. Religious services are offered to all residents and participation is voluntary. A Unit Manager may arrange for a particular pastor or religious counselor to visit a youth if requested by the family, as long as the visit does not disrupt the order and safety of the facility.

The facility consists of one building which contains four living units with a dayroom area in each. Residents are provided a reasonable amount of privacy and safe space when they shower, use the toilet and change clothes. PREA related information is posted in each unit in English and Spanish for residents to report sexual abuse and sexual harassment and/or to request victim advocacy services. Each living unit or Mod is equipped with showers, laundry room, offices, and laundry room. Each mod contains offices for the Social Worker and Unit Manager. Additionally, the building contains a large lobby; control room; administrative wing; classrooms; culinary arts room; library; intake area adjacent to the sally port; library; kitchen; medical clinic and adjacent medical and behavior health offices and work spaces; records rooms; offices; private visiting rooms; and a small courtroom. A room is in the intake area that may be used to assist in calming a youth if he or she arrives to the facility in an unruly state. The room is not used for disciplinary isolation, protective custody or for other reasons.

All visitors entering the building, produce identification and sign in using the logbook located in the lobby at the front of the building, which is the main entrance. This is the same process used during the visitation period by parents and guardians. The dining/utility room, located beyond the lobby in the secure area, is also used for visitation and is camera equipped. There is a hallway that leads to the dining/room where residents may visit with in private with attorneys and as needed. A room used as the courtroom is also located on this hallway. The observation of these areas during the comprehensive site review and staff conversations confirmed residents are afforded access to visitors, attorneys and court workers and visits may be conducted in private as needed. Residents also have access to writing materials and the phone to maintain contact with parents, guardians, attorneys and other court personnel, and other approved persons. Interviews confirmed that residents have someone on the outside to report to about sexual abuse and sexual harassment if needed.

Additional cameras have been added since the last PREA audit to enhance visibility and continue to keep residents safe from sexual abuse and sexual harassment. More cameras have been placed on the outside grounds; in the hallways; barbershop; gymnasium; weight room; and in the cafeteria to address identified blind spots. The staff in the control room demonstrated the location of the additional cameras and the increased visibility provided including enhanced zoom capability. There are other areas of the facility that have been identified for video monitoring in the future and a budget request has been made.

Observations revealed that posted mirrors and the cameras have been strategically used to address identified blind spots. Direct care staff and other staff members provide direct supervision and escorts during all activities and movement throughout the facility. Increased signage is posted advising where residents are not allowed or allowed with staff supervision

only. No residents are allowed in the administrative wing which is accessible by swipe cards programmed for this area.

The third-party reporting information is available and accessible to visitors, residents, contractors, and employees through the posting of the hotline numbers to the State and community agencies and information contained on the agency's website. Administrative investigations are conducted by a DCYF Child Protective Investigator from the Office of Child Protective Services. All allegations of sexual abuse and sexual harassment are reported to the Office of Child Protective Services. When it is determined an allegation is of a criminal nature, the case is referred to the local law enforcement agency. Agency policy and the interview with the Investigator confirmed this information.

There are postings within the facility which contain the following supportive information: DCYF Child Abuse Hotline and address for the DCYF Office of Child Protective Services; number and address for the Office of the Child Advocate; and the hotline number for Day One Program to report allegations of sexual abuse and sexual harassment and/or to request help regarding the occurrence of such. Residents are also provided a document, entitled, "A Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment," which also contains the aforementioned contact information; definition of sexual abuse; rights against sexual abuse; prevention techniques; safety tips; and other helpful information. The pamphlet is available in both English and Spanish. Larger posters which are laminated and printed in English and Spanish have been developed and posted within the facility increasing the visual presentation of the information for reporting allegations and requesting help following an incident of sexual abuse or sexual harassment.

The facility has a behavior management system with positive incentives that encourages residents to make good choices and demonstrate positive behavior; privileges increase as the earned level increases. Communication practices within the facility include residents being allowed to call parents/guardians, attorneys, court workers and a reasonable amount of privacy is provided. A resident also has the opportunity to call the DCYF Child Abuse Hotline, Child Advocate and/or Day One Program advocacy hotline at any time and in private. The Resident Handbook outlines how telephone calls, visitation, incoming mail, and outgoing mail are handled. Facility practices ensure that residents maintain communication with someone who does not work at the facility and that the importance of communication and the residents' rights are considered. The communication practices were verified through interviews with staff and residents, review of policies and Resident Handbook, and observation of posted information.

Direct care staff members, Youth Program Workers, are responsible for the daily and direct supervision of residents and manage them during their daily activities and participate in treatment planning. Unit Managers, responsible for the management of the living unit, meets with residents, lead Treatment Team meetings and perform case management duties. The staff to resident ratio was observed to be met in all areas of the facility during the comprehensive site review. There is a host of management, supervisory, support and contract staff members who provide oversight or participation in processes and activities that contribute to the facility operations.

The mission of the Rhode Island Department of Children, Youth and Families is to “partner with families and communities to raise safe and healthy children and youth in a caring environment.” Observations by the Auditor, resident and staff interviews, and documentation review confirmed the provision of the programs and services described in this report and that the facility practices are aligned with the agency’s mission statement. The observations also revealed adequate space for conducting visitation and the programs and services provided.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any):

Standard 115.315 Limits to Cross-Gender Viewing and Searches – Provision (f)

Refresher training was provided by the Training Specialist based on the Policy and previously presented training material. Written information was provided to all staff as refresher training and documentation was provided to the Auditor indicating all direct care staff, as well as other staff members, were in receipt of the refresher training information. The materials were provided electronically as to avoid group gatherings due to concerns regarding COVID-19. The training documents included Policy 1200.0365, Search of a Resident of the Rhode Island Training School, and an Information Sheet entitled, “Resident Privacy.” The documents were attached to an email which contained guidance notes from the Training Specialist regarding the searching of transgender and intersex residents. The focus of the documents and email was that a transgender or intersex youth would be asked the gender of the staff he or she preferred to conduct the search or the search could be conducted by medical staff.

PREVENTION PLANNING

Standard 115.311: Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility PREA Policy, #100.0185

Facility Policy 1200.0015, Administrative Responsibility

Agency Policy #500.0025, Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Level 1, 2, 3)

Residential Child Care Regulations for Licensure

PREA Pre-Audit Questionnaire

Facility Organizational Chart

Agency Organizational Chart

Interviewed:

Co-PREA Compliance Manager/Programming Services Officer

Co-PREA Compliance Manager/Unit Manager

PREA Coordinator

Random Staff

Residents

Provision (a):

An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

The facility's Policy and Procedures mandate a zero-tolerance policy toward all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct. The body of the PREA Policy and supporting policies incorporate definitions of prohibited behaviors of sexual abuse and sexual harassment and includes sanctions for those found to have participated in the prohibited behaviors. The Residential Child Care Regulations for Licensure provides the definition and statute reference for child abuse and neglect and directs staff in reporting allegations. The PREA Policy and related Policy 300.0025 also provide PREA related definitions.

Various facility policies support and provide direction to staff regarding PREA. Detection of sexual abuse and sexual harassment is addressed through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The PREA Policy and other supporting policies include but are not limited to responding to sexual abuse and sexual harassment through reporting, investigations, assessments, and disciplinary sanctions for residents and staff.

Provision (b):

An agency shall employ or designate an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The agency's PREA Coordinator serves as an Administrator in an upper level management position located in the central office. He is a part of the management team and has direct access to the Director of the agency. The PREA Coordinator reports to the Chief of Staff, Aimee Mitchell, who reports directly to the agency Director. The interview and the PREA Coordinator confirmed and additional contact with the PREA Coordinator revealed his knowledge of the PREA Standards and audit process. The interview, documentation and observations revealed the Administrator has the time, authority and supportive staff to perform the duties of the PREA Coordinator.

Provision (c):

Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The facility is committed to the application and implementation of the PREA Standards and has designated two Co-PREA Coordinators to perform PREA related duties, in addition to the regular duties of their positions. One PREA Compliance Manager serves as a Unit Manager within the facility and the other one serves in the role of Programming Services Officer. The interviews with the PREA Compliance Managers confirmed their knowledge regarding the implementation of the PREA standards and the time and authority to fulfill their roles. Both were involved in the previous PREA audit.

Conclusion:

Based upon the review and analysis of the available evidence, interviews and observing the staff interactions, the Auditor has determined the facility is compliant with this standard maintaining a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator. Additionally, the facility has designated two Co-PREA Compliance Managers.

Standard 115.312: Contracting With Other Entities for the Confinement of Residents

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

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Residential Child Care Regulations for Licensure
Letter of Agreement

Interviewed:

Agency Contractor Administrator Designee/PREA Coordinator

Provision (a) and (b):

Provision (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Provision (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The Residential Child Care Regulations for Licensure requires that any facility the agency determines meeting the criteria for the application of the PREA Standards, document PREA compliance. The Letter from the Acting DCYF Director to the contractor, on behalf of the agency, advises the contractor regarding PREA compliance. The Letter contains the signatures of the Acting DCYF Director and administrator of the contract agency, Ocean Tides, acknowledging agreement of PREA compliance by the contractor. The PREA Coordinator confirmed the adherence to the PREA Standards by the contract agency due to audit reports demonstrating PREA Compliance in 2016 and 2019. A PREA audit was scheduled to occur at Ocean Tides after the completion of this facility however it was postponed due to restrictions regarding COVID-19.

Conclusion:

Based upon the review and analysis of the available evidence and the interview, the Auditor determined the facility requires the contractor to comply with the PREA standards.

Standard 115.313: Supervision and Monitoring

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

115.313 (a)

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

Yes No

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

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No

- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy 1200.0015, Administrative Responsibility
 Facility Policy 1300.0015, Post Assignments
 Facility Policy 1300.0075, Unannounced Rounds at the Rhode Island Training School
 Facility Staffing Schedule/Plan
 Annual Staffing Plan Assessment
 PREA: Unannounced Rounds
 PREA Pre-Audit Questionnaire

Interviews:

Executive Director of Correctional Services
 Superintendent
 Programming Services Officer
 PREA Coordinator

Provision (a):

The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

- (1) Generally accepted juvenile detention and correctional/secure residential practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;

- (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
- (6) The composition of the resident population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

Facility Policy provides details for maintaining the internal staffing ratios. The facility's staffing plan and management ensures the PREA ratios will be maintained. The camera system is located in the control room and is directly monitored by staff. The provisions of the standard are taken into consideration regarding adequate staffing levels as confirmed through the interviews with the Superintendent and Executive Director of Correctional Services, review of Policy which outlines staffing plan requirements, and observations. The work schedules are based on the staffing plan and facility Policy which requires the tenets of this standard provision be considered when addressing staffing levels.

Provision (b):

The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.

Policy 1200.0015 provides that in the event that the staffing ratio is unable to be maintained during exigent circumstances, the deviation must be documented in the Shift Log. The facility reports and there was no documentation regarding deviations from the PREA staffing plan in the past 12 months. The facility is prepared to document any deviations from the staffing plan. The Superintendent maintained that the work schedule is reviewed every day to ensure the staffing requirements are met.

Provision (c):

Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance.

The staffing ratios for the facility provide for the PREA ratios to be met during the sleeping hours and the waking hours. The Auditor observed for whether the PREA ratios were met and observed compliance during the comprehensive site review and subsequent observations. Since the last PREA audit the average daily number of residents is 55. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 96.

Provision (d):

Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) Prevailing staffing patterns;
- (3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (4) The resources the facility has available to commit to ensure adherence to the staffing plan.

The Annual Staffing Plan Assessment is conducted and signed and dated by the Programming Services Officer, Superintendent and PREA Coordinator. The facility has formally documented the assessment data on a form created specifically for this task. The document indicates the collaboration of the PREA Coordinator, Co-PREA Compliance Manager and the Superintendent. The document reviews but is not limited to the following areas, prevailing staffing patterns; deployment and updates of video monitoring system; and occurrence of unannounced rounds, aligned with this provision of the standard. Additional areas for video monitoring have been identified and a budget request has been submitted.

Provision (e):

Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The facility Policy provides for the occurrence of unannounced rounds conducted in the residential and non-residential areas of the facility. The documented rounds show they are collectively made by intermediate and higher-level staff at various times on all shifts. The areas assessed during the unannounced rounds by the administrative staff at various times include but are not limited to the outside loading dock; kitchen; common areas; staff bathrooms; medical rooms; closets; laundry rooms; and other areas within the facility.

According to the Executive Director of Corrections, information regarding unannounced rounds and not alerting other staff while the rounds are being conducted are covered in staff training through the review of policies and procedures. The Executive Director of Corrections described his efforts in keeping staff from alerting other staff when an unannounced visit is being conducted. The documentations revealed that the rounds are made at varying times by management staff. The Policy indicates staff will not alert other staff regarding the occurrence of unannounced rounds. Staff members are not informed of the unannounced rounds and staff members are encouraged not to alert other staff members regarding the unannounced visits. The staff interviewed confirmed the occurrence of the unannounced rounds.

Conclusion:

Based upon the review and analysis of the available evidence and the staff interviews, the Auditor has determined the facility is adhering to this standard regarding supervision and monitoring.

Standard 115.315: Limits to Cross-Gender Viewing and Searches

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

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0100, Classification and Ensuring Safety in Housing Residents at the RITS
Facility Policy # 1200.0365, Search of a Resident of the Rhode Island Training School
Facility Policy #1200.0105, Announcing Staff Presence in Residence Housing Unit
Training and Professional Development Protocols
Training Materials
Training Logs

Interviews

Random Staff
Residents
Training Specialist
PREA Compliance Managers

Provision (a):

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Policy 1200.0365 provides that body cavity searches will be conducted by medical staff only with prior approval of the on-call administrator. Also, staff must notify parents/guardians if a physical body cavity search is conducted. The staff interviews reflected that cross-gender searches do not occur at the facility. The Policy and Procedures do not support cross-gender strip searches, cross-gender pat-down searches and cross-gender visual body cavity searches. Policy provides for same sex searches, generally pat-down searches, except in exigent circumstances. When there are exigent circumstances, supervisory staff or an on-call administrator must be contacted and the search must be conducted on an Unusual Incident Form. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-audit questionnaire and according to the interviews, no cross-gender searches are conducted at the facility.

Provision (b):

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Policy provides for same sex searches, generally pat-down searches, except in exigent circumstances. When there are exigent circumstances, supervisory staff or an on-call administrator must be contacted and the search must be conducted on an Unusual Incident Form. The Policy does not support staff conducting any type cross-gender searches unless there are exigent circumstances and the search must be documented. The Training logs and materials show that staff receives training on how to conduct searches; staff participation in the training is documented. Staff interviews confirmed they are aware of the policy regarding searches and that no cross-gender pat-down searches have occurred. No residents or staff interviewed reported the occurrence of any cross-gender searches. There is no evidence to support that cross-gender pat-down searches occurred at the facility during the last 12 months.

Provision (c):

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

The Policy does not provide for cross-gender strip searches and cross-gender visual body cavity searches except for exigent circumstances and such searches are to be documented on an Unusual Incident Form. All interviews confirmed that cross-gender searches have not occurred at the facility during this audit period.

Provision (d):

The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

Policy, procedures and practice provide that the facility enables residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them. This practice was confirmed through interviews with residents and staff and review of living areas, including showers and restrooms not on the living unit. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothes, and performing bodily functions. The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard.

Viewing of the cameras and staff and resident interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes. The windows on the doors leading into the shower area provide a view into the area and have been shaded at the bottom so that the view is restricted. The shading at the bottom of the window does not allow staff to get a full view of the resident's body. The practice provides for a reasonable amount of privacy for each resident. It was generally stated by residents interviewed that the opposite gender staff members announce their presence by saying their name/gender or giving a greeting upon entering the living unit and/or use the color-coded sign which indicates the gender of the staff present on the unit. The sign has "Female"

written on the pink side and “Male” written on the blue side and is placed in a prominent spot at the staff station which is located in the front of the living unit. The Auditor observed staff announcing their presence, as well as the Auditor’s when entering the applicable living units and also the use of the color-coded sign.

Provision (e):

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner, in accordance with Policy.

The Policy and Procedures, supported by staff interviews, prohibit the search of transgender or intersex residents solely for the purpose of determining the residents’ genital status. Staff interviews verified that no such searches have occurred in the past 12 months. Staff interviews confirmed they are aware that Policy prohibits them from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident’s genital status. The training logs document that training occurs.

Provision (f):

The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

The PREA Policy indicates staff members are trained in how to conduct pat-down searches and searches in general and of transgender and intersex youth, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. According to the random staff and Training Coordinator interviews the training is conducted initially and/or during a refresher session.

Documentation indicates training has been provided and staff indicated their participation however five (42%) of the random staff interviewed indicated they were not sure who would conduct or how the search of a transgender or intersex youth would be handled.

Corrective Action: A refresher has been provided by the Training Specialist to the direct care staff and other staff based on the Policy, guidance notes by the Training Specialist, and a training Information Sheet. The training refresher information emphasized that transgender or intersex youth would be asked the gender preference of the staff they would prefer to perform the search or the search would be conducted by medical staff, per Policy. The written information was provided to all staff as refresher training and the information was provided to the Auditor indicating all direct care staff, as well as other staff, were in receipt of the refresher training information. The training refresher documents were provided electronically to avoid group gatherings due to concerns regarding COVID-19.

Conclusion:

Based on the reviewed documentation; interviews; and implementation of corrective action of refresher training; the Auditor determined the facility is in compliance with the provisions of this standard.

Standard 115.316: Residents with Disabilities and Residents Who Are Limited English Proficient

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

115.316 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Agency Policy #100.0130, Effective Communication with Persons of Limited English Proficiency (LEP)
 Facility Policy #1200.0100, Classification and Ensuring Safety in Housing Residents at the RITS
 Spanish PREA Pamphlet
 Spanish Resident Handbook
 Posted Reporting Information in Spanish
 Posted Search Information in Spanish
 Translation/Interpretation Services Tracking Sheet
 Signed Memoranda by Staff from Superintendent Re: "Addressing the Needs of Residents with Limited English Proficiency and/or Other Disabilities"

Interviews:

Residents
Compliance Managers
Random Staff
School Principal

Provision (a):

The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

The facility Policies collectively address the provision of support services for Limited English Proficient and disabled residents by providing these residents the equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Facility Policy #1200.0100 prohibits use of resident readers or interpreters except in limited circumstances where a resident's safety is compromised. If a resident reader or interpreter is used, the Policy requires such documentation on an Unusual Incident Form. Random staff interviews continue to confirm that residents are not used as interpreters or readers for other residents.

Included in the interviews were staff members who may be used as interpreters and a resident who speaks Spanish. Residents with cognitive disabilities and LEP revealed their understanding of the PREA information through the interviews. Policy #1200.0100 provides guidance to staff in accessing a translator or interpreter and the facility has a list of vendors that may be used as interpreters. PREA education is provided to residents by the Unit Manager. One of the PREA Compliance Managers is fluent in several languages, as well as other treatment and direct care staffs being fluent in languages other than English.

According to agency Policy, and supported by interviews, the agency identifies and record the primary language of its clients. When a client is identified as a LEP person, a notation is made in the resident's electronic record. Contracted American Sign Language interpreter will be utilized as required to provide PREA related information at the point of detainment and throughout the resident's stay in the facility. Education and clinical staff may be used to provide interpretive and other support services based on the needs of the residents.

Provision (b):

The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The dominant language other than English is Spanish within the population served however there are staff members who can provide information in languages other than Spanish among the direct care, treatment and education units. The contracted vendor list includes Purchase Order numbers which assist with the ease of securing the assistance whenever the support services are needed. Additionally, PREA education is provided to residents by the Unit Manager/Co-PREA Compliance Manager who speaks several languages as well as other staff members serving as interpreters as needed.

According to agency Policy, and supported by interviews, the agency identifies and records the primary language of its clients. When a client is identified as a LEP person, a notation is made in the resident's electronic record. Facility Policy provides that each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA information is posted and accessible to residents in English and Spanish. The facility provides access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are Limited English Proficient. The evidence indicates that interpreting and translation services are provided effectively, accurately, and impartially. Information regarding searches is posted in Spanish and English in the intake area.

Provision (c):

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

Policy prohibits the use of resident readers and interpreters except when a delay in obtaining interpreter services could jeopardize a resident's safety, including the performance of first responder duties. Random staff interviews continue to confirm residents are not used to relate PREA information to or from other residents. All residents interviewed indicated PREA education conducted by staff and the review of brochures and Resident Handbook.

Conclusion:

Based upon the review and analysis of the evidence, the Auditor has determined the facility is compliant with this standard regarding residents with disabilities and residents who are Limited English Proficient.

Standard 115.317: Hiring and Promotion Decisions

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

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? Yes No
- Before hiring new employees who may have contact with residents, does the agency consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility PREA Policy, #100.015

Facility Policy #1200.0055, Rhode Island Training School Personnel Administration

Facility Policy #1200.0080, Five Year Criminal Background Check

Facility Policy #700.0105, Clearance of Agency Activity

Clearance of Agency Activity-Addendum, Disqualifying Information

Agency Policy 1300.0015, Staff Protocol

Personnel Files (including background checks and job application information)

Interviews:

Administrative (Human Resources) Staff/Interdepartmental Project Manager

Programming Services Officer/PREA Compliance Manager

Provision (a) & (f):

Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Provision (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section 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 agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The facility and agency Policies address hiring and promotion processes and decisions and background checks. The background checks occur prior to employment and every five years thereafter, in accordance with the Policies. At least 12 complete personnel files were reviewed onsite including completed background checks and hiring documents. Background checks are conducted through the Rhode Island Criminal History System Clearance system. Policy #1200.0055 states that the Department does not hire or promote anyone or enlist the services of any contractor who may have contact with resident who have engaged in any activities listed in the provisions of this standard.

The interview with the Interdepartmental Project Manager and a review of Policies and guidelines continues to provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard. The forms completed and included in the personnel files are responsive to the above provisions of this standard. All applicants are asked about prior misconduct involving any sexual activity.

The documentation, interview and Policies support the facility does not hire anyone who has engaged in sexual abuse or anyone who has used or attempted to use force in the community to engage in sexual abuse. The Code of Conduct/Staff Protocol provides for employees to notify the Chief of Staff if arrested, charged with or convicted of a criminal offense, other than a minor traffic violation, which was also confirmed by the interview. Policy #1200.0055 imposes upon employees a continuing affirmative duty to disclose any PREA related misconduct.

Provision (b):

The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The interview, Policies and guidelines support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The documentation includes the inquiries made during the application process regarding previous misconduct. The evidence, including Policy, shows the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The Policies support that no applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior. Based on the review of the personnel files, records provided during the pre-audit phase, and the interview, the facility follows this provision of the standard.

Provisions (c) & (d):

Provision (c): Before hiring new employees, or

Provision (d): contractors who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check;
- (2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
- (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Policy requires background checks, including consulting any child abuse registry, to occur prior to residents receiving services from employees and contractors and was confirmed by the staff interview and the review of personnel files. According to Policy and the interview, best efforts are made to contact all prior institutional employers for information of incidents or allegations related to sexual abuse. Based on the review of documentation and interviews, the facility follows this provision of the standard. Criminal background checks are performed on employees, contractors and volunteers who have contact with residents.

Provision (e):

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

Initial background checks are conducted and are conducted every five years thereafter. The interview with the Interdepartmental Project Manager, review of documentation and a review of the Policies provide details about the hiring process, completion of background checks, and the grounds for termination in accordance with the PREA standard.

Provision (g):

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

According to the staff interview and a review of the Policies and guidelines, staff has a continuing duty to report related misconduct and applicants are expected to provide factual information. The omission of sexual misconduct information or providing false information is grounds for termination.

Provision (h):

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The interview with the Interdepartmental Project Manager confirmed that the response would be whether a case was “indicated” regarding substantiated allegations of sexual abuse or sexual harassment involving a former employee. Indicated is the term used by the agency.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility meets the provisions of the standard regarding hiring and promotion decisions.

Standard 115.318: Upgrades to Facilities and Technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Corrective Action Plan for Improvements in Master Control Center and Classrooms
PREA Pre-Audit Questionnaire

Interviews:

Superintendent
PREA Compliance Managers
PREA Coordinator
Executive Director of Correctional Services

Provision (a):

If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

The agency has not acquired a new facility or made a substantial expansion to the existing facility since the last PREA audit.

Provision (b):

If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse?

The comprehensive site review, observations and interviews identified enhancements to the monitoring system and the continually increasing role of technology in assisting in keeping residents safe. The enhancements of the camera system were pointed out in detail and demonstrated during the review of the control room. The technology enhancements included but were not limited to the installation of additional cameras to address blind spots and to supplement direct supervision in hallways; cafeteria; weight room; intake area; and outside grounds. The system also has enhanced cameras with additional zoom capability.

RESPONSIVE PLANNING

Standard 115.321: Evidence Protocol and Forensic Medical Examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency always makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility PREA Policy
Facility Policy #1200.0070, Notice to Superintendent
Agency Policy #500.0035, Institutional Child Abuse and Neglect
Agency Policy #500.0065, Police Involvement in Child Protective Investigation
Agency Policy #500.0080, Standards of Proof
Agency Policy #500.0065, Police Involvement in Child Protective Investigation
Letter to State Police/Department of Public Safety Administrator
Communication with One Day Program, Victim Advocacy Agency

Interviews:

Random Staff
Programming Services Officer/PREA Compliance Manager
Registered Nurse
Investigator

Provisions (a) & (b):

Provision (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Provision (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The documentation and interviews continue to demonstrate the Policies will be followed regarding investigations of sexual abuse in accordance with the standard. The Policies provide information regarding the agency investigators responsible for conducting administrative investigations. The investigators are within Child Protective Services of DCYF; there are no facility-based investigators. The interviews and the Policies, the Rhode Island State Police investigates allegations that are criminal in nature. The investigator's and random staff members' interviews confirmed awareness of protocol for obtaining usable physical evidence if a resident alleges sexual abuse and general knowledge of the entities responsible for conducting investigations.

A letter was sent by the DCYF Acting Director to Col. James M. Manni, Superintendent of the Rhode Island State Police and Commissioner of Rhode Island Department of Public Safety regarding a Uniform Evidence Protocol that maximizes the potential for obtaining usable physical evidence. In addition to the letter, a copy of the DCYF PREA Policy was included. The facility also has a copy of the Rhode Island State Police General Order-53, Evidence/Property, which provides guidelines for the collection and preservation of evidence.

Provision (c):

The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The interview with the Nurse revealed that forensic examinations will be conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) at the Hasbro Children's Hospital. The Day One Program, advocacy and reporting agency, also has access to SAFE and SANE providers. Forensic examinations will be provided at no cost to the victim, based on interviews and review of documentation. No forensic examinations have been conducted during this audit period.

Provisions (d) & (e):

Provision (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services

from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

Provision (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Victim advocacy services have been arranged and are documented through correspondence between the PREA Coordinator and the Chief Operations Officer of Day One. According to the Chief Operations Officer and the PREA Coordinator, a Memorandum of Understanding is not required as the facility provides advocacy services to the state agencies as a matter of practice. The services available to residents include:

- 24-hour helpline
- Treatment;
- Intervention;
- Education; and
- Advocacy

Information regarding victim advocacy services is provided to the residents during the intake process and is posted and reviewed in refresher education sessions. The information is posted in both English and Spanish and on various size posters. Brochures in English and Spanish are also available to residents which contains contact information for advocacy services provided by the Day One Program. The interviews, review of documentation and observations confirmed that advocacy services remain accessible to residents.

Provisions (f) & (g):

Provision (f): To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (f) of this section.

Provision (g): The requirements of paragraphs (a) through (f) of this section shall also apply to:

- (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

Investigators with DCYF Child Protective Services conduct administrative investigations in accordance with DCYF Policies and the Standard. Investigations of allegations of sexual abuse or sexual harassment that are criminal in nature are conducted by the Rhode Island State Police in accordance with that agency's Policies and the provisions of the Standard. The letter was reviewed which was sent by the DCYF Acting Director to the Rhode Island State Police/Department of Public Safety Administrator regarding criminal investigations of sexual abuse or sexual harassment. Included in the letter is the expectation by DCYF that a uniform evidence protocol be used which maximizes the potential for obtaining usable physical evidence.

Provision (h):

For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility has qualified staff within the behavioral health unit, including the Clinical Director, to serve as a victim advocate, if needed.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is in compliance with the provisions of this standard.

Standard 115.322: Policies to Ensure Referrals of Allegations for Investigations

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

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility PREA Policy
Agency Policy #500.0035, Institutional Child Abuse and Neglect
Agency Policy #500.0040, Police Involvement in Child Protective Investigation
Agency Policy #500.0000, Reporting Child Abuse and/or Neglect
Agency Policy #500.0025 Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Level 1, 2, 3)
Rhode Island State Police General Orders
Letter to State Police/Department of Public Safety Administrator
PREA Pre-Audit Questionnaire

Interviews:

Random Staff
Agency Investigator
Agency Acting Director
PREA Coordinator
Incident Review Team Member/Executive Director of Corrections

Provision (a):

The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The PREA Policy directs staff to report all allegations of sexual abuse and sexual harassment. Facility policy and practice indicate documentation of such reports. Staff members are aware of the Policy requirements as verified through interviews. The facility reports there have been no allegations of sexual harassment or sexual abuse. The Policy and interviews support the cooperation between the facility staff and the investigators. Additional Policies, Letter to State Police Administrator and interviews indicate an investigation of all allegations.

Provision (b) and (c):

Provision (b): The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.

Provision (c): If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

PREA reporting information is located on the facility's website and within the facility, accessible to the public. The posted information is accessible to residents, staff, contractors and visitors. Policies and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained investigators, located in the agency's central office. Allegations that are criminal in nature are investigated by the Rhode Island State Police. During the past 12 months there were no allegations of sexual abuse or sexual harassment.

Provision (d):

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

Documentation demonstrates that the Rhode Island Department of Children, Youth and Families and the Rhode Island State Police have policies governing investigations. Correspondence from the Rhode Island State Police indicate that the PREA related General Orders provided to DCYF are current.

Provision (e):

Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in this facility.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations.

TRAINING AND EDUCATION

Standard 115.331: Employee Training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #400.0000, Training and Professional Development
 PREA Training Curricula
 PREA Training Curriculum Guide
 PREA Training Logs
 PREA Pre-Audit Questionnaire

Interviews:

Random Staff
 Programming Services Officer
 Training Specialist

Provisions (a) and (c):

Provision (a): The agency shall train all employees who may have contact with residents on:
 (1) Its zero-tolerance policy for sexual abuse and sexual harassment;

- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

Provision (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The Policy addresses PREA related training for staff; the Training Specialist coordinates and conducts staff training. The interviewed staff members were generally familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by interviews and review of Policy and training documents, including PowerPoint presentations. The Training Specialist also emails information to all staff covering a specific PREA related topic each month, including but not limited to the following: Helping Residents Who Primarily Speak Another Language; First Responder Duties; Completing a PREA Incident Report; and Resident Support Services.

Staff interviews and documentation support refresher training is also conducted. All random staff interviewed, trainers and Training Specialist reported the training is provided as required. All random staff interviewed and Policy verified the general topics in this standard provision were included in the training. The Training Specialist electronically sends out printed material (Information Sheets) to facility staff on a monthly basis regarding PREA related topics. Refresher training was provided through this emailed information regarding staff asking the youth his/her preference of the gender of the staff to conduct a search, in accordance with Policy, or whether the search would be conducted by medical staff.

Provision (b):

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

The facility houses males and females and the training considers the needs of the population served as determined by training materials. The Policy supports training being tailored to the needs and attributes of the population served.

Provision (d):

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The PREA training is primarily documented electronically and by certificates. The training was verified through document review and formal and informal staff interviews. The facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is in compliance with the provisions of this standard.

Standard 115.332: Volunteer and Contractor Training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Documents Reviewed:

Facility Policy #400.0000, Training and Professional Development
Guide to Prevention and Reporting of Sexual Abuse for Interns, Contractors, Vendors, and Volunteers
Training Curriculum
Training Curriculum Guide
Mandatory Duty to Report Form/Acknowledgement Statement
PREA Pre-Audit Questionnaire

Interviews:

Contract Clinicians (2)
Religious Services Volunteer

Provision (a):

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The Policy requires volunteers and contractors who have contact with residents to be trained on PREA and their responsibilities regarding prevention, detection, and response to allegations of sexual abuse and sexual harassment. A review of supporting documentation and the interviews document the training occurs.

Provision (b):

The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is based on the services provided by the contractors and volunteers in accordance with the PREA Policy. The interviews revealed that the training includes a review of the agency's zero-tolerance practice regarding sexual abuse and sexual harassment of residents and supporting information. Initial PREA training with contractors is conducted with the Clinical Director and subsequent training is provided by the Training Specialist.

Provision (c):

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The Mandatory Duty to Report Form is provided for documentation and indicates PREA awareness and the duty to report.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with the provisions of this standard.

Standard 115.333: Resident Education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.333 (c)

- Have all residents received the comprehensive education referenced? Yes No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? Yes No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No

- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility PREA Policy
PREA Information Sheets
PREA Pamphlets
PREA Education Acknowledgement Form
Resident Handbook
Acknowledgement Statements
Safety Guidelines
PREA Pre-Audit Questionnaire

Interviews:

Residents
Intake Staff/Unit Manager

Provisions (a) and (b):

Provision (a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Provision (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Facility Policy supports all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. The Unit Manager provides orientation to PREA and varying staff provides refresher education. The residents interviewed revealed general familiarity with PREA information. The results of the staff and resident interviews and a review of the education materials indicated the information provided to the residents is age-appropriate.

According to the Unit Manager and resident interviews, PREA education includes the residents' rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The residents sign acknowledgement statements confirming their receipt of information. A review of a sample of residents' files indicated participation in PREA education. The PREA related information is provided to staff in policies and procedures, training, monthly mailers, and staff meetings.

Provision (c):

Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b) and interviews, the residents in the facility participated in the PREA education sessions. The facility reports that all residents present during the audit had received PREA education.

Provision (d):

The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

The facility has the capability to provide the PREA education in formats accessible to all residents including those who may be hearing impaired; Deaf; have intellectual, psychiatric and speech disabilities; low vision; blind; limited reading, limited English proficient, and based on the individual need of the resident. Resource documentation of translators was reviewed for the provision of accommodations for residents. The agency also has the education staff and behavioral staff as resources.

The PREA information is in English and Spanish accessible to residents, staff, contractors, and visitors. Random, treatment and education staff members are bilingual. Staff interviews and Policy confirmed residents are not used as translators or readers for other residents. During a targeted interview, the resident expressed understanding of the PREA information provided and referenced the information being provided in Spanish and the presence of several staff in the facility that speak Spanish.

Provision (e):

The agency shall maintain documentation of resident participation in these education sessions.

Signed acknowledgement statements were reviewed in a sample of the resident's files which supported involvement in PREA education sessions. All residents interviewed were aware of the PREA

information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment.

Provision (f):

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Several information sheets, brochures, posters and the Resident Handbook are provided in Spanish and English and are provided to residents, reviewed with residents, and posted and visible to residents. The education materials provide information on how to report allegations of sexual harassment and sexual abuse. The education/information materials are provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide sexual abuse and sexual harassment; safety tips; steps victims may take; and reporting information. Two of the documents are entitled: "If You Have Just Been Sexually Abused" and "Sexual Abuse is Not a Part of Being Here;" both are in English and Spanish.

Interviews with residents and staff revealed they can report allegations of sexual abuse or sexual harassment in different ways such as telling a staff member; telling a family member who may report the allegation for them; using reporting hotlines; or write a note. These methods of reporting are also provided by staff during PREA education sessions and by the printed materials given to residents or posted. Each resident is provided a Resident Handbook which contains reporting information and PREA information was observed posted in the living areas and other parts of the building and was easy to see and read.

Conclusion:

Based upon the review and analysis of the available evidence, interviews and observations, the Auditor determined the facility is compliant with the provision of this standard.

Standard 115.334: Specialized Training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility PREA Policy
 Agency Policy #400.0000, Training and Professional Development
 Training Certificates
 Training Curricula

Interviews:

Investigator

Provision (a) & (b):

Provision (a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

Provision (b): Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policies provide for investigations of allegations of sexual abuse that are criminal in nature be conducted by the Rhode Island State Police. Administrative investigations are conducted by trained DCYF investigators and the Training and Professional Development Policy provides for the investigators to be trained. The investigators have received specialized training through the National Institute of Corrections as confirmed by the interview and a review of training certificates. The online training courses, PREA: Your Role Responding to Sexual Abuse and PREA: Investigating Sexual Abuse in a Confinement Setting has been completed by all of the investigators. Two Investigators have also completed PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations, also through the National Institute of Corrections.

Provision (c):

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The Certificates of Completion of the online courses for the investigators were reviewed by the Auditor. The interview with the Investigator reflected the occurrence of the specialized training. All the training courses had been completed in 2019.

Provision (d):

Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The Rhode Island Department of Children, Youth and Families provides training to its investigators who conduct administrative investigations at the facility. The training is provided online through the National Institute of Corrections.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding specialized training for investigators.

Standard 115.335: Specialized Training: Medical and Mental Health Care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Agency Policy #400.0000, Training and Professional Development
Training Certificates

Interviews:

Clinical Social Worker
Registered Nurse
Contractors (2)

Provision (a):

The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Policy and facility practice provide medical and behavioral health staff members receive the regular PREA training as well as the specialized training. Training records document specialized training for medical and behavior health staff members. The documentation confirms the medical and behavior health staff, including contractors, completed online training through the National Institute of Corrections. The interviews and a review of training Certificates confirmed completion of training which includes the provisions of the standard.

Provision (b):

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not conducted at the facility.

Provision (c):

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

The training certificates and the interviews with medical and mental health staff and Programming Services Officer confirmed receipt of the required training.

Provision (d):

Medical and mental health care practitioners shall also receive the training mandated for employees under Standard 115.331 or for contractors and volunteers under Standard 115.332, depending upon the practitioner's status at the agency.

Behavioral health staff completed the general training that is provided for all employees. Clinical contractors complete initial training provided for contractors with the Clinical Director and an additional four hours of PREA training with the facility's Training Specialist. The Auditor reviewed the PREA training materials used which are under the auspices of the Training Specialist.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding specialized training for medical and mental health care.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for Risk of Victimization and Abusiveness

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

115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? Yes No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained: During classification assessments? Yes No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0100, Classification and Ensuring Safety in Housing Residents at the RITS
Facility Policy #1200.0145 Victimization and Abusiveness Screening
Victim/Aggressor Assessment
PREA Pre-Audit Questionnaire

Interviews:

Unit Manager/Co-PREA Compliance Manager
Residents

Provision (a):

Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.

Policy provides that a risk screening occurs within 72 hours upon arrival to the facility. The resident is interviewed upon arrival to the facility to obtain information about his/her personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The Victim/Aggressor Assessment instrument is used to obtain and document such information. Review of records and interviews revealed the practice of the risk screening occurring. A sample of screening instruments were reviewed by the Auditor confirming information obtained includes but is not limited to the following:

- Prior sexual victimization or abusiveness;
- Resident's own perception of safety;
- Level of emotional and cognitive development;
- Intellectual or developmental disabilities; and,
- Physical Disabilities

Provision (b):

Such assessments shall be conducted using an objective screening instrument.

The objective screening instrument, Victim/Aggressor Assessment, is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his/her own safety. The responses on the instrument are scored individually garnering a total score which would place the youth in the category of Low Risk, Moderate Risk or High Risk, minimizing or eliminating arbitrary categorization by the administrator of the screening instrument. The interviews and review of documentation revealed the initial use of the instrument may be on the same day of admission and within 72 hours of admission as required by Policy.

Provision (c):

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;

- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The Auditor reviewed the screening instrument and determined the items required by this provision of the standard are included. The interview with the Unit Manager confirmed he is aware of the elements of the risk screening instrument and the information to be gleaned. The resident interviews confirmed the administration of the screening instrument.

Provision (d):

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The Unit Manager and Policy provide that the information is ascertained through an interview with the resident; Intake Form; file review; collateral information from other workers, including Probation Officer; other assessments completed at the facility; and other available resources. The review of the instrument and interview confirmed the information is ascertained through various resources. Resident interviews revealed there is an application of the screening instrument during the intake period.

Provision (e):

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Policy provides for completed assessments to be secured in the resident's case record and made available only to those staff members who have a need for access to the actual assessment for treatment or safety purposes. Appropriate controls are taken to ensure that sensitive information is protected and not exploited. The interview with the Unit Manager revealed the information is only available to administrators and clinical staff. The Auditor observed the files to be maintained in a secure manner in lockable file cabinets within a locked file room, accessible by programmed card keys. Online documents are password protected. The evidence, including interviews and observations continue to demonstrate the facility follows this provision of the standard.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding screening for risk of victimization and abusiveness.

Standard 115.342: Use of Screening Information

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

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? Yes No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? Yes No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility never places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility never places residents in isolation for any reason) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility never places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility never places resident in isolation for any reason.) Yes No NA
- Do residents also have access to other programs and work opportunities to the extent possible? (N/A if the facility never places residents in isolation.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No

- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility never place residents in isolation for any reason?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility never places resident in isolation for any reason?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility never places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0100
Victim/Aggressor Assessment
PREA Pre-Audit Questionnaire

Interviews:

Residents
PREA Coordinator
Superintendent
Unit Manager/Co-PREA Compliance Manager
Random Staff

Provision (a):

The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

Facility Policy provides guidance to staff regarding the use of the information obtained from the screening instrument. The staff interviews and information obtained through the administration of the screening instrument assist in determining bed, education and other program assignments with the goal of keeping all residents safe and meeting the needs of each resident. This information was verified through a review of samples of screening instruments.

Provision (b):

Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Isolation is not used at this facility for protective custody regarding PREA.

Provision (c):

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. The Policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or units observed to be reserved for transgender or intersex residents. Housing assignments will be made on a case-by-case basis as supported by Policy and interviews with the Unit Manager. Interviews with targeted residents supported the Policy that the facility does not house LGBTI residents in specific housing solely based on how the residents identify or their status.

Provision (d):

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

The Policy supports that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff and residents' interviews and observations. The staff interview confirmed the facility would consider on a case-by-case basis whether a placement would ensure the residents' health and safety, and whether the placement would present management or security problems. Based on the review of the Pre-Audit Questionnaire and the interviews, the evidence shows the facility follows this provision of the standard.

Provision (e):

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

Policy provides placement and programming assignments for each transgender or intersex resident be reviewed monthly and also reviewed as a part of the Individual Treatment Plan and Bi-Monthly Review process. This review will be documented on the Housing Alert form as well as in the Bimonthly review and Individual Treatment plan. This function would be done to review any threats to safety experienced by the resident. There were no residents that identified as transgender or intersex.

Provision (f):

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

The resident's concern for his own safety is taken into account through the administration of the screening instrument and this applies to every resident. The residents and screening instrument indicated that residents are asked about their safety concerns. The interview with the Unit Manager revealed he is aware of Policy.

Provision (g):

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Transgender or intersex residents will be given the opportunity to shower separately from other residents which is also supported by staff interviews and observations. All residents shower separately.

Provision (h):

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

Isolation is not used at this facility for protective custody regarding PREA. No residents at risk of sexual victimization were identified and placed in isolation in the 12 months preceding the audit.

Provision (i):

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

Isolation is not used at this facility for protective custody regarding PREA. No residents were deemed at risk of sexual victimization and placed in isolation in the 12 months preceding the audit.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding use of screening information. No residents who identified as transgender or intersex were present during the onsite phase of the audit or in the months preceding the audit.

REPORTING

Standard 115.351: Resident Reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility never houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Documents Reviewed:

Agency Policy #500.0060, Processing and Notifications of Alleged Institutional Abuse/Neglect
State Law 42-72-15, Children's Bill of Rights
Grievance Form
Resident Handbook
PREA Education Materials
Posted PREA Information

Interviews:

Random Staff
Residents
PREA Compliance Managers

Provision (a):

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Policies and practice provide for internal ways a resident may report allegations of sexual abuse and sexual harassment, including how he/she can privately report sexual abuse and sexual harassment; retaliation for reporting; and staff neglect or violations of responsibilities that may have contributed to such. Residents may report allegations of sexual abuse or sexual harassment by telephone through the 24-hour reporting hotline, as confirmed by resident and staff interviews and observations.

Posters and facility Policy, brochures, information sheets, and the Resident Handbook provide the telephone numbers and instructions for reporting allegations and/or requesting assistance as a result of sexual abuse or sexual harassment. In addition to accessing a telephone, residents are also informed in the PREA education sessions that they may tell staff; tell a family member or another third-party; write a note or write the complaint on a grievance form regarding allegations of sexual abuse and sexual harassment.

Resident and staff interviews revealed residents may use the telephone upon request at any time to privately report sexual abuse and sexual harassment. Residents have access to writing materials as observed and stated by staff and residents. The addresses to the Office of the Child Advocate and Child Protective Services are provided in the Resident Handbook, on posters, and in brochures and on leaflets. Written notes or letters may also be given to staff. If a grievance form is used to make a written allegation of sexual abuse or sexual harassment, the reporting procedures will be implemented in accordance with Policy. The reporting information was supported by the resident interviews.

Posters are located in various locations visible to residents, staff, contractors, the volunteer, and visitors. Residents revealed they have contact with someone who does not work at the facility such as a family member, Probation Officer or other person they could report abuse to if needed. Staff members receive information on how to report allegations of sexual abuse or sexual harassment through policies and procedures, training, and staff meetings. Residents also are provided the opportunity to write letters, receive letters; access to the telephone; and visitation.

Provision (b):

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Residents interviewed revealed they could use the hotline numbers to report allegations of abuse or sexual harassment. There have been no allegations of sexual abuse or sexual harassment during this audit period. The facility does not detain residents solely for civil immigration purposes.

Provision (c):

Staff shall accept reports made verbally, in writing, anonymously, and from third-parties and shall promptly document any verbal reports.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports. The residents interviewed revealed their familiarity with the provisions of the standard. The resident interviews collectively revealed awareness of reporting either in person, in writing, by phone, or through a third-party. The residents were aware third-party reports could be made and that reports can be made anonymously. Interviewed staff members were aware of their duty to receive and document third-party reports.

Provision (d):

The facility shall provide residents with access to tools necessary to make a written report.

Writing materials are readily available for residents to complete grievance forms or write notes as observed and indicated by the staff interviewed as well as residents. Residents may send written complaints to the Office of Child Advocate and Day One; this information is posted in English and Spanish.

Provision (e):

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified that an allegation may be made privately by use of the hotlines, talk to a PREA Compliance Manager or talk to a supervisor or management staff.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding resident reporting.

Standard 115.352: Exhaustion of Administrative Remedies

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

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0260, Resident Report of Violation or Potential Violation of Rights
Resident Handbook

Interviews:

Programming Services Officer/Co-PREA Compliance Manager
Random Staff
Resident Interviews

Provision (a):

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The facility is exempt from this standard. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse. Once an allegation is received by staff on a grievance form, note or letter, it is reported to the appropriate investigative entities and an investigation is conducted either by the DCYF Child Protective Investigator or the Rhode Island State Police when the allegation is criminal in nature.

The Policy provides for residents to have the opportunity to call the Child Protective Services hotline number; parents; attorneys; State Police; Rhode Island Office of Child Advocate; and courts at any time to make an allegation of sexual abuse or sexual harassment. Policy directs staff to grant the resident access to make the calls at any time which was supported by the interviews. Allegations may also be

made to medical staff during routine sick call and to any staff at any time. Residents are also provided the addresses to the Office of Child Advocate and Child Protective Services for the provision of written allegations. The Policy states that residents and their parents have routine access to the Unit Manager, Unit Social Worker, and the Late Duty Unit Manager.

The Policy states that residents or parents may utilize the resident grievance procedure to raise concerns; however, Rhode Island General Law does not permit reports of child abuse or neglect to be made in this manner. The Policy and the Resident Handbook provide that if an allegation is received on a grievance form, the report is called in to the Child Abuse Hotline immediately and the Superintendent or on-call administrator is notified. During this audit period, no grievance form was submitted alleging sexual abuse or sexual harassment.

Provision (b):

- (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.
- (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

The facility is exempt from this standard. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse. Once an allegation is received by staff on a grievance form, note or letter, it is reported to the appropriate investigative entities and an investigation is conducted either by the DCYF Child Protective Services Investigator or the Rhode Island State Police when the allegation is criminal in nature.

Rhode Island General Law does not permit reports of child abuse or neglect to be made in this manner. The Policy and the Resident Handbook provide that if an allegation is received on a grievance form, the report is called in to the Child Abuse Hotline immediately and the Superintendent or on-call administrator is notified.

Provision (c):

The agency shall ensure that—

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

The Policy states that residents or parents may utilize the resident grievance procedure to raise concerns; however, Rhode Island General Law does not permit reports of child abuse or neglect to be made in this manner. The Policy and the Resident Handbook provide that if an allegation is received on a grievance form, the report is called in to the child abuse hotline immediately and the Superintendent or on-call administrator is notified.

Provision (d):

- (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

The facility is exempt from this standard. Rhode Island General Law does not permit reports of child abuse or neglect to be made in this manner. The Policy and the Resident Handbook provide that if an allegation is received on a grievance form, the report is called in to the Child Abuse Hotline immediately and the Superintendent or on-call administrator is notified.

Provision (e):

(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

The facility is exempt from this standard. The grievance system does not include a process for facility staff to investigate or resolve allegations of sexual abuse. Once an allegation is received by staff on a grievance form, note or letter, it is reported to the appropriate investigative entities and an investigation is conducted either by the DCYF Child Protective Services Investigator or the Rhode Island State Police when the allegation is criminal in nature.

The Policy provides for residents to have the opportunity to call the hotline numbers; parents; attorneys; State Police; and courts at any time to make an allegation of sexual abuse or sexual harassment. Policy directs staff to grant the resident access to make the calls at any time which was supported by the interviews. Allegations may also be made to medical staff during routine sick call and to any staff at any time. Residents are also provided the addresses to the Office of the Child Advocate and Child Protective Services for the provision of written allegations. The Policy states that residents and their parents have routine access to the Unit Manager, Unit Social Worker, and the Late Duty Unit Manager.

The Policy states that residents or parents may utilize the resident grievance procedure to raise concerns; however, Rhode Island General Law does not permit reports of child abuse or neglect to be made in this manner. The Policy and the Resident Handbook provide that if an allegation is received on a grievance form, the report is called in to the Child Abuse Hotline immediately and the Superintendent or on-call administrator is notified. During this audit period, no grievance form was submitted alleging sexual abuse or sexual harassment.

Provision (f):

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The facility is exempt from this standard. The Policy states that residents or parents may utilize the resident grievance procedure to raise concerns; however, Rhode Island General Law does not permit reports of child abuse or neglect to be made in this manner.

Provision (g):

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

The facility is exempt from this standard. The Policy states that residents or parents may utilize the resident grievance procedure to raise concerns; however, Rhode Island General Law does not permit reports of child abuse or neglect to be made in this manner.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard.

Standard 115.353: Resident Access to Outside Confidential Support Services and Legal Representation

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such

communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0260
Agency Policy #500.0025
PREA Education Flyers and Brochures
Resident Handbook
Correspondence – Advocacy Services
Posted Information

Interviews:

Residents

PREA Compliance Managers

Provision (a):

The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

Residents' PREA education sessions include information about advocacy services. Signs are posted in various areas of the facility, especially in living units and brochures and flyers are provided to residents. The interviews revealed that residents have access to call the hotlines at any time. The contact information for services from the advocacy agencies was posted to report allegations or request advocacy services. Residents may use telephones in staff offices and the flyers and brochures contain the agencies' addresses as well as phone numbers.

Provision (b):

The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The Policy addresses the confidentiality of residents' information and the residents revealed that if they called the hotline for the victim advocacy agency, the information would remain confidential. Correspondence between the PREA Coordinator and the Chief Operations Officer of Day One, advocacy agency, reveals that agency advocates will provide confidential support.

Provision (c):

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Correspondence exists between the PREA Coordinator and the Chief Operations Officer of Day One, victim advocacy agency. The correspondence confirms the provision of advocacy services, including treatment; intervention; education; and advocacy. It was also agreed in writing that a 24-hour hotline number would be available to residents for advocacy services over the phone or in-person; at the hospital or police station.

Provision (d):

The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

The interviews confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians which is supported by Policy and the Resident Handbook. The site review revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members. The residents stated family could visit and phone calls are allowed. The residents provided the days and times of visitation and phone calls. The PREA

Compliance Managers confirmed the facility would provide residents with reasonable and confidential access to their attorney where indicated and/or court representatives and access to parents/guardians.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility meets this standard.

Standard 115.354: Third-Party Reporting

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

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0260
Agency Policy #500.0000, Reporting Child Abuse and/or Neglect
Posted Information
Website Information

Interviews:

Random Staff
Residents
Superintendent

Standard 115.354:

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Random staff members are aware third-party reporting of sexual abuse or sexual harassment can be done and indicated the information will be accepted and reported. Staff members reported that they are to immediately document all verbal reports received and the Policy provides for within 24 hours. The interviews revealed that staff may report allegations privately through the use of the abuse reporting hotlines or talk to an administrator in private. Information regarding reporting is posted on the facility's website and contained in the Resident Handbook which is posted on the website. The reporting information is also posted within the facility. The reporting information is accessible to staff, residents, contractors, volunteers, and visitors.

The residents collectively identified methods within the facility in which they may make third-party reports which included: write a note to a staff member; tell a staff member; tell a family member; call the Police, or utilize the abuse reporting hotlines for Day One Program or Child Advocate's office. All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third-party reporting. No third-party reports were received during this audit period.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is in compliance regarding third-party reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and Agency Reporting Duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? Yes No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility PREA Policy
Facility Policy #1200.0255, Preventing Retaliation at the Rhode Island Training School
Agency Policy #500.0000

Interviews:

Random Staff
Superintendent
Registered Nurse
Clinical Social Worker
Investigator
Executive Director of Correctional Services

Provision (a) and (b):

Provision (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Provision (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Responses from staff are aligned with the Policies that collectively support that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws. The DCYF Office of Protective Services trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Rhode Island State Police as confirmed by Policies and the interviews. The staff members are deemed as mandated reporters by the State. The staff interviews were aligned with the requirements of the Policies and standard. Staff members are instructed to report all allegations of sexual abuse or sexual harassment to Supervisors and the on-call administrator which will subsequently report to the Superintendent.

Provision (c):

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to

anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy provides that after allegations have been appropriately reported, staff will keep the information confidential regarding what was reported except when necessary regarding the investigation. Providing information is based on the need to know by those involved such as designated supervisors, managers, agency and other State officials related to the investigation. Staff is expected to abide by the confidentiality requirements of the facility, according to the Superintendent. Staff is familiar with the Policies and reporting duties.

Provision (d):

(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.

(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The Clinical Social Worker and Nurse indicated that residents are informed at the initiation of services about the limitations of confidentiality and the duty to report. They are also mandated reporters. Informed consent may be documented in activity or progress notes for a resident 18 years and older regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

Provision (e):

(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Facility Policy and practice provide that reports of allegations of sexual abuse will be made by the Superintendent or on-call administrator to the DCYF child abuse hotline. Allegations of sexual abuse are also reported to the Rhode Island State Police and all related information will be provided. Policy also provides for parents to be notified. Additionally, Policy provides that the juvenile's attorney or other legal representative will be contacted within 14 days of receipt of the allegation. The interview with the Superintendent confirmed that a resident's case worker rather than a parent/guardian would be notified where indicated. The court would also be notified where indicated.

Provision (f):

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The Policy provides for all allegations to be reported to the Superintendent or on-call administrator. The allegation is subsequently reported through the DCYF child abuse hotline. Third-party and anonymous reports received must be reported and documented by staff as confirmed through staff interviews. The Policies and interviews indicate that all allegations must be reported

Conclusion:

The interviews with staff revealed awareness of the requirements regarding their reporting duties. All staff interviewed acknowledged they are mandated reporters.

Standard 115.362: Agency Protection Duties

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

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility PREA Policy
Facility Policy #1200.0070, Notice to Superintendent
Facility Policy #1200.0100, Classification and Ensuring Safety in Housing residents at the RITS
Agency Policy #500.0035, Institutional Child Abuse and Neglect
Victim/Aggressor Assessment Forms

Interviews:

Superintendent
Random Staff
PREA Coordinator
Acting Agency Director

Standard 115.362:

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The Policies collectively require staff to protect the residents through implementing protective measures. Administration of the vulnerability screening instrument, Victim/Aggressor Assessment, provides information that assists and guide staff in keeping residents safe through housing and

program assignments. The additional and supplemental instruments provide information which offer more insight and background in determining the risk level of each resident.

The interviews of the random staff and Superintendent revealed protective measures include but are not limited to alerting Supervisor and other staff, implementing close supervision, and separating the residents including moving to a different room or housing unit. The Superintendent and the random staff indicated the expectation is that any action to protect a resident would be taken immediately.

Considering the interviews, reviewed documentation and observations, there was no resident identified to be at substantial risk of imminent sexual abuse in the past 12 months. The interviews with the residents revealed that during the intake process they are asked about how they feel about their safety as part of the inquiries by staff completing paperwork and many residents indicated follow-up checks are made by the staff either informally or formally. Screening instruments support the information provided by residents.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding agency protection duties.

Standard 115.363: Reporting to Other Confinement Facilities

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

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0070
Agency Policy #500.0035

Interviews:

Superintendent
Acting Agency Director

Provisions (a), (b), (c), and (d):

Provision (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Provision (c): The agency shall document that it has provided such notification.

Provision (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the investigative staff, on behalf of the Superintendent, will be the point of contact and will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and the investigative entities. The interviews revealed that notification will be made immediately and no longer than 72 hours after receiving the information and the notification will be documented. In the past 12 months, there were no allegations of sexual abuse occurring at another facility received by the facility.

Conclusion:

Based upon the information received and interviews, the Auditor determined the facility is compliant with this standard.

Standard 115.364: Staff First Responder Duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Agency Policy #500.0035

Interviews:

Random Staff
Superintendent

Provision (a):

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The Policy and training provide that upon learning of an allegation that a resident was sexually abused the Superintendent or on-call administrator ensures appropriate staff response includes but is not limited to the following:

- a. Separate the alleged victim and abuser;
- b. Ensure appropriate medical attention;
- b. Preserve and protect any crime scene and prevent alleged perpetrator from tampering with evidence;
- c. Depending on the time span regarding the collection of physical evidence, staff must request that the alleged victim not take any actions that could destroy physical evidence.

Interviews with staff confirmed awareness of first responder duties and that the training had been provided. There were no allegations or incidents where staff had to act as a first responder in the last 12 months.

Provision (b):

If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Non-direct care staff who may act as a first responder would immediately alert direct care staff or other program staff and take action to protect the resident. There were no allegations or incidents where a staff member had to act as a first responder in the last 12 months.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor has determined the facility is compliant with this standard regarding staff first responder duties and would respond accordingly, based on Policy, training documentation and interviews.

Standard 115.365: Coordinated Response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Agency Policy #500.0035
PREA Coordinated Response Plan
Law, Policy, Procedure and Protocol

Interviews:

Random Staff
Superintendent

Standard 115.365:

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The format of the coordinated response plan is a flow chart which lists the protocols to be followed by identified staff, aligned with the information in the PREA related Policies and the standard regarding the response to an allegation or incident of sexual abuse. It includes the involvement of identified staff members such as the first responder; supervisor/management; medical; and mental health.

There is also a detailed document which references State statutes and Policies. The document includes background information and information regarding prevention, detection, reporting, and investigation of sexual harassment and sexual misconduct at the facility. The random staff interviewed was familiar with the roles regarding the response to an allegation of sexual abuse. The Superintendent is aware of the coordinated actions that would be implemented in response to an incident of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility complies with the provisions of the standard regarding a coordinated response to an incident of sexual abuse.

Standard 115.366: Preservation of Ability to Protect Residents from Contact with Abusers

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.366

According to the interview with the DCYF Acting Director, who serves as the Chief Legal Counsel, collective bargaining agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview revealed that no due process rights are violated and the contract allows for discipline for just cause.

Standard 115.367: Agency Protection Against Retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0255, Preventing Retaliation at the Rhode Island Training School
Facility Policy #1200.0055, Rhode Island Training School Personnel Administration

Interviews:

Unit Manager
Superintendent
Acting Agency Director

Provision (a):

The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

The Policies support protecting all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. One of the Unit Managers was interviewed regarding his role for ensuring retaliation monitoring occurs when needed, per Policy. The interview confirmed he is charged with monitoring for retaliation and how it is conducted.

Provision (b):

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Policy and interviews revealed measures that would be taken to detect and protect staff and residents from retaliation by others. According to the Unit Manager, the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations and as per Policy. Other staff involved in retaliation monitoring would be the shift Supervisors. Protective measures would include housing changes; review of point sheets for residents; removing alleged staff abusers through suspension until the investigation is completed; and support services as needed.

Provision (c):

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The Policies and interview with the Unit Manager provide that the monitor of conduct and/or treatment of residents or staff who reported sexual abuse, and of residents, who were reported to have suffered sexual abuse for at least 90 days to see if there are any changes that may suggest possible retaliation is occurring. According to the Superintendent, actions would be taken promptly to remedy any retaliatory situation. The Policy and the interview summarize that the following would be monitored: disciplinary reports/measures; changes in assignments; interactions; and resident point sheets. The monitoring continues beyond ninety (90) days, if the initial monitoring indicates a continuing need, as verified by the Unit Manager.

Provision (d):

In the case of residents, such monitoring shall also include periodic status checks.

The Policy and the interview with the Unit Manager support status checks however retaliation monitoring has not been indicated or required during the past 12 months.

Provision (e):

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The Policy considers other individuals who cooperate with an investigation if they express fear of retaliation from another resident or staff member. The Unit Manager indicated he would take appropriate measures to protect any related individuals against retaliation.

Provision (f):

An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The facility’s obligation to monitor for retaliation terminates, if it is determined that the allegation is unfounded which was supported by the interview with the Unit Manager.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding agency protection against retaliation. It is concluded that if the facility were to have an incident of retaliation, protection measures would be implemented and monitoring would occur.

Standard 115.368: Post-Allegation Protective Custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0235, Lock Up

Interviews:

Superintendent
Registered Nurse
Clinical Social Worker

Standard 115.368:

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.

The Policy provides that isolation, outside of the Major Discipline Review process, is not permissible at the facility. The interviews supported that segregation/isolation is not used at this facility regarding residents who are alleged to have suffered sexual abuse.

Conclusion:

Based upon the review and analysis of Policy, interviews, and observations, the Auditor determined the facility is compliant with this standard regarding post-allegation protective custody which is not used.

INVESTIGATIONS

Standard 115.371: Criminal and Administrative Agency Investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? Yes No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?
 Yes No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Agency Policy #500.0035
Agency Policy #500.0065, Police Involvement in Child Protective Investigation
Law, Policy Procedure and Protocol
Correspondence

Interviews:

DCYF Child Protective Investigator
Superintendent
Random Staff

Provision (a):

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The Policies provide that all incidents of alleged sexual abuse or sexual harassment be addressed through an investigation. DCYF/Child Protective Services investigators conduct administrative investigations and allegations that are criminal in nature are investigated by the Rhode Island State Police, confirmed by Policies and interviews.

Provision (b) and (c):

Provision (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

Provision (c): Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The Auditor reviewed the training certificates for the investigators and the interview was aligned with the training and the standard. The investigators work out of the agency's central office. The Investigators have Certificates of Completion of the online courses with the National Institute of Corrections. Investigations conducted by the State Police would receive support from the Child Protective Services Investigator, as needed.

Provision (d):

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

The training and Policies support that no investigation is terminated solely because the source of the allegation recants the allegation. The interview with the Investigator confirmed this practice.

Provision (e):

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Agency Investigators do not conduct investigations that are criminal in nature, according to the interviews and Policies. The Police will deal with prosecution related matters.

Provision (f):

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff as supported by the interview and training, in accordance with the standard. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of the allegation.

Provisions (g) and (h):

Provision (g): Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

(2) Shall 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.

Provision (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The interview with the investigator and a review of documentation revealed that PREA investigations would include an effort to determine whether staff actions or failures to act contributed to the abuse. All investigations are completed with written reports as referred in the provisions and include a description of the physical and testimonial evidence and investigative facts and findings.

Provision (i):

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The Policy provides that all allegations that are criminal in nature are referred to the Rhode Island State Police. The responsibility to refer for prosecution lies with the authority of the State Police. The correspondence between DCYF and State Police officials confirms criminal investigations are investigated by the State Police.

Provision (j):

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

Records are retained per the agency's Policies.

Provision (k):

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The interview with the Investigator confirmed that upon the start of an investigation, it will not end until the investigation has been completed.

Provision (l):

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The investigative agencies are aware of the PREA standards requirements. There is correspondence between DCYF and Rhode Island State Police officials confirming that a uniform evidence protocol will be used that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. The correspondence supports protocols developmentally appropriate for youth.

Provision (m):

When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The interviews and documents reviewed indicated that staff cooperates with all investigators and management staff remains informed about the progress of the investigation. Open communication exists with facility management staff, Child Protective Services, and Rhode Island State Police.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding criminal and administrative investigations.

Standard 115.372: Evidentiary Standard for Administrative Investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Agency Policy #500.0080
Training Certificates

Interviews:

Investigative Staff

Standard 115.372:

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Policy provides the standard of proof is a “preponderance of the evidence” and provides the definition of such. The interview with the Investigator was aligned with the Policy and provision of the standard.

Conclusion:

Based upon the review and analysis of the Policy, training documentation and interview, the Auditor determined the facility is compliant with this standard regarding the evidentiary standard for administrative investigations.

Standard 115.373: Reporting to Residents**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.373 (a)**

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

115.373 (b)

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

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Agency Policy #500.0035

Interviews:

Investigator
 Superintendent

Provision (a):

Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The Policy addresses the resident being informed when the investigation is completed and the outcome of the investigation. The Child Protective Investigator coordinates with the facility administrator

regarding informing the resident of the outcome of the investigation. The resident is informed of the results of an investigation and provided any necessary support as indicated by the Policy. The Superintendent, other management staff and PREA Coordinator remain abreast of an investigation conducted by any of the investigative entities through individual contacts.

Provision (b):

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

The Superintendent, Executive Director of Correctional Services, and PREA Coordinator remain abreast of an investigation conducted by the Rhode Island State Police through contacts within the State Police department. No investigations were completed by the State Police during this audit period.

Provision (c):

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The Policy requires that following a resident's allegation that a staff member committed sexual abuse against the resident, the resident will be informed by the administrator/designee of the following, unless it has been determined that the allegation is unfounded, whenever:

- a. The staff member is no longer assigned within the resident's housing unit;
- b. The staff member is no longer employed at the facility;
- c. The staff member has been indicted on a charge related to sexual abuse within the facility; or
- d. The staff member has been convicted on a charge related to sexual abuse within the facility.

Provision (d):

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Policy provides that following a resident's allegation of sexual abuse by another resident the alleged victim will be subsequently informed whenever:

- a. The alleged abuser is criminally charged related to the sexual abuse.
- b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.

Provision (e):

All such notifications or attempted notifications shall be documented.

According to the Superintendent, the notification to the resident may be documented in the electronic case records, Case Activity Note. The documentation is in accordance with Policy 500.0035.

Provision (f):

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

The facility's obligation to report under this standard terminates if the resident is released from the facility's custody.

Conclusion:

The interviews, review of documentation and observations confirmed the requirements and staffs' knowledge of the process of reporting to a resident regarding the outcome of an investigation.

DISCIPLINE

Standard 115.376: Disciplinary Sanctions for Staff

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

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility PREA Policy, #100.015
Facility Policy #1200.0055, Rhode Island training School Personnel Administration
PREA Pre-Audit Questionnaire

Interview:

Superintendent
Interdepartmental Project Manager

Provision (a):

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The Policies collectively provide that staff be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies.

Provision (b):

Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

The Policies provide that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse with a resident.

Provision (c):

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. This premise is supported by Policy #1200.0055.

Provision (d):

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policy #1200.0055 provides that terminations for violations of the facility’s sexual abuse or sexual harassment policies will be reported to law enforcement, unless the activity is clearly not criminal. In addition, it shall be reported to relevant licensing bodies. No staff member has been terminated for violating the facility’s sexual abuse or sexual harassment policies during this auditing period.

Conclusion:

Based upon the review of Policies and other documentation and interviews, the Auditor determined the facility is compliant with this standard regarding disciplinary sanctions for staff.

Standard 115.377: Corrective Action for Contractors and Volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:

Agency Policy #700.0105, Clearance of Agency Activity
PREA Pre-Audit Questionnaire

Interviews:

Superintendent

Provision (a):

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The Policy provides for contractors and volunteers who engage in sexual abuse to be reported to law enforcement and to relevant licensing bodies. Documentation and interviews revealed that contractors and volunteers receive detailed information that sexual misconduct with a resident is prohibited. The Policy states that any contractor, intern or volunteer who violates the agency's sexual abuse or sexual harassment policies is prohibited from contact with residents and reported to law enforcement, unless the activity was clearly not criminal. The person would also be reported to relevant licensing bodies. During this audit period, there have been no allegations of sexual abuse or sexual harassment regarding a contractor or volunteer.

Provision (b):

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The Policy states that any contractor, intern or volunteer who violates the agency's sexual abuse or sexual harassment policies is prohibited from contact with residents and reported to law enforcement, unless the activity was clearly not criminal. In the past 12 months, there were no allegations of sexual abuse or sexual harassment.

Conclusion:

Based upon the review and analysis of the available documentation, the Auditor determined the facility is compliant with this standard regarding corrective action for contractors and volunteers.

Standard 115.378: Interventions and Disciplinary Sanctions for Residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? Yes No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Document Reviewed:

Policy #1200.0210, Major Discipline Review
Resident Handbook

Interviews:

Superintendent
Clinical Social Worker

Provision (a):

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

The Policy provides that dealing with rule violations and disciplinary sanctions are pursuant to an administrative hearing. The appropriateness of sanctions is weighed regarding the seriousness of the negative behavior which includes but not limited to loss of level within the behavior management system; early bed; loss of behavior management points; and extra chores, extra homework; and book reports as supported by Policy. There has not been an incident of sexual abuse during the past 12 months. Disciplinary sanctions would apply to sexual harassment; allegations of sexual abuse are referred for an investigation to the appropriate investigative entities.

Provision (b):

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive

daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Policy and Resident Handbook consider that disciplinary sanctions are commensurate with the nature and circumstances of the offense committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Room confinement or Restrictive Status is used for disciplinary measures after the application of due process and is not used as protective custody regarding PREA. Residents in room confinement will receive daily visits from a medical and/or behavioral clinician daily, according to Policy. Disciplinary sanctions would apply to sexual harassment; allegations of sexual abuse are referred for an investigation to the appropriate investigative entities.

Provision (c):

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The disciplinary and other processes consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. This was confirmed by the interview with the Superintendent.

Provision (d):

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

The facility would consider whether to offer the offending resident therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse participation, based on the interview with the Clinical Social Worker. Specialized counseling is also provided onsite through a contract with Lifespan, a comprehensive health system, if it is determined additional or more intense treatment is needed. The facility may require participation in such interventions as a condition of access to privileges, but not as a condition to access general programming or education as determined from a review of the Policy and the interview.

Provision (e):

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The facility would not discipline a resident for sexual contact with staff unless there was a finding that the staff member did not consent to such contact. The Policies and Superintendent's interview support this premise.

Provision (f):

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Facility Policy supports this premise.

Provision (g):

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Policy prohibits any sexual conduct between residents. All such conduct is subject to disciplinary action. Referrals are made to the investigative entities and court processes occur after determination the sexual activity was coerced.

Conclusion:

There have been no administrative or criminal findings of sexual abuse in the past 12 months. Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and Mental Health Screenings; History of Sexual Abuse

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility Policy #1200.0140, Clinical Services at the Rhode Island Training School (RITS)
Facility Policy #1200.0100, Classification and Ensuring Safety in Housing Residents at the RITS
Agency Policy 100.000, Confidentiality
Victim/Aggressor Assessment

Interviews:

Registered Nurse
Clinical Social Worker
Unit Manager/Co-PREA Compliance Manager

Provision (a) and (b):

Provision (a): If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Provision (b): If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The Policies provide that residents who indicate during initial screening being a victim or perpetrator of sexual abuse, will be offered a follow-up visit with medical or behavioral health staff within 14 days of the intake screening. The Unit Manager/Co-PREA Compliance Manager indicated the meeting is held within 14 days which was also verified by the documentation.

Provision (c):

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Supporting Policies address confidentiality of information regarding residents. The information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to

the staff, as necessary, to inform security and make effective management decisions as based on the interviews. The Auditor observed the resident files maintained in a secure manner, in a dedicated file room with identified card key access. Within the file room, the records are maintained in lockable file cabinets. The card key access to the file room is limited to clinical staff and administrators.

Provision (d):

Medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

According to the interview with clinical staff, informed consent would be obtained from residents 18 and over before reporting information about prior sexual victimization that did not occur in an institutional setting. Documentation of informed consent would be included in the case activity note.

Conclusion:

Based upon the review and analysis of the available evidence and interviews, the Auditor determined the facility is compliant with this standard regarding medical and mental health screenings, and history of sexual abuse.

Standard 115.382: Access to Emergency Medical and Mental Health Services

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

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? Yes No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

Facility Policy #1200.0140, Clinical Services at the Rhode Island Training School

Interviews:

Clinical Social Worker
Registered Nurse
Superintendent

Provision (a):

Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Policy supports that the victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The victim would be transported to the Hasbro Children's Hospital for a forensic medical examination, at no cost to the victim. The interviews revealed the medical and behavioral health services are determined according to the professional judgment of the practitioner.

Residents are informed of clinical services during the intake process. Documents demonstrate residents' access to routine and emergency medical services. Residents are provided access to an outside victim advocacy agency, Day One. Services include but are not limited to emotional support, advocacy, and accompaniment through the investigative interviews and the forensic examination. Observations revealed that medical and mental health staff members maintain secondary materials and documentation of resident encounters. The facility's clinical staff would be supported by the Lifespan Consulting Team. There have been no incidents of sexual abuse during this audit period.

Provision (b):

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. Policy and the written coordinated response plan provide guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and behavioral health staff and/or transporting residents to the hospital, if indicated/instructed. A review of the written plan; observations of the interactions among residents and medical and behavioral health staff; and the interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

Provision (c):

Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Follow-up services as needed will be provided by the facility’s medical and behavioral health staff, according to the interviews with clinical staff.

Provision (d):

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Policy provides that treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperates with any investigation arising out of the incident. This was also confirmed through the interviews.

Conclusion:

The Policy and interviews revealed emergency services will be provided by medical and behavioral health staff. The medical and behavioral health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. Based upon the review and analysis of the evidence, the Auditor determined the facility is compliant with this standard.

Standard 115.383: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in all male facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility PREA Policy
Facility Policy #1200.0140, Clinical Services at the Rhode Island Training School

Interviews:

Clinical Social Worker
Registered Nurse
Superintendent

Provision (a):

The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The Policies support that a medical and behavior health evaluation and treatment be offered to resident victims of sexual abuse. According to the interviews, medical and behavior health staff members are aware of the Policy requirement. The Policy and interviews support medical and behavior health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate. The Lifespan consulting team would also be involved in the treatment services.

Provision (b):

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not be limited to trauma-informed care; evaluations, medication, counseling, and referrals. Specialized treatment may also be provided by clinicians through a contract with Lifespan, a comprehensive healthcare system.

Provision (c):

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Review of documentation, staff interviews and observations revealed medical and behavioral health services are consistent with the community level of care. The clinic contains an array of medical equipment and is set up to provide an quality healthcare services. Attached to the clinic is a suite with

offices, cubicle areas and a conference room where counseling and therapy sessions and supportive services may be provided. Treatment services may be provided by facility and Lifespan clinicians including but not limited to Social Workers; Clinical Director; nursing staff; physician; dentist; optometrist; therapists; Nurse Practitioner; and clinical interns.

Provision (d):

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

According to the Nurse, victims will be offered pregnancy tests, where indicated.

Provision (e):

If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The interview with the Nurse and Policy #1200.01400 revealed that victims will receive information about and all lawful pregnancy-related medical services, where indicated.

Provision (f):

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Policy and interviews ensure victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Follow-up services will be conducted at the facility, as needed, based on policies and the interviews.

Provision (g):

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

All treatment services will be provided at no cost to the victim and whether or not the victim names the abuser or cooperates with the investigation, according to Policy and staff interviews.

Provision (h):

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The Clinical Social Worker revealed that an initial clinical assessment would be conducted immediately. A referral would be made through Lifespan for a mental health practitioner to conduct an evaluation which would be completed within a week on all known resident-on-resident abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling or therapy sessions. The accessibility to various clinicians is an invaluable benefit with the Lifespan contract and the interviews and observations support the quick response regarding any clinical referrals or requests.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual Abuse Incident Reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386 (d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0015, Administrative Responsibility
Sexual Abuse/Harassment Incident Review Form

Interviews:

Superintendent
Executive Director of Correctional Services

Provision (a):

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The Policy requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse or sexual harassment investigation unless the allegation has been determined to be unfounded. The staff understands that this process is required, unless the allegation has been deemed to be unfounded which is also stated on the Sexual Abuse/Harassment Incident Review Form. A review of the Policy, the Form developed for such purpose, and interviews confirmed incident reviews will be conducted regarding the investigation of allegations of sexual abuse or sexual harassment that have not been determined to be unfounded.

Provision (b):

Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The Policy requires that the reviews occur within 30 days of the conclusion of the investigation. The interviews confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

Provision (c):

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Policy, supported by the interview with the Executive Director of Corrections as a member of the incident review team, identify the incident review team members as the following:

- Superintendent/Designee;
- PREA Compliance Manager;
- Unit Manager;
- Behavior Health Staff;
- Medical Staff; and
- Other Staff Deemed Necessary

Provision (d):

The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interviews, review of Policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including:

- considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex;
- other group dynamics;
- assessment of the area relative to the allegations; and,
- adequacy of staffing.

The Policy provides that the Superintendent or designee prepares a written report of the results of the meeting, including recommendations for remediation and the document report submitted to the agency Director or designee and the PREA Coordinator. Completion of the Sexual Abuse/Harassment Incident Review Form is formatted to serve as the documented report of the meeting. The Superintendent, PREA Coordinator and Executive Director of Corrections are aware of the report requirement. The Auditor concluded the incident review team would consider all factors required by the standard.

Provision (e):

The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The Policy directs the report be provided to the agency Director or designee and the PREA Coordinator who will be responsible for considering the recommendations and directing the implementation of any

recommendations for remediation. No incident review team meetings were held during this audit period due to no allegations of sexual abuse.

Conclusion:

Based upon the Policy and interviews, the Auditor determined the facility is compliant with this standard regarding sexual abuse incident reviews.

Standard 115.387: Data Collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0015, Administrative Responsibility
Annual Reports

Interviews:

PREA Coordinator
Programming Services Officer

Provisions (a) & (c):

Provision (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Provision (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Policy provides for the collection of accurate, uniform data for every allegation of sexual abuse from incident-based documents. The facility collects the data based on the Survey of Sexual Victimization, formerly the Survey of Sexual Violence, and participates in the data collection conducted by the U. S. Department of Justice and based on the instructions provided by the U. S. Census Bureau. The data collection and maintenance of data include information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization.

Provision (b):

The agency shall aggregate the incident-based sexual abuse data at least annually.

The Policy and review of documentation, confirm the agency collects incident-based and uniform data regarding allegations of sexual abuse and sexual harassment. The Survey of Sexual Victimization and the instructions from the Census Bureau have been traditionally used for recording the data and contributes to the annual report; the agency's data gathering coincides with the completion time period. The annual report was completed in July 2019.

Provision (d):

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility and agency maintain and collect various types of identified data and related documents regarding PREA information. The agency collects and maintains data in accordance with Policies and

aggregates the data which culminates into reports for the agency. The facility reports no allegations or incidents of sexual abuse or sexual harassment during this audit period.

Provision (e):

The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The agency obtains data from the private facility it contracts with for the confinement of its residents as confirmed by a review of the contract and the PREA Coordinator. The facility, Ocean Tides, is required to report all PREA related incidents through the DCYF hotline. The contractor also provides the agency a copy of the Survey of Sexual Violence when the request is made from the U. S. Department of Justice requesting completion of the instrument. The private facility's annual report was completed in July 2019 and is posted on the DCYF website.

Provision (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The Policy states that upon request, the facility provides data to the Department of Justice in a timely manner as requested.

Conclusion:

Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard regarding data collection.

Standard 115.388: Data Review for Corrective Action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0015, Administrative Responsibility
Annual Report

Interviews:

PREA Coordinator
Acting Agency Director

Provision (a):

The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The Policy provides that an annual report will be prepared and provide information regarding the facility's corrective actions in addressing sexual abuse; comparison of the previous year's data; and an

assessment of progress to date. The Policy, review of reports, and interviews, support the review of data collected and aggregated in order to improve the PREA efforts.

Provisions (b)-(d):

(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

(c) The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The report reflects a comparison of the results of annual data. The report has been reviewed and is posted on the agency's website. The annual report is approved by the Director of the agency or designee. There are no personal identifiers in the annual reports. The collected and aggregated data is reviewed to assess and improve the effectiveness of prevention, detection and response and for preparing an annual report based on the collected data. There were no allegations or incidents of sexual abuse or sexual harassment during this audit period.

Conclusion:

Based upon the review and analysis of the documentation, the Auditor determined the facility is compliant with this standard.

Standard 115.389: Data Storage, Publication, and Destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

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

115.389 (c)

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

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:

Facility Policy #1200.0015, Administrative Responsibility
Annual Report

Interview:

PREA Coordinator

Provisions (a)-(d):

- (a)** The agency shall ensure that data collected pursuant to §115.387 are securely retained.
- (b)** The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.
- (c)** Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.
- (d)** The agency shall maintain sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The Policy provides that all data collected will be securely stored and maintained for at least 10 years or in accordance with the Records Retention Schedule, whichever comes later. According to the Policy, the aggregated sexual abuse data will be available to the public through the agency's website. The report is posted on the facility's website. A review of the annual reports verified there are no personal identifiers. PREA related documentation is securely stored in locked cabinets behind locked doors.

Conclusion:

Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and Scope of Audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Standard 115.401:

The Rhode Island Department of Children, Youth and Families operates one facility and contracts for the operation of one that meet the criteria to receive PREA audits. Both facilities, one secure and the other residential, were audited during the third year of the first two cycles, 2016 and 2019. During 2020, the Rhode Island/Thomas C. Slater Training School has been audited during this first year of the third cycle. The contract facility, Ocean Tides, was also scheduled to be audited during this time period but the audit has been postponed due to restrictions of COVID-19.

The staff at the Rhode Island/Thomas C. Slater Training School and the Rhode Island Department of Children, Youth and Families central office provided the Auditor with the required documentation mandated by the standards and the auditing process. A comprehensive site review was provided to the Auditor during the Onsite Audit Phase and additional documentation was reviewed during this time. The Co-PREA Compliance Managers; Superintendent; other facility staff; the agency's PREA Coordinator; and other central office staff; were cooperative during interviews and in providing additional documentation and information as requested.

The Superintendent and Executive Director of Correctional Services provided appropriate work space which included conditions for conducting interviews in private with the residents and staff. The posted notices regarding the audit were observed in the facility buildings, accessible to residents; staff; visitors; and contractors. The notices provided directions and contact information informing those who wanted to contact the Auditor of how to do so. A process for confidential correspondence exists for the residents however no correspondence was received by the Auditor.

Standard 115.403: Audit Contents and Findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.403:

This facility was previously audited in 2016 and 2019. The Auditor confirmed the audit reports were posted on the agency's website. The reports do not contain any personal identifying information other than staff names and job titles.

There were no noted conflicts of interest regarding the completion of this current audit. The facility policies, procedures, practices, and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation, observations, and interviews.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Shirley L. Turner

April 22, 2020

Auditor Signature

Date

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

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