

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: January 7, 2016

Auditor Information			
Auditor name: Bobbi Pohlma-Rodgers			
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Telephone number: 954-818-5131			
Date of facility visit: May 11 – 13, 2016			
Facility Information			
Facility name: Rhode Island Training School;			
Facility physical address: 57 Power Road, Cranston, RI 02920			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 401-462-6612			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Kevin McKenna			
Number of staff assigned to the facility in the last 12 months: 130			
Designed facility capacity: 148			
Current population of facility: 84			
Facility security levels/inmate custody levels: Maximum			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Peter Slom		Title: Acting Deputy Superintendent	
Email address: peter.slom@dcyf.ri.gov		Telephone number: 401-462-3280	
Agency Information			
Name of agency: Rhode Island Department of Children, Youth and Families			
Governing authority or parent agency: <i>(if applicable)</i> State of Rhode Island			
Physical address: 101 Friendship Street, Providence, RI 02903			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 401-528-3540			
Agency Chief Executive Officer			
Name: Jamia McDonald		Title: Chief Strategy Officer	
Email address: jamia.mcdonald@ohhs.ri.gov		Telephone number: 401-528-3540	
Agency-Wide PREA Coordinator			
Name: Mike Burk		Title: Administrator, Family Children Services	
Email address: mike.burk#@dcyf.ri.gov		Telephone number: 401-528-3576	

AUDIT FINDINGS

NARRATIVE

Rhode Island Department of Children, Youth and Families contracted with G4S Youth Services, LLC to conduct a Prison Rape Elimination Act Audit (PREA) beginning March 30, 2016 at the Rhode Island Training School (RITS). G4S Youth Services, LLC selected Bobbi Pohlman-Rodgers as the DOJ Certified PREA Auditor to fulfill this contract.

On March 30, 2016, the Rhode Island Training School received the pre-audit notices for posting in area that both youth and staff would be able to observe. On or about April 13, 2016, the Rhode Island Training School provided a CD Rom with the appropriate policies, procedures, and other documents for the auditors review prior to the on-site audit, and a review of these documents was conducted.

Beginning May 11, 2016, the auditor was on site for two (2) days to complete the necessary tours, interviews, and additional document review. On May 13, 2016 the auditor met with the PREA Coordinator to complete the agency interviews at their offices.

Ten (10) random youth were selected for interviewing – and includes one LEP, one identified LGBTI, and one youth with a hearing disability. Ten (10) random security staff were selected from each of the three shifts. Specialized interviews were conducted with the Agency Head, PREA Coordinator, Interim Superintendent, Interim Assistant Superintendent/PREA Compliance Manager, Contract Administration, Medical, Mental Health, two (2) contractors, intake staff, risk assessment staff, staff conducting unannounced rounds, an investigator, Human Resource staff, staff who monitor for retaliation, segregation staff, and a member of the Incident Review Committee. An additional interview was conducted with the agency attorney for clarification of child abuse reporting laws.

It is important to note that the Department of Children, Youth and Families (hereinafter, DCYF) is a unified state agency with statutory responsibility for children’s behavioral health, child welfare and child protection, juvenile probation, parole, detention and secure corrections. All investigations of child abuse, including sexual abuse, are conducted by the Division of Child Protective Services (hereinafter, CPS), which is operationally separate and has a separate chain of command from the Division of Juvenile Correctional Services (hereinafter, JCS). JCS operates the RI Training School, the state’s only juvenile detention and correctional Facility). The following Laws and Policies/Procedures are support a multi-faceted, clearly articulated and fully operational system, in place since 1984, for the prevention, detection, reporting and investigation of any form of child abuse or neglect, including but not limited to sexual harassment and sexual misconduct:

- RI General Law 42-72-2 and 42-72-5: are the enabling legislation for the Department of Children, Youth and Families and set forth the responsibilities of said department.
- RI General Law 40-11-1; 40-11- 2; 40-11-3; 40-11-6; 40-11-7: requires all persons in RI to report known or suspected child abuse to DCYF and outlines requirements for the Department and identified professionals with respect to reporting and investigation.
- RI General Law 40-13.2-2; 40-13.2-3; 40-13.2-3.1; 40-13.2-5; and 40-13.2-5.1: requires criminal background checks and Child Abuse and Neglect Tracking System checks of prospective employees of youth serving agencies including the Training School.
- RI General Law 42-73-5: establishment of an **Office of the Child Advocate** who has 24/7 access to any child in the care of the Department including the Training School and who “acts independently of the department of children, youth, and families in the performance of his or her duties to:”

- ✓ Insure that each child in protective care, custody or in treatment, and in proper cases, others interested in the child's welfare is apprised of his or her rights;
 - ✓ Review periodically the procedures established by the department of children, youth, and families to carry out the provisions of chapter 72 of this title with a view toward the rights of the children and to investigate in accordance with the established rules and regulations adopted by the child advocate, the circumstances relating to the death of any child who has received services, from the department of children, youth, and families;
 - ✓ Review complaints of persons and investigate those where it appears that a child may be in need of assistance from the child advocate;
 - ✓ Periodically review the facilities and procedures of any and all institutions and/or residences, public and private, where a juvenile has been placed by the family court or the department of children, youth, and families;
 - ✓ Recommend changes in the procedures for dealing with juvenile problems and in the systems for providing childcare and treatment;
 - ✓ Take all possible action including, but not limited to, programs of public education, legislative advocacy, and formal legal action, to secure and ensure the legal, civil, and special rights of children subject to the provisions of § 42-73-9.1 and chapter 72 of this title;
 - ✓ Provide training and technical assistance to guardians ad litem and special advocates appointed by the family court to represent children in proceedings before that court; and
 - ✓ Review orders of the family court relating to juveniles with power to request reviews as required by the best interests of the child.
- DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect which provides the statutory definition of an abused or neglected child: a child whose physical or mental health or welfare is harmed or threatened with harm when a parent or caretaker inflicts or allows to be inflicted physical or mental injury and/or creates or allows to be created a substantial risk of physical or mental injury to the child.
 - DCYF Policy 500.0060, Processing and Notification for an Alleged Institutional Abuse/Neglect Case: describes protocols and procedures for conducting investigations in out of home care, including juvenile Detention and Corrections.
 - DCYF Policy 500.0010, Criteria for a Child Protective Investigation: describes investigative criteria utilized by CPS staff.
 - DCYF Policy 500.0015, Response Priorities – Emergency, Immediate, and Routine: describes the criteria and time frames CPS staff utilize in investigations.
 - DCYF Policy 500.0050, Standards for Investigating Child Abuse and Neglect Reports (Levels 1, 2, 3): provides definitions of child abuse and neglect and directives to CPS staff in conducting investigations. In addition to 34 other culpable allegations of abuse and neglect (including sexual abuse/harassment), “Other Institutional Neglect” is defined as, “Any action or lack of action by a foster parent or an employee of a public institution . . . or any person providing out of home care, which results in harm or the potential of harm to the physical, mental health, behavioral health or welfare of the child and which is not covered by other allegations” as well as “any action which occurs as the result of policies, practices or conditions in these settings which results in harm or the potential of harm to the physical, mental health, behavioral health or welfare of the child.” [See also, sections below on definitions provided to residents and staff through the Resident Handbook Policy / Handbook.]

- DCYF Policy 500.0080, Standards of Proof: describes the quantity and type of evidence required in court and administrative proceedings.
- DCYF Policy 100.0165, Child Fatality or Near Fatality Response: provides standards for investigation for any child or youth in the care of the DCYF.
- DCYF Policy 1100.0040, Coordinating Efforts with the Office of the Attorney General in the Criminal Prosecution of Child Abuse/Neglect Cases: provides direction to DCYF staff on cooperating with prosecution of child abuse or neglect.
- DCYF Policy 500.0065, Police Involvement in Child Protective Investigation: requires immediate notification of police of all Level 1 allegations of abuse and/or neglect as well as any emergency situation.
- DCYF Policy 700.0075, Comprehensive Assessment and Service Planning: (approved annually by the federal Administration for Children and Families, U.S. Department of Health and Human Services) outlines standards for safety and care planning as well as development of a formal case plan that addresses the full range of resident need, including but not limited to past or current issues related to any form of abuse or neglect.
- DCYF Policy 1200.1100, Clinical Services at the RI Training School: requires that residents have access to private consultation upon request with Physicians (including Psychiatrists) and Registered Nurses (in addition to Training School clinical staff who are state employees); staff are specifically enjoined from requiring a reason from residents; and clinical staff are required to inquire into and respond to any current or past physical or behavioral health needs.
- DCYF Policy 1200.0847, Post Assignments: describes the roles and responsibilities of Juvenile Program Workers.
- DCYF Policy 1200.0222, RI Training School Personnel Administration: provides that: “Any staff who has knowledge of a policy violation has a duty to report the incident(s) to his/her supervisor as soon as possible, but no later than twenty four (24) hours of his/her becoming aware of the violation. Failure to report such violations of policy may result in disciplinary action up to and including termination.” This policy also specifically reiterates the requirements of RI General Law and Department Policy regarding any form of child abuse or neglect: “In all circumstances, Staff who know of or suspect abuse or neglect of any resident promptly report in conformance with DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect.”
- Code of Conduct (Staff Protocol 1300.0015): reiterates the responsibilities of all staff to children, youth and families in the Department’s care and custody.
- DCYF Policy 700.0105, Clearance of Agency Activity: requires a check of state child abuse and neglect registry before hiring of all persons who have disciplinary or unsupervised access to children and includes all employees, contractors and volunteers at the RITS. The Policy also identifies disqualifying findings, which would include PREA related findings.
- DCYD Policy 900.0040, Criminal Record Background Checks: requires state and national background checks before hiring of all persons who have disciplinary or unsupervised access to children and includes all employees, contractors and volunteers at the RITS.

- DCYF Policy 1200.1301, Resident Handbook: requires that a comprehensive handbook describing rights and resources be provided to each resident upon detention at the RI Training School. This Handbook provides clear definition of sexual harassment/abuse and ways to report it.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Rhode Island Training School consists of two separate buildings; the Thomas C Slater Youth Development Center and the Roosevelt Benton Youth Assessment Center. The Thomas C Slater Youth Development Center is a residential commitment program for both adjudicated male and female youth. The Roosevelt Benton Youth Assessment Center holds pre-adjudicated male and female youth; however due to the low number of female youth being detained, both pre-adjudicated and post-adjudicated females are currently held in one unit within the Thomas C Slater Youth Development Center. Between the two buildings, there are 168 cameras that provide additional supervision. These cameras are viewable at the main master control, and by the Superintendent and Assistant Superintendent. No cameras are situated that show areas where youth are changing clothing, toileting or showering. As the recording equipment is triggered by movement, recording may extend from 30 to 90 days. The master control center contains the capability to monitor both buildings, including the ability to take over the control center security system in the Roosevelt Benton Youth Assessment Center, allowing for complete control of all secure doors.

The Roosevelt Benton Juvenile Assessment Center is a single building that is located approximately 1 mile from the Thomas C Slater Youth Development Center and provides secure housing for approximately 52 pre-adjudicated youth. This building contains a control center, intake area, two single cell dormitories of which one includes a separate section with 4 wet cells, two day rooms, 5 classrooms/group rooms, indoor gymnasium, 2 small outdoor recreation areas, and a number of staff offices. Currently one dormitory is closed. Originally set up to hold both female and male pre-adjudicated youth, the female unit is closed and it currently only houses pre-adjudicated male youth in one dorm. The pre-adjudicated female youth are now housed at the Thomas C Slater Youth Development Center with post-adjudicated youth. Meals are prepared at the Thomas C Slater Youth Development Center and brought to the Roosevelt Benton Juvenile Assessment Center.

The Thomas C Slater Youth Development Center is a single building that provides secure housing for approximately 94 youth. The building contains a master control center, administrative offices, 4 dormitories, 4 day rooms, 8 classrooms, library, indoor gymnasium with weight room, 4 small outdoor recreation areas, kitchen, dining hall, barber shop, social worker offices, medical center, dental center, main file room, and educational offices.

The Rhode Island Training School is under a DOJ consent decree implemented in 1973. Specifically that this consent decree shall terminate when a new facility has been constructed, full accreditation with an organization recognized as being the authoritative professional associating setting standards for conditions of confinement of juveniles, development and full implementation of a revised Policy and Procedures Manual that is annually reviewed and continuously maintained in full force, and finally when there is a full continuous implementation of the administrative grievance procedures as a means of handling residents' complaints.

As a result of the consent decree, the old facility was removed from use and two new buildings were constructed. These two newer buildings were clearly built with supervision of youth in mind as the majority of offices and youth areas contain large windows to allow for staff visual supervision. The Roosevelt Benton Juvenile Assessment Center does not contain any blind areas that have not already been addressed through cameras or mirrors. The Thomas C Slater building has blind areas in the two fire escape stairwells. When built, the agency installed exit doors that contained alarms and delayed egress; however, these were found to have not been wired, providing large areas that are not under camera or secured to prevent youth or staff from entering these areas. There is an area in the kitchen where dry storage is staged that contains two windows. However, one window was partially blocked with stock preventing full viewing and there is a column where open spaces behind are not able to be viewed through the windows. It was noted that there previously had been a camera in this room that was removed to another location in the building.

With some exceptions in two dormitories, the majority of youth utilize single person bathrooms for toileting and showers. Each of these single bathrooms contain a window to allow for supervision. However, these windows are large enough to create privacy issues that need resolution, especially as there are no post orders or procedures for same gender staff supervision. Additionally, the female unit was found to not have a dedicated female posts on each shift. While the second shift is made up of numerous female staff, the third shift and first shift are male staff only. It is noted that while there is currently a female staff assigned to the first shift, she is currently on a leave of absence. When searches are conducted, staff must call and wait for a female staff to arrive.

Both buildings post sexual abuse reporting information in English and Spanish. These are found in a variety of areas within the dormitories. The pre-audit notice was noted posted in some areas that are viewable to both youth and staff. Both buildings (all 6 dormitories) contain a grievance box and grievance forms. Grievances are encouraged to be filed and the policy is posted in each dormitory. Policy dictates that any grievance received alleging sexual abuse or sexual harassment is removed from the grievance system and is reported immediately to the Child Abuse and Neglect Tracking System (CANTS).

Staffing is based on post positions that provide for one (1) staff for every eight (8) youth during waking hours and one (1) staff for every twelve (12) youth during sleeping hours. The staffing plan identifies the following staff: 1 Building Maintenance Supervisor, 1 Clinical Director (Psychologist), 8 Clinical Social Workers, 4 Cook Helpers, 7 Cottage Managers, 1 Executive Director, 1 Food Service Administrator, 5 Intra department Fund Shifts, 6 Juvenile Probation and Parole Services Technicians, 86 Juvenile Program Workers, 1 Principal, 1 Principal Community Program Liaison Worker, 1 Programming Services Officer, 1 Registered Nurse A, 3 Registered Nurse B, 1 School Social Worker, 1 Senior Community Development Training Specialist, 3 Senior Cooks, 8 shift Coordinators, 1 State building and Grounds Coordinator, 1 Superintendent, 14 Academic Teachers, 1 Diagnostic Classroom Teacher, 1 Home Economics Teacher, 1 Industrial Arts Teacher, 8 Special Education Teachers, and 1 Academic Health Nurse.

Room checks are completed with an electronic monitoring system that requires the use of a wand to touch an electronic pad at each room to ensure all rounds are conducted as required. This system allows for review of these checks through the computer system.

Unannounced rounds are conducted, at a minimum, monthly on each shift. These are conducted by the Unit Managers, as well as the upper-level administrative staff. There is some question as to the enforcement of announcing cross gender staff on the units. Some staff indicate that announcements are made when checks are conducted while other stated that they are made when a cross gender staff enters the unit. Youth interviews indicated that the female staff make an announcement prior to room checks, but the male staff are not heard making an announcement.

Intake services are provided in both buildings. Male youth intake is conducted at the Roosevelt Benton Juvenile Assessment Center. There are two (2) search areas; one of which does not provide complete privacy when conducting strip searches. It is noted that strip searches are conducted with youth in their undergarments and never fully naked. Additionally, there is a bathroom in this area which also contains a large window that does not allow for complete privacy from any cross-gender staff who may be conducting intake. Female youth intake is conducted at the Thomas C Slater Youth Development Center in the female dormitory. PREA basic information is provided at intake. Information is presented in the Youth Handbook and the PREA brochure which each youth receives upon intake. Youth are also required to sign a form that details how to report sexual abuse and sexual harassment; however this form is signed and taken away from youth. It is unclear how the identification of LEP or disabled youth is determine and how PREA information is presented to youth in a manner that they understand. One youth interviewed was limited English proficient and he reported only receiving information in English. It was apparent through the interview that this youth does not understand English completely. However, he is able to communicate at a basic level. Another youth reported, during the interview, that no information was read during

the intake process and this youth was unable to tell the interviewer the ways to report abuse. It was discovered that the youth has a reading disability as the youth was not able to read one sentence from the Resident Handbook without assistance on basic words. The Assistant Superintendent was made aware of this discovery. Comprehensive PREA education is provided by the medical staff during a youth's physical examination, which includes showing of a PREA related video. This occurs within 3 days of the youth's intake. As this was recently implemented, the facility took steps to ensure that all current residents received comprehensive PREA training in March 2016 and this is documented by roster and by youth signature.

Youth orientation occurs on the day of intake. Youth are provided the PREA brochure and Handbook that includes the rules, discipline and reporting abuse. Additionally, they are provided a one page document on how to report that they are asked to sign as an acknowledgement. Some youth stated that they were provided a copy of this acknowledgement. However, a review of this document indicates that it addresses only Sexual Harassment and not both Sexual Harassment and Sexual Abuse.

Youth are able to report both sexual abuse and sexual harassment both internally and externally. Methods of reporting include telling a staff, parent/guardian, lawyer or requesting a call to the Rhode Island Department of Children, Youth and Families (internal agency) or the Office of the Child Advocate (external to the agency). When requesting calls, youth are taken by staff to an office where the call is made and staff allow the youth sound privacy while providing sight supervision. It is noted that no addresses are provided to youth to write to either of these agencies. Additionally, outside support services was not posted in any area for youth viewing. No youth interviews indicated that staff question the reason for the call or prohibit them from making a call. Screening for risk of victimization or sexual aggressiveness is completed utilizing an objective tool. However, while this form states that this will be completed within 72 hours, it was discovered that this form is completed after youth complete the MAYSII, which is completed 48-72 hours after a youth's arrival. Additionally, these forms are completed and sent to the file room for filing. There is no system in place to ensure that information for youth who score as vulnerable or sexually aggressive is utilized after the initial intake for the provisions of safe housing or programming assignments. Interviews also confirmed that there is no updating of the information when new information is identified (example – a youth later reports that they were sexually victimized). Interviews also confirmed that staff are unaware that screening is to be conducted twice per year for youth who identify as transgender or intersex.

Mental health or medical referrals are required for all youth who report sexual victimization or sexual aggressive behavior during the risk screening. However, it is unclear that staff are aware of this requirement or that it is being conducted.

Child abuse mandatory reporting laws in Rhode Island do not require the consent of an adult who reports an incident that occurred when a child. The law requires that anyone who becomes aware of child abuse - regardless of the current age of the informer – is required to report this information to RIDCYF.

Rhode Island Department of Children, Youth and Families (RIDCYF) provides both child abuse services and the pre and post housing of youth. PREA training is new to the Rhode Island Training School staff. Implemented in 2016, the agency has fast tracked training to include not only staff at the RITS, but to all agency staff. Classes are held in the evenings and during the audit, this auditor was able to observe a class in progress as well as address the class.

Forensic examinations are conducted at Hasbro Children's Hospital and services include victim advocates through the Aubin Center and the Office of Child Advocates. The auditor spoke with representatives from all three agencies to ensure that certified forensic examination staff is available, as well as victim advocates and support services are in place. It is noted that Rhode Island provides state-wide rape crisis services from one agency, Day One, who works with all of these other external agencies. Administrative investigators are RIDCYF workers at the

main agency. Criminal investigations are conducted by the Rhode Island State Police (RISP).

There are two RIDCYF investigators that respond to allegations of any abuse or neglect at the facility and both have completed the specialized investigators training. Medical and mental health staff are currently completing all specialized training through the National Institute of Corrections on-line training portal. This specialized training is anticipated to be completed in the next 30 days.

The Rhode Island Training School has recently had a change in administration. There is currently an Interim Superintendent and Assistant Superintendent. Additionally, the PREA Compliance Manager has been in this position for less than 1 year.

There are five (5) bargaining contracts in place for Rhode Island Council 94, AFSCME, AFL-CIO, Howard Union of Teachers, Rhode Island Brotherhood of Correctional Officers/Professional Unit, National Association of Government Employees Local 79, and the Rhode Island Probation and Parole Association. A review of contracts indicates that there is no prohibition for administration to remove a staff member who has violated policies regarding sexual abuse and sexual harassment.

Hiring practices include asking questions about civil or criminal behaviors as per the standards. Sexual misconduct questions are asked during the interview for employment or transfer or promotion. Background checks are conducted at hire and at transfer from one state agency to another. There appears to be no background screening upon promotion within the RITS. There is currently no system in place to allow for 5 year background screenings. The agency is in the process of determining how this will be accomplished.

While there is no contract in place with Ocean Tides for the provision of services to RITS youth, an agreement has been signed in which Ocean Tides has agreed to comply with all PREA standards, including undergoing a PREA audit and allowing DCYF staff access to review for compliance with PREA standards. This was confirmed through an interview with Ocean Tides staff. The agency has also secured an agreement with the Rhode Island State Police for criminal investigations that meet the requirements of PREA standards.

SUMMARY OF AUDIT FINDINGS

In order to determine findings under each standard, the auditor completed numerous tasks. The auditor reviewed policies and procedures and regulations. The auditor interviewed key persons, as well as random staff and youth. The auditor toured both buildings. A compilation of the interviews was conducted to determine compliance with policies, procedures and standards.

The interim report identified 13 areas that required updating to ensure compliance with the PREA standards. These were standards 115.313, 115.315, 115.316, 115.317, 115.333, 115.335, 115.341, 115.342, 115.353, 115.364, 115.365, 115.388, and 115.389. During the 6-month corrective action period, the agency worked diligently to update policies, procedures, and systems to ensure compliance with the PREA standards. At the conclusion of the corrective action period, the auditor finds that the Rhode Island Training School is in compliance with all standards that are applicable.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

The agency mandates Zero Tolerance for both agency run and contracted facilities. While there is a policy addressing Zero Tolerance (100.0200), this policy notes that all policies identified below address their approach to prevention, detecting and responding to sexual abuse and sexual harassment. These policies include: 100.0000 – Confidentiality; 100.0141 – Sexual Orientation, Gender Identity and Expression; 100.0170 – Effective Communication with Person of Limited English Proficiency and or Living with Disabilities; 100.0200 – Prison Rape Elimination Act; 200.0075 – Sexual Harassment; 400.0000 – Training and Professional Development; 500.0000 - Reporting Child Abuse; 500.0050 – Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3); 500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; 500.0065 – Police Involvement in Child Protective Investigations; 500.0080 – Standards of Proof; 700.0075 – Comprehensive Assessment and Service Planning; 700.0105 – Clearance of Agency Activity; 900.0040 – Criminal Background Check; 1200.0003 – Administration Responsibilities; 1200.0222 – Rhode Island School Personnel Administration; 1200.0702 – Notice to Superintendent; 1200.0819 – Search of a Resident at the Rhode Island Training School; 1200.0821 – Searches for Contraband; 1200.0847 – Post Assignments; 1200.1100 – Clinical Services at the Rhode Island Training School; 1200.1300 – General Discipline; 1200.1301 – Resident Handbook; 1200.1305 – Behavior Report; 1200.1306 – Major Discipline Review; 1200.1307 – Lock Up; 1200.1310 – Discipline for Academic and Vocational Classes; 1300.0015 – Code of Conduct; 1300.0041 – Classification and Ensuring Safe Housing Residents at the RITS; 1300.0160 – Preventing Retaliation at the Rhode Island Training School; 1300.0165 – Resident Report of Violation or Potential Violation of Rights; 1300-0170 – Unannounced Rounds at the Rhode Island Training School; 1300.0175 – Announcing Staff Presence in Resident Housing Unit; and the State of Rhode Island – Residential Child Care Regulations for Licensure, Rev. 2016.

The agency has a dedicated PREA Compliance Manager, Mike Burk, who is the Administrator for the Family Children Services. He reports directly to the Assistant Director of the Department of Children, Youth and Families. He reports approximately 20% of his time to PREA related responsibilities. He indirectly supervises the PREA Compliance Manager at the RITS, as well as one (1) current contract for residential services in the state.

The facility has one PREA Compliance Manager, Peter Slom, who is the Interim Assistant Superintendent. He has been in this position for less than one (1) year. He reports approximately 20% of his work is PREA related. Efforts at compliance include policy, training, tours, and identifying external resources. Actions and processes to assist with PREA compliance include working with the PREA Compliance Manager and Superintendent to identify, correct and train.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

The agency contracts with one (1) outside provider for the confinement of youth. While the current contract does not include a provision for compliance with PREA, a letter from the agency to the provider, dated April 11, 2016, requests that the contracting agency comply with PREA standards. Prior to this letter, the contracted agency has already made arrangements for a PREA audit that will commence on May 16, 2016 with this same auditor. The PREA Compliance Manager ascertained that a new contract, or renewal of same contract, will include required verbiage for PREA compliance and compliance monitoring.

Standard 115.313 Supervision and monitoring

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

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

1200.0847 – Post Assignments; 1300-0170 – Unannounced Rounds at the Rhode Island Training School; Daily Staffing Plan, Staffing Plan Review, Interviews, Tour

The agency requires that the facility develops, documents and complies with a staffing plan. The facility is currently not under any judicial findings, Federal investigative findings, or internal/external findings that impact staffing. The current staffing plan is based upon an average population of ninety-seven (97). There are one hundred and sixty-eight (168) cameras within the two buildings that allow for the control centers to view. No camera is centered on areas where youth shower, change clothing or use the toilets. There is an over-time call out list that provides staffing in exigent circumstances. Staff will be held-over until other arrangements are made to ensure compliance with the staffing plan. Current staffing is 1:8 (staff to resident) during the daytime and 1:12 (staff to resident) during sleep hours. The staffing plan was last reviewed by the PREA Compliance Manager and the Executive Director on April 6, 2016.

Staff supervising youth that are in their rooms requires that staff touch a wand to a place near the door of the room to ensure that staff are physically conducting rounds. The Unit Manager is required to make one unannounced round each shift and this is documented the same. Unannounced rounds are conducted daily by Unit Managers and documented through a electronic recording system. Unannounced rounds are also conducted monthly by the Superintendent and documented in the Unit Log. There is no guidance to ensure that all areas of the facility are toured during these rounds. For example: There are two stairwells for fire exits were initially installed with alarms to provide for notification if a youth or staff crossed through the door. However, it was discovered that these alarms were never activated. Therefore, these two areas are not supervised nor included in the unannounced rounds.

During the corrective action period, the agency updated policy 1300.0170 to include all areas of the facility are to be visited during unannounced rounds. All staff were trained on the new policy on November 23, 2016, and the facility provided the training material and sign-in sheets. The facility provided samples of the documentation to show rounds were completed. The facility installed cameras in the two emergency exit stairwells to allow for supervision of these areas from the Control Center. The facility has also activated the alarm system which allows for an alarm in the Control Center if the doors are breached. These alarms cannot be deactivated by anyone other than the Control Center staff.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

1200.0819 – Search of a Resident at the Rhode Island Training School; 1200.0821 – Searches for Contraband; Interviews

Policies and procedures do not allow cross-gender strip searches or cross-gender visual body cavity searches. Cross-gender pat down searches are prohibited except in exigent circumstances, and then must be approved and documented. While there are policies and procedures for supervision of youth, the final policy on supervision of cross-gender youth has not been finalized. The facility does not allow the search of transgender or intersex youth to determine genital status. All staff receive search training through the PREA class and the facility reports 80% of staff have completed this training.

There were a few areas identified during the tour that indicated that supervision of youth was hindered based on design of the room and contents or doors that are required to be locked at all times are indeed secured. During the tour it was identified that many showers or toilets do not provide appropriate privacy for or supervision of youth. Windows were either uncovered, partially covered, or completely covered. Intake areas in the Benton Building did not allow privacy during intake searches and the use of the bathroom. Additionally, it was noted that there are nine (9) shifts each week that do not have a female staff in the female unit.

Interviews with staff found that they do not know how to conduct a cross-gender pat search in exigent circumstances as policy allows. Interviews with youth found that they do not hear when opposite gender staff enter their unit.

During the corrective action period, the agency updated policies 1200.0819 and 1200.0821 and the training material to including the searching of cross-gender youth. These policies now allow a transgender or intersex youth to identify the gender of the staff who will conduct searches. Additionally, the agency policy clearly identifies that all cross-gender staff will announce their entrance into a unit. Training was conducted with all staff, and the training material and sign-in sheets were provided to the auditor.

All bathrooms and showers were reassessed by the facility and provisions were made to allow privacy. This included the modification of windows with the use of window privacy film for the lower half of the windows. This was physically verified by the auditor on a visit on August 15, 2016.

The agency and facility reviewed the staffing plan regarding ensuring a female staff is present on each shift for the appropriate supervision, monitoring and searching of female youth. A new staffing plan was provided to the auditor and ensures that on all but one shift, there is a female staff in each unit. The remaining shift has female staff on duty that can be pulled to assist. Additionally, the facility has trained other female staff on searching youth, and these staff can be accessed when needed.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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

100.0170 – Effective Communication with Person of Limited English Proficiency and or Living with Disabilities; Interviews, Tour

The agency has a policy to address the provision of services for youth who are Limited English Proficient (LEP) or are Living with Disabilities. There is also a log to track any services needed. Limited English Proficient youth are provided a staff member, if available, to assist with all education and information or the Agency is contacted to assist with providing appropriate assistance. External translation and Interpreter services are provided through Dorcas Interpreters, Horton Interpreter Services, Narragansett Translation and Interpreter Services,

and the Rhode Island Commission on Deaf and Hard of Hearing to provide for interpreter services.

One youth interviewed was Limited English Proficient. While he understood basic information in English, he was not provided with specific information in his native language to review and sign, including program information and PREA specific information. One youth interviewed indicated that no information was provided to him verbally, nor was he able to recite how to report abuse. Upon request by the auditor, the youth was unable to read from the Resident Handbook without assistance by this auditor.

During the corrective action period, the agency updated policies 1300.0041 and 100.0170. Additionally a memo was distributed to all staff regarding the requirement to identify youth with special needs and to document this information in the youth's file. Staff who conduct intake have received appropriate training and this information was provided to the auditor. Staff training includes the requirement to identify special needs youth at intake, document in the youth's file, and to ensure that the youth is provided information in a format that he/she understands, including reading directly to the youth.

Standard 115.317 Hiring and promotion decisions

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

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

700.0105 – Clearance of Agency Activity; 900.0040 – Criminal Background Check; 1300.0015 – Code of Conduct; 1200.0222 – Rhode Island School Personnel Administration; Interviews, File Review

The agency policy prohibits the hiring or promoting of any person that has engaged in, been convicted of, or civilly/administratively adjudicated to have engaged in sexual activity in a prison, jail, lockup, community confinement facility, juvenile facility or other institution or engaged or attempting to engage in sexual activity in the community facility by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Sexual harassment incidents are also used to consider the hiring, promotion or contracting of persons who come into contact with youth. The agency policy requires a criminal background records check and child abuse registry check before enlisting the services of any staff, contractor or volunteer. Prior employers are also contacted. The agency does not currently have in place a system for conducting five (5) year background screenings; however it does re-screen when a staff is promoted. Agency policy requires all staff to report any information that involves law enforcement contact. Material omissions regarding such conduct, or the provision of materially false information, is grounds for termination. Requests for similar information is provided to potential employers.

During the corrective action period, the agency updated policy 900.0040 to require 5 year background checks. They agency worked with the various unions to ensure that there is an understanding of the PREA requirements for background checks every 5 years. In December 2016 the agency conducted background screenings on all staff at the Rhode Island Training School. This information was provided to the auditor for review.

Standard 115.318 Upgrades to facilities and technologies

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

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

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

This standard is Not Applicable. There have been no substantial expansions or modifications of the existing facilities since August 20, 2012. There has been no updating or installation of new video surveillance systems since August 20, 2012.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

500.0050 – Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3); 500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; 500.0065 – Police Involvement in Child Protective Investigations; Letter to Rhode Island State Police, Interviews

The agency does not conduct criminal investigations of sexual abuse. Rhode Island State Police (RISP) conducts criminal investigations. A letter requesting their compliance with PREA standards was sent by the agency to RISP by the Chief Strategy Officer requesting their compliance. It is noted that RISP has made arrangement for a PREA audit in 2016.

The agency conducts administrative investigations of sexual abuse. A protocol was established through Day One Multi-Disciplinary Team and meets the requirements of the standard. Day One is the state’s Sexual Abuse provider. Any youth who alleges sexual abuse is taken to the Hasbro Children’s Hospital. Forensic examinations are conducted, as well as the Aubin Center is contacted to provide additional services to victims, including a victim advocate. Additionally, the victim can request a victim advocate through Day One.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

500.0050 – Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3); 500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; 500.0065 – Police Involvement in Child Protective Investigations; 500.0080 – Standards of Proof; File Review, Interviews

The agency confirms that all sexual abuse and sexual harassment allegations result in an investigation. The agency has a policy to ensure

that investigations are conducted by an agency with the legal authority to conduct criminal investigations and the policy is accessible from the agency website.

Standard 115.331 Employee training

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

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

400.0000 – Training and Professional Development; PREA Training Power-Point Presentation; PREA Training Curriculum; File reviews, Interviews

The agency has a PREA training Power-Point Presentation that addresses the Zero-Tolerance Policy, staff responsibilities, resident rights, dynamics of sexual abuse, common reactions of victims, detention and response signs, inappropriate youth and staff relationships, communication, mandatory reporting laws and relevant laws regarding the applicable age of consent. The training is tailored to the unique needs and attributes of male and female residents. Approximately 80% of staff have completed the training and the remaining 20% are scheduled to complete in 2016. It is noted that this training began in 2016. The policy requires training every two (2) years with refresher training in the alternate years. Employees sign a document indicating that they understand and have completed the training.

Standard 115.332 Volunteer and contractor training

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

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

400.0000 – Training and Professional Development; File reviews, Interviews

This agency requires all contractors and volunteers who have direct contact with youth to complete a four (4) hour Introduction Class that includes PREA training. Additionally, they are required to complete a two (2) hours annual refresher. The training includes their response if make aware of allegations of sexual abuse or sexual harassment. There is a brochure for Volunteers as well. Two volunteers were interviewed who confirmed their knowledge of PREA and their requirements for protection and reporting.

Standard 115.333 Resident education

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

1200-1301 – Resident Handbook; 1300.0041 – Classification and Ensuring Safe Housing Residents at the RITS; Resident Education/Youth Safety (English/Spanish); Resident Education/Facts About Sexual Abuse; Resident Education/If you have just been sexually assaulted; Resident Education/Safety Guidelines; Resident Education/Sexual abuse is not a part of being here; PREA Booklet (draft); File Review, Interviews

The agency provides to each resident a Resident Handbook within 24 hours of arrival. Within the Resident Handbook is information regarding the zero-tolerance policy and how to report sexual abuse or sexual harassment. Additionally, residents are provided information on their right to be free from sexual abuse and sexual harassment and retaliations. Residents sign a form acknowledging their receipt of this information on how to report. However, a copy of the acknowledgement form is not provided to the youth. Interviews with two youth confirm that the information is not always verbal, nor is it presented in the youth’s native language when they are LEP. The agency is also working on a PREA Booklet that is in the draft stage that addresses all components of the comprehensive education requirement and once implemented will be provided to each youth upon intake.

There are numerous posters in both buildings that were observed by the auditor that provide guidance for youth in reporting sexual abuse or sexual harassment.

During the corrective action period, the agency updated policies 1200.1301 and 1300.0041. The new policies require youth to be identified at intake of any special needs, and staff were trained to provide information in a manner that the youth understand the information. The resident handbook was updated as well. Samples provided by the facility show that youth now sign an acknowledgement form when receiving PREA education.

Standard 115.334 Specialized training: Investigations

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

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

400.0000 – Training and Professional Development; DCYF Sexual Abuse Investigations Training, NCIC Investigators Training; File Review; Interviews

All staff of the agency, this includes RITS staff and DCYF staff, are required to complete PREA training as per policy. An interview with the investigator found that he has completed RI-DCYF investigators training and the NCIC PREA Investigators training. Additionally, he reported that he has completed the PREA training required of all employees. A file review indicated that these are documented. Training for investigators includes interviewing techniques for youth, Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate an allegation for action or referral.

Standard 115.335 Specialized training: Medical and mental health care

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

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

400.0000 – Training and Professional Development; File Review, Interview

The agency contracts with Lifespan for medical and mental health services. While the facility reported that no medical or mental health staff have completed specialized training at the time it was completed, some of the staff have completed the NCIC PREA training for medical and mental health staff. Forensic examinations are not conducted by facility staff. An interview with both a medical and mental health staff indicated that only one of the two had completed the training to date. Not all staff have completed the agency PREA training.

During the corrective action period, the agency identified all medical and mental health staff who needed to complete the specialized training. There are thirty-six staff who are required to complete the specialized training. Of these, three are out on leave, eleven have completed the training, three are in process of completion, and the remaining twenty-two are scheduled to complete the training.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

1300.0041 – Classification and Ensuring Safe Housing Residents at the RITS; Victim/Aggressor Assessment; File Review, Interviews

The agency recently began using the Victim/Aggressor Assessment for screening youth for their risk of being a victim or an aggressor of sexual abuse. Policy dictates that this will be completed within seventy-two (72) hours. However, upon interviewing staff who complete this tool, it was discovered that this is not completed until the MAYSI is completed. The MAYSI is required to be completed within 24-72 hours; thereby the Victim/Aggressor Assessment may not meet the required timeframes. The Assessment is objective and uses a scoring system to determine vulnerability or aggressiveness. The tool does not allow for a youth’s self-identification of being lesbian, gay, bisexual, transgender or intersex. The facility staff utilize an interview with the youth as well as other written documents to complete the tool. These tools are then added to the youth’s case file. Case files are kept confidential and there is limited staff access to those without a need to know.

During the corrective action period, the agency updated the Assessment Tool to include the youth’s reporting for LGBTI status. Completed samples were provided to the auditor for review. The agency updated policy 1300.0041 to include a requirement for the Assessment Tool to be completed within 72 hours of intake. The facility conducted training with all staff who conduct this assessment, and proof of training was provided to the auditor.

Standard 115.342 Use of screening information

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

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

1300.0041 – Classification and Ensuring Safe Housing Residents at the RITS; Victim/Aggressor Assessment; 1200.1307 – Lock Up; 100.0000 – Confidentiality; File Review, Interviews

The agency has a policy to address the use of information obtained to make safe housing and programming assignments. However, this is only completed at intake when the form is completed. There is no system to maintain this information for future housing or programming changes. There is currently no system in place to reassess or update the initial screening when new information is obtained. There is no system in place for reassessing a LGBTI youth two times per year.

The agency is currently in the process of rulemaking for Sexual Orientation, Gender Identify and Expression. Once this is finalized, the policy will go into effect. There is currently no system for documenting LGBTI housing decisions and the information that is required to make effective and safe decisions (i.e., youth’s health and safety being LGBTI, security risks, and youth’s own perception of safety).

All youth are provided separate showers from other youth.

Isolation is not used as a result of an assessment screening. Isolation, or Lock up, is only provided for as a result of a Major Discipline Hearing. This must be approved by the Superintendent. All youth in Lock up status must be provided: Showers, Hot meals, Medical care, Mental Health care, communication (phones, mail, and visitation), Religious services, education, physical activity, personal hygiene supplies, clean bedding, and clothing.

During the corrective action period, the agency updated policy 1300.0041 to include that the screening forms will be filed in the youth’s confidential file and only be made available to those staff who are responsible for treatment or safety; and that new information received will prompt a re-screening of the youth’s vulnerability or aggressive behavior; and that youth identified as LGBTI will be screened two times per year. Sample screening tools were provided to the auditor for review. The agency also provided proof of staff training.

Standard 115.351 Resident reporting

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

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

500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; Interviews, 500.0000 - Reporting Child Abuse; Tour, Interviews

The facility identifies the following ways for a youth to report abuse through a variety of written information in the Resident Handbook, through Brochures and through posters: Telling a staff, telling the parent/guardian, Telling an attorney, Telling the medical staff through a sick call request, DCYF Hotline, and reporting to the Office of Child Advocates (external agency). Agency policy allows for youth to contact the Child Abuse hotline without having to identify to the staff the nature of the call and that the staff must allow the youth to report in private. Youth interviews indicated that youth are aware of how to report. Staff interviews confirmed their knowledge of how to assist a youth in call the DCYF Hotline.

There is a brochure for the Office of Child Advocates that details the Statutory Mandates for the protections for this Agency in providing child advocacy services, including the right to confidentially communicate with a child, to review all documents related to a child's records, and to take all legal and civil steps to ensure the safety of youth. Youth are provided this brochure that includes the address and phone number of the office.

Staff interviews confirm their duty to accept and report all information regarding sexual abuse and sexual harassment, either by verbal or written communication. Youth are provided access to tools necessary for making a written report.

Confirmation through letter documenting a phone conversation with the Assistant Field Office Director of Immigration and Customs Enforcement (ICE) acknowledges that ICE will not utilize the Rhode Island Training School for the sole purpose of civil immigration purposes.

As mandatory reporters, staff are advised that they can report directly to the DCYF Hotline as an external source. However, they are also encouraged to report to their supervisor or the Superintendent.

Standard 115.352 Exhaustion of administrative remedies

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

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

1300.0165 – Resident Report of Violation or Potential Violation of Rights; Interviews

The agency has a policy of addresses any grievances received by youth that addresses a youth's rights. It is noted that any grievance received that alleges sexual abuse shall be immediately removed from the grievance reporting system and called into the DCYF Hotline. Facility documentation for reporting sexual abuse or sexual harassment is not identified as reportable through the Grievance System. Therefore, this standard is met.

Standard 115.353 Resident access to outside confidential support services

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

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

corrective actions taken by the facility.

The agency has been in continued contact with Day One, the state's Sexual Assault and Trauma Center that will provide 24-hour comprehensive services for treatment, intervention, advocacy, education and prevention services for youth. They are accessible by phone 24-hours per day. No MOU has been signed as of the date of this audit. The communication is on-going and services are provided regardless of an MOU. Additionally, Hasbro Children's Center will also contact Day One as needed during a forensic examination.

Youth are provided access to Day One services; however it is noted that no information is posted for youth to recognize the services available. Additionally, interviews with youth indicated that they were unfamiliar with Day One.

During the corrective action period, the agency updated all posters and the resident handbook to include the services of Day One. Copies of these documents were provided to the auditor.

Standard 115.354 Third-party reporting

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

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

The agency makes available on their website a link that provides the phone number to any person with information regarding sexual abuse or sexual harassment. Additionally, this information is posted in both buildings at the facility for parents, guardians, staff or attorney viewing.

Standard 115.361 Staff and agency reporting duties

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

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

1300.0160 – Preventing Retaliation at the Rhode Island Training School; 500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; 500.0000 - Reporting Child Abuse; 1200.0222 – Rhode Island School Personnel Administration; 100.0000 – Confidentiality; Interviews

The agency policies requires all staff to immediately report any knowledge, suspicion or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect or violation of responsibility. All staff, including medical and mental health contracted staff, are also required to comply with mandatory reporting laws regarding child abuse. Staff are prohibited from sharing information to persons other than involved in the investigation or treatment/management duties. Upon receipt of an allegation of sexual abuse, the Superintendent is required to report to the DCYF hotline, to the victim's parents/guardian and to the attorney or other legal representative.

Interviews with staff and administration report that they are mandated reporters and that all information is forwarded to the DCYF Hotline as
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required by policy and state law.

Standard 115.362 Agency protection duties

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

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

500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; Interviews

Agency policy requires immediately protection of a youth when there is a substantial risk of imminent sexual abuse. This was confirmed through interview.

Standard 115.363 Reporting to other confinement facilities

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

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

500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; Interviews

Agency policy requires that all allegations received, regardless of where the incident occurred, is required to be reported to the DCYF Hotline and to the facility where the incident occurred. Notification is to be made immediately, no more than 24 hours, and is required to be documented through an Incident Report. DCYF is required to investigate all allegations. There have been no incidents reported that sexual abuse occurred while a youth was confined in another facility/institution.

Standard 115.364 Staff first responder duties

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

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

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

500.0000 - Reporting Child Abuse; 500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; Interviews

Agency policies address separation of victim from abuser, preservation of crime scene and directives to protect physical evidence from the victim. Protections of physical evidence from the abuser is not noted in policy. Staff interviews confirmed their knowledge of these steps and the PREA training includes all steps. All staff are trained as first responders.

During the corrective action period, the agency updated policy 500.0060 to include the first responder duties of protecting the physical evidence from the abuser. A copy of the new policy was provided. All staff received the training, and the facility provided proof of this training.

Standard 115.365 Coordinated response

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

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

While it is noted that there is a written protocol for the prevention, detection, and reporting of sexual abuse incidents, the plan does not lay out the specific duties of medical/mental health staff and is not specific as to the actual tasks.

During the corrective action period, the agency, in conjunction with the facility staff, updated the facility specific Coordinated Response Plan. This is found in policy 500.0060. Additionally, the agency created an easy to read flowchart that steps out all the immediate steps to be taken by the First Responder, Incident Lead, Administrator on Call, and the Master Control Center. This flowchart details the specific person to notify and contains contact information.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

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

There are five (5) bargaining contracts in place at the RITS. These include the Rhode Island Council 94, AFSCME, AFL-CIO, Howard Union of Teachers, Rhode Island Brotherhood of Correctional Officers/Professional Unit, National Association of Government Employees Local 70, and the Rhode Island Probation and Parole Association. A review of all contracts indicates that there is no prohibition for administration to remove a staff member who has violated policies regarding sexual abuse or sexual harassment. Interviews with the PREA Coordinator confirm the auditors’ review of documents.

Standard 115.367 Agency protection against retaliation

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

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

1200.0222 – Rhode Island School Personnel Administration; 1300.0160 – Preventing Retaliation at the Rhode Island Training School; Interviews

Agency policy prohibits the allowing of retaliation of youth who report sexual abuse or sexual harassment. Supervisors are responsible for monitoring staff for retaliation while Child Protective Services (CPS) is tasked with monitoring youth for retaliation. All who report or participate in an investigation of sexual abuse or sexual harassment are followed for ninety (90) days following an incident, with periodic documented status checks to ensure no retaliation is being experienced. CPS documents periodic status checks in the weekly case notes.

Standard 115.368 Post-allegation protective custody

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

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

1200.1307 – Lock Up; Interviews

Segregation is not used at RITS. Isolation is not used as a result of a youth reporting sexual abuse. Isolation, or Lock up, is only provided for as a result of a Major Discipline Hearing. This must be approved by the Superintendent. All youth in Lock up status must be provided: Showers, Hot meals, Medical care, Mental Health care, communication (phones, mail, and visitation), Religious services, education, physical activity, personal hygiene supplies, clean bedding, and clothing. Youth may be moved to another unit, released to the parent/guardian, or transferred to a non-secure residential program to ensure the safety of the youth if indicated.

Standard 115.371 Criminal and administrative agency investigations

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

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

500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; 500.0065 – Police Involvement in Child Protective Investigations; 500.0080 – Standards of Proof;

The agency does not conduct criminal investigations, these are conducted by Rhode Island State Police (RISP). The agency does conduct administrative investigations but these are conducted by Child Protective Service staff and not staff at the facility. Agency policy requires the collection and preservation of direct and circumstantial evidence, including video recordings, witness statements, prior complaints and prior reports. No investigation will be terminated because the victim recants or the alleged abuser is no longer in the employment or control of the facility. Interviews confirm that all facility staff are required to comply and cooperate with outside investigators.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

500.0080 – Standards of Proof; Interview

The agency requires no standard higher than a preponderance of the evidence in determining findings of a sexual abuse or sexual harassment allegations.

Standard 115.373 Reporting to residents

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

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

500.0060 – Processing & Notifications of Alleged Institutional Abuse & Neglect; Interviews

Agency policy required notification to the youth upon a finding of substantiated, unsubstantiated or unfounded for sexual abuse investigations. This notification is made by the CPS staff. The youth will also be notified if the staff member has been reassigned, terminated, or indicted/convicted on a charge relating to sexual abuse within the facility. The youth shall also be notified if a resident has

been indicted/convicted on a charge relating to sexual abuse within the facility. There have been no allegations at the facility of sexual abuse.

Standard 115.376 Disciplinary sanctions for staff

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

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

1200.0222 – Rhode Island School Personnel Administration; Interviews

All staff are subject to disciplinary sanctions up to and including termination for a violation of agency policies prohibiting sexual abuse or sexual harassment with termination being the presumptive disciplinary sanctions for sexual abuse. All sanctions are commensurate with prior allegations, disciplinary history and prior sanctions for the same. Any terminations for sexual abuse or sexual harassment policies, or resignations during an investigation, would be reported to RISP, DCYF and any licensing bodies.

Standard 115.377 Corrective action for contractors and volunteers

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

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

1200.0222 – Rhode Island School Personnel Administration; Interviews

All contractors and volunteers who engage in sexual abuse or sexual harassment would be prohibited from contact with youth during an investigation and shall be reported to law enforcement, DCYF, and to any relevant licensing bodies.

Standard 115.378 Disciplinary sanctions for residents

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

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

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

1200.1306 – Major Discipline Review; 1200.1307 – Lock Up; Interviews

The agency has a policy that addresses disciplinary sanctions for residents who engage in resident-on-resident sexual abuse. The Major Discipline Review Board would address all youth behaviors that violate the program rules. Youth are provided notification, a meeting within five (5) days, a review of their rights, and written notification of findings. Discipline is based on the nature and circumstances of the abuse, as well as any mental disabilities or illnesses. Isolation (Lock Up) may be a sanction utilized. The agency has a policy on Lock Up that does not deny the rights of youth to meals, showers, medical and mental health care, mail, education, visitation, education, writing materials, large muscle activity, and clean clothing and bedding.

The agency does have counseling available for abusers and this is typically court ordered. No youth is disciplined for behavior in which the staff did not consent. Reports made in good faith is not used as a basis for discipline to the reporter. All sexual activity at RITS is prohibited.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

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

1200.1100 – Clinical Services at the Rhode Island Training School; 100.0000 – Confidentiality; Interview

Any youth who reports sexual victimization or sexually aggressive behavior is referred to a medical/mental health practitioner within 24 hours. Additionally, any reporter who receives information is mandated to contact the DCYF Hotline if a youth reports sexual victimization. Informed consent of a person 18 years of age or older is not required under RI law as all person who have knowledge, information or suspicion of sexual abuse are mandated reporters.

Standard 115.382 Access to emergency medical and mental health services

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

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

1200.1100 – Clinical Services at the Rhode Island Training School; Interview

Medical and mental health staff interviews confirmed that all youth would receive immediate services upon notification of a sexual abuse allegation. This would include immediate separation from any alleged abuser and transport to a local hospital for forensic examination. The medical and mental health staff would then follow-up with any physician orders for medical treatment, including information and access to emergency contraception and sexually transmitted infection prophylaxis. Crisis intervention services would be provided by clinical staff as needed. There is a Psychiatrist on call 24/7 to further assist with any concerns. All medical and mental health services are provided at no financial cost to the youth regardless if the youth names the abuser or cooperates with the investigation.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

1200.1100 – Clinical Services at the Rhode Island Training School; Interview

Medical and mental health staff are available 24/7 either on site or by phone. All youth who have been victimized are offered both medical and mental health treatment services. Staff will also make arrangements for follow-up services, treatment plans and referrals for continued care upon the youth’s release from the facility. The level of medical and mental health care is comparable and consistent to the community level of care available. All female youth shall be offered pregnancy tests and other pregnancy related medical services, as identified. All youth are afforded sexual transmitted infection testing and treatment as appropriate. All medical and mental health services are provided at no financial cost to the youth regardless if the youth names the abuser or cooperates with the investigation. Mental health evaluations are conducted on youth who are known resident-on-resident abusers and this referral is made within sixty (60) days.

Standard 115.386 Sexual abuse incident reviews

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

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

1200.0003 – Administration Responsibilities; Interviews

Interviews confirm that a Sexual Abuse Incident Review is to be conducted in instances where the investigation findings are substantiated or unsubstantiated. These would occur within thirty (30) days and would involve the Superintendent, PREA Compliance Manager, Unit Manager, and Mental Health staff. The team would review the incident and investigation for determining the motivation for the incident, address any physical barriers in the facility, address the adequacy of the current staffing plan, address the need for additional supervision of the area (staff or video), and prepare a report that is to be submitted to the Department Director and to the PREA Coordinator. Recommendations would be implemented as needed unless there is a clear reason that this cannot be completed, and this shall be

documented. As of the date of the audit, there had not been any sexual abuse allegations that were either substantiated or unsubstantiated that would require an Incident Review.

Standard 115.387 Data collection

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

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

1200.0003 – Administration Responsibilities; 500.0050 – Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3); Interviews

Agency policy requires that DCYF maintain accurate and uniform data for all sexual abuse at the RITS, as well as any other contracted facility. The information collected meets the minimum threshold of the data that is required by the Department of Justice Survey of Sexual Violence (DOJ-SSV). Additionally, this same information is utilized by DCYF and RITS to assess and improve effectiveness of their Zero-Tolerance policy regarding prevention, detection and response to sexual abuse. This information is aggregated annually, and was provided as requested by the Department of Justice in the last year.

Standard 115.388 Data review for corrective action

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

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

1200.0003 – Administration Responsibilities; Interviews

Agency policy requires that the RITS provide an annual report of all sexual abuse allegations, including a comparison of prior year data. The report is also to include an assessment of the progress towards addressing sexual abuse. Interviews confirm that an annual report has not yet been finalized, but that the final report would reflect an information that would be a clear and specific threat to the facility.

During the corrective action period, the agency completed an annual report that contains all information as required by the standards. This was approved by the agency head and is now available on the agency website.

Standard 115.389 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

1200.0003 – Administration Responsibilities; Interviews

Agency policy requires that data be maintained securely and for ten (10) years. Publication of the annual report will not include any personal identifiers. The annual report will be provided on the agency website; however the report has not been finalized and approved.

During the corrective action period, the agency completed an annual report that contains all information as required by the standards. This was approved by the agency head and is now available on the agency website.

AUDITOR CERTIFICATION

I certify that:

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

Bobbi Pohlman-Rodgers

January 7, 2017

Auditor Signature

Date