Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

☐ **Interim** ☒ **Final**

Date of Report July 15, 2019

Auditor Information

Name: Shirley L. Turner	**Email:** shirleyturner3199@comcast.net
Company Name: Correctional Management and Communications Group	
Mailing Address: P. O. Box 370003	**City, State, Zip:** Decatur, GA 30037
Telephone: 678-895-2829	**Date of Facility Visit:** June 17-18, 2019

Agency Information

Name of Agency Rhode Island Department of Children, Youth and Families		**Governing Authority or Parent Agency** *(If Applicable)*	
Physical Address: 101 Friendship Street		**City, State, Zip:** Providence, RI 02903	
Mailing Address: Same as Above		**City, State, Zip:**	
Telephone: 401-528-3540		**Is Agency accredited by any organization?** ☐ Yes ☒ No	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal

Agency mission:
To partner with families and communities to raise safe and healthy children and youth in a caring environment.

Agency Website with PREA Information: www.dcyf.ri.gov

Agency Chief Executive Officer

Name: Trista Piccola	**Title:** Director
Email: Trista.Piccola@dcyf.ri.gov	**Telephone:** 401-528-3540

Agency-Wide PREA Coordinator

Name: Mike Burk	**Title:** Administrator

Email: Mike.Burk@dcyf.ri.gov	**Telephone:** 401-528-3576
PREA Coordinator Reports to: Kevin Aucoin, Executive Counsel	**Number of Compliance Managers who report to the PREA Coordinator** 2

Facility Information

Name of Facility: Rhode Island/Thomas C. Slater Training School				
Physical Address: 57 Power Road, Cranston, RI 02920				
Mailing Address (if different than above):				
Telephone Number: 401-462-6612				
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit	
☐ Municipal	☐ County	☒ State	☐ Federal	
Facility Type:	☒ Detention	☒ Correction	☐ Intake	☐ Other

Facility Mission:
To partner with families and communities to raise safe and healthy children and youth in a caring environment.

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

Is this facility accredited by any other organization? ☒ Yes ☐ No

Executive Director/Superintendent

Name: Larome Myrick	**Title:** Executive Director of Juvenile Correctional Services
Email: larome.myrick@dcyf.ri.gov	**Telephone:** 401-462-6612
Name: Brian Terry	**Title:** Superintendent
Email: bryan.terry@dcyf.ri.gov	**Telephone:** 401-462-6612

Facility PREA Compliance Manager

Name: Arlindo Goncalves / Debra DiScuillo	**Title:** Unit Manager / Implementation Aid
Email: arlindo.goncalves@dcyf.ri.gov debra.discuillo@dcyf.ri.gov	**Telephone:** 404-462-7319 / 401-462-1080

Facility Health Service Administrator

Name: Mary Clair Michaud	**Title:** Clinical Director
Email: mary.clairmichaud@dcyf.ri.gov	**Telephone:** 401-462-7208

Facility Characteristics		
Designated Facility Capacity: 96	**Current Population of Facility:** 53	
Number of residents admitted to facility during the past 12 months		43
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		43
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		43
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	12-18	
Average length of stay or time under supervision:		40-64 Days
Facility Security Level:		Locked, Secure
Resident Custody Levels:		Various Custody Levels
Number of staff currently employed by the facility who may have contact with residents:		130
Number of staff hired by the facility during the past 12 months who may have contact with residents:		25
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0

Physical Plant	
Number of Buildings: 1	**Number of Single Cell Housing Units:** 4
Number of Multiple Occupancy Cell Housing Units:	0
Number of Open Bay/Dorm Housing Units:	0
Number of Segregation Cells (Administrative and Disciplinary:	0

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The main camera monitoring system is located in the control room off the lobby area, with the entrance being in the secure part of the facility. There is a total of 128 cameras that have been strategically placed throughout the facility and on the outside. There are many monitors posted within the control room that capture activities within the facility and the outside grounds. The cameras in the living units record continuously. Portable cameras are also available for use by staff. The monitoring system has the capability to store data for 30 days. No cameras are placed in restrooms.

Medical	
Type of Medical Facility:	Onsite Medical Clinic
Forensic sexual assault medical exams are conducted at:	Hasbro Children's Hospital

Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	18
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

Audit Findings

Audit Narrative

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

The Rhode Island/Thomas C. Slater Training School is located in Cranston, Rhode Island within the Division of Juvenile Corrections which is a part of the Rhode Island Department of Children, Youth and Families. The onsite audit phase of the Prison Rape Elimination Act (PREA) audit was conducted June 17-18, 2019 by Shirley Turner, certified U. S. Department of Justice PREA Auditor. The facility's initial PREA audit was conducted in May 2016. The current audit was attained and assigned to the Auditor by Correctional Management and Communications Group, LLC (CMCG) located in Minneola, Florida. There were no known existing conflicts of interest regarding the performance of this audit and there were no barriers in completing any phase of the audit.

The facility is a secure correctional program for juveniles who are detained and for those who have been adjudicated and sentenced to the facility by order of the Rhode Island Family Court. The facility provides for the rehabilitation of juveniles through a continuum of services provided in partnership with families, community and the Department of Children, Youth and Families. The facility houses residents of all custody levels and care and services are provided in a locked and secure environment. The facility houses male and female juveniles between the ages of 12-18.

Pre-Onsite Audit Phase
Key Processes and Methodology
An initial conference call was held with the Rhode Island Department of Children, Youth and Families (DCYF) statewide PREA Coordinator; DCYF Principal Community Services Liaison; PREA Auditor; a Co-PREA Compliance Manager for the facility; CMCG Senior Vice President of Program Reviews and Audits, and the PREA Compliance Manager of the contract facility that will also be audited. The purpose of the initial conference call was to discuss and plan for the PREA audits to be conducted at this facility and the contract facility.

A follow-up conference call was conducted which included the PREA Auditor; CMCG Senior Vice President of Program Reviews and Audits; DCYF PREA Coordinator; DCYF Executive Director of Juvenile Correctional Services; and the RITS PREA Implementation Aid who serves as a Co-PREA Compliance Manager. A DCYF contract facility's PREA Coordinator also participated in the follow-up conference call. The purpose of the call was for introductions; discussion and review the PREA audit process, methodology, and site visit itinerary; answer questions; and clarify information as needed.

There was follow-up communication of telephone calls and emails with the facility's Co-PREA Compliance Manager/PREA Implementation Aid concerning the site review; access to the various staff members and interviews, logistics for the onsite phase of the audit, and goals and expectations of the audit process. The facility and agency's central office staff members were receptive to the audit process and knowledgeable of the role of the Auditor and aware of the expectations during each phase of the PREA audit. Management and administrative staff members were familiar with the PREA audit process, having participated in the previous PREA audit.

The site visit audit notice, PREA Information Letter, and Checklist of Policies/Procedures and other Documents were sent to the PREA Coordinator by the Auditor. The audit notice was posted prior to the onsite audit. The pictures of the posted notices were taken in their various locations and emailed to the Auditor. The audit notices were printed in a manner that was easy to see and read and posted at varying eye levels. They were strategically placed throughout the facility, accessible to residents, staff, visitors, and contractors.

The posted audit notices contained the Auditor's contact information and information regarding confidentiality. No correspondence was received during any phase of the audit and the facility had a process in place to ensure confidential communication. Further verification of the postings was made through observations during the comprehensive site review and as indicated through the interviews conducted with residents and staff.

The completed PREA Pre-Audit Questionnaire, policies and procedures, and supporting documentation were uploaded to a flash drive and mailed to the Auditor. The documentation on the flash drive was well organized and identified by each standard. This information was received by the Auditor prior to the site visit. An initial assessment was conducted of the information and the Auditor provided a written initial review or issue log to the PREA Implementation Aid requesting additional information. Prior to sending the written review, a telephone conference was held with the PREA Implementation Aid to review the document and clarify, where indicated, the data received and the data requested to be sent prior to the site visit, and data to be made available during the site visit.

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

The interview document requested a list of direct care staff and their scheduled shifts and the additional direct care staff, where applicable, and a current resident population roster. which could be provided onsite. Additionally, the request included information regarding residents who may be in vulnerable categories such as disabled; limited English proficient; intersex, gay,

lesbian, bisexual and/or transgender residents; and residents housed in isolation. The information regarding the residents was made available to the Auditor upon arrival to the facility. Staff and residents were randomly selected from the identified categories of staff and residents, including target interviewees, required to be interviewed and identified through a schedule developed by the Auditor with input by and through the PREA Implementation Aid.

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

The facility provided lists or documents before and during the site visit that assisted with the following determinations and interview selections. The Auditor reviewed the lists/documents provided and conferred with the Implementation Aid for clarity as needed.

Lists/Information	Comments
Complete Resident Roster	Roster was provided upon arrival.
Youthful Inmates/detainees	Youthful inmates/detainees are not housed in this facility.
Residents with Disabilities	Identified Onsite
Residents who are Limited English Proficient	Identified Onsite
LGBTI Residents	Identified onsite
Residents in segregated housing	There is no segregated housing.
Residents in Isolation	Isolation not used for PREA
Residents who reported sexual abuse	None Identified.
Residents who reported sexual victimization during risk screening.	None Identified During Risk Screening
Staff roster for the time of the site visit.	Roster provided as part of the interview document sent to the facility during the pre-onsite phase of the audit.
Specialized Staff	Specialized staff was identified on interview document sent to the facility during pre-onsite phase of the audit.
Contractors who have contact with the residents.	Contractors were identified during pre-onsite phase of the audit.
Volunteers who have contact with the residents.	No Volunteers Identified
All grievances/allegations made in the 12 months preceding the audit	No allegations were made through a grievance for the 12 months preceding the audit.
All allegations of sexual abuse and sexual harassment reported for investigation in the	There were no allegations of sexual abuse or sexual harassment reported for the 12

12 months preceding the audit	months preceding the audit.
Hotline calls made during the 12 months preceding the audit	There were no hotline calls made during the 12 months preceding the audit.
Detailed list of number of sexual abuse and sexual harassment allegations in the 12 months preceding the audit	There were no allegations of sexual harassment in the 12 months preceding the audit.

General and specific information about the facility and the programs and services provided are detailed on the facility's website. An array of information, including contact information is available on the agency's website and may be accessed by the general public. The agency's website also contains PREA information, including the 2016 PREA report for this facility. Information regarding facility occurrences is also available on the internet.

Onsite Audit Phase
Key Processes and Methodology
Upon entering the facility, the Auditor was greeted by Larome Myrick, DCYF Executive Director of Juvenile Correctional Services and Mike Burk, DCYF Administrator/PREA Coordinator. An entrance meeting was conducted and in addition to the Executive Director of Juvenile Correctional Services and the PREA Coordinator other facility and central office staff were present. The attendees from the facility included Brian Terry, Superintendent; Debra DiScuillo, Implementation Aid/Co-PREA Compliance Manager; Arlindo Goncalves, Unit Manager/Co-PREA Compliance Manager; and Mary Clair Michaud, Clinical Director. Additional staff from the DCYF central office included Kevin Aucoin, Director's Office; John Washburn, Operations; and Jessica McCluskey, Principal Community Liaison. Formal introductions were conducted and comments were made. The Auditor provided a review of the audit process and the audit agenda.

Upon completion of the entrance conference, a comprehensive site review of the facility was conducted and the group included facility and central office staff members. The site review included all areas of the facility which included the lobby; administrative wing; kitchen; offices; medical clinic; administrative area of the medical clinic; living units; gymnasium; classrooms; culinary arts room; and outside recreation areas. The staff was observed providing direct supervision and services to the residents in the school area and the living units and as the residents transitioned between meals. Ducks and chickens are maintained on a small section of the outside grounds, visible from inside the building.

The site review was extensive and included all program areas and sites. During the comprehensive site review, the printed notifications of the PREA site visit were observed posted in the areas previously identified in the pictures sent to the Auditor, throughout the buildings visible to residents, staff and visitors. The notices contained large enough print to make them noticeable and easy to see and read. Residents' files were observed to be maintained in a secure manner in a locked room in lockable file cabinets. The resident population on the first day of the onsite audit was 53.

Posted signs regarding PREA material contain contact information of the assisting agencies for reporting allegations and seeking help regarding sexual abuse and sexual harassment. The

posted information includes instructions on accessing assistance and according to staff and residents' interviews the staff cannot deny a resident use of the telephone. All report that use of the telephone to report an allegation of sexual abuse or sexual harassment is always accessible. Documented correspondence confirmed the agreement for advocacy services to be provided by Day One located in Providence, Rhode Island. The services to be provided were confirmed by the Chief Operations Officer of the Day One advocacy agency. Forensic medical services will be provided by a qualified medical practitioner at the Hasbro Children's Hospital in Providence.

Staff answered questions regarding resident activities and staff duties as the site review progressed through the facility and into specific areas. During the comprehensive site review, the intake process, daily scheduled activities and staff supervision were discussed by staff. Informal staff interviews were conducted during the site review as different facility areas were visited. The comprehensive site review allowed for many observations about the daily activities, program services and operations.

It was generally stated by residents interviewed that the staff members announce their presence by saying their name/gender or giving a greeting upon entering the living unit and/or use the color-coded sign which indicates the gender of the staff present on the unit. The sign has "Female" written on the pink side and "Male" written on the blue side and is placed in a prominent spot at the staff station which is located in the front of the living unit. The Auditor observed staff announcing their gender when entering the living unit, as applicable and also the use of the color-coded sign.

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

Interviews

One hundred thirty staff members are currently employed at the facility that may have contact with residents. A total of 53 residents were in the facility on the first day of the site visit. Sixteen residents were interviewed after randomly selecting the names from the facility population reports and previous and site visit inquiries regarding targeted interviews. Residents were randomly selected for interviews from the resident roster, considering each living unit and information regarding the make-up of the population. Seven targeted interviews were conducted as a result of requested lists/documents and conferring with the Implementation Aid.

Twelve random staff members were interviewed covering all shifts and 14 individual specialized staff members were interviewed based on their job duties related to PREA roles, including two contractors. The PREA Coordinator, Superintendent and Executive Director of Correctional Services were interviewed but their interviews in those roles are not counted as specialized staff regarding PREA. However, the interviews of the PREA Coordinator and Superintendent as the agency contract administrator and facility retaliation monitor, respectively, were counted as specialized interviews.

The contractors interviewed provide clinical services. The interviews with residents, staff, and contractors indicated their receipt of PREA training which was also verified by a review of documentation, including training materials. Random and specialized staff and resident formal interviews were conducted onsite and were done in the privacy of conference rooms or offices. The Co-PREA Compliance Managers ensured that staff and residents were readily available and accessible for interviews.

The Auditor conducted 16 resident interviews in the following categories during the onsite phase of the audit:

Category of Residents	**Number of Interviews**
Random Residents	9
Residents with a Cognitive Disability	2
Lesbian, Gay, Bisexual, Transgender, or Intersex Identification	2
Limited English Proficient	3

The Auditor conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff	**Number of Interviews**
Medical Staff	1
Mental Health Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Facility Staff (Unannounced Rounds)	1
Contractors who have Contact with Residents	2
Investigative Staff	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	1
Staff on the Incident Review Team	1
Designated Staff Member Charged with Monitoring Retaliation	1
Intake Staff	1
Training Coordinator	1
Agency Contract Administrator	1
Agency Head Designee	1
Number of Specialized Staff Interviews	14
Number of Random Staff Interviews	12
Total Random and Specialized Interviews	26
Total Interviews including the PREA Coordinator, Superintendent	29

and Executive Director of Juvenile Correctional Services	

Two community support interviews were conducted by phone during the Post Audit Phase. The first interview was conducted with the Chief Operations Officer from Day One, the victim advocacy agency that works with the facility, to verify the accessibility of victim advocacy services to the residents, if needed. The second interview was with the Advocate at the Rhode Island Office of Child Advocate to verify the advocacy services to be provided regarding an allegation of sexual abuse or sexual harassment by a resident at the facility. The Office of Child Advocate is a state agency charged with protecting the legal rights and interests of youth in the state's care. The contact information for both agencies is posted in the facility as a resource regarding allegations or incidents of sexual abuse or sexual harassment.

Onsite Documentation Review

The Auditor received many pieces of documentation for each standard as part of the Pre-Onsite Audit Phase data gathering process. During the Onsite Audit Phase the Auditor reviewed a sample of personnel files of identified staff, including documentation of criminal background checks occurring and completed background checks. The PREA Coordinator transported the Auditor to the DCYF central office to review the personnel files. The PREA Pre-Audit Questionnaire and facility policies and procedures were reviewed prior to the site visit and policies and procedures were reviewed during the site visit.

The supporting or secondary documentation reviewed included but was not limited to various forms; vulnerability assessments; PREA education curriculum; education and training acknowledgement forms; training records; training certificates; checklists; unannounced rounds reports; sexual abuse coordinated response plan; investigation report; related written communication; logs; annual staffing plan assessment; annual reports; staff schedules; organization chart; and other documentation.

Investigations

There were no allegations of sexual abuse or sexual harassment during this audit period. During a regular review of camera footage, the Programming Services Officer observed activities between residents and he was not sure of what was going on. The camera footage was discussed and reviewed with management staff and a referral was made. The DCYF Child Protective Investigator's findings determined the situation was horseplay between residents. The facility staff was proactive in identifying and addressing an issue before it became a problem and demonstrated commitment to ensuring the safety of residents and the implementation of the PREA standards.

After the completion of the site visit process, an exit meeting was held in the conference room. The attendees consisted of the same group present during the entrance meeting. The exit briefing served to review the onsite process and review program strengths. The facility staff members were given the opportunity to ask additional questions about the audit process and comments were provided by staff. Additionally, The Auditor shared how the audit revealed the array of supportive services provided at the facility.

Post Onsite Audit Phase
Key Processes and Methodology
All of the evidence provided, collected and reviewed on site was assessed and the consideration of all interviews and observations during the site review were triangulated by the Auditor to determine the standards were met. The Auditor contacted the PREA Coordinator and the Implementation Aid/Co-PREA Compliance Manager regarding clarity of information where indicated.

The Chief Operations Officer with Day One, agency for victim advocacy services, was contacted regarding the services to be provided to a victim as stated in the communication between her and the PREA Coordinator. The advocacy services were confirmed and include but are not limited to accompaniment during the forensic medical examination and forensic interview; access to the 24-hour helpline; and confidential support by telephone and in-person at the hospital. The Advocate of the Office of Child Advocate was contacted to verify the services to be provided to the residents which include responding to complaints received from facility residents through phone calls or letters. A representative from the Office of Child Advocate may respond to complaints that may or may not be PREA related.

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

Facility Characteristics

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

The Rhode Island/Thomas C. Slater Training School is located in Cranston, Rhode Island and provides care in a secure facility to residents who have been detained or adjudicated by order of the Rhode Island Family Court. The facility houses residents who have been committed to the residential program and others who are in detention. The population is made up of male and female adolescents who have been adjudicated or charged as a juvenile offender. The facility is a part of the Division of Juvenile Corrections within the Rhode Island Department of Children, Youth and Families. Also, located within this Division is the Office of Juvenile Probation.

Supervision, security, education, behavioral health, medical, and transition services are provided during the resident's stay in the facility. All residents are provided educational services in accordance with their academic level and/or specific individual education plan. The facility's educational program is approved as an alternative educational program and adheres to Rhode Island Department of Education regulations.

The facility consists of one building which contains four living units with a dayroom area in each. Residents are provided a reasonable amount of privacy and safe space when they shower, use the toilet and change clothes. PREA related information is posted in each unit in English and Spanish for residents to report sexual abuse and sexual harassment and/or to request victim advocacy services. Each living unit or Mod is equipped with showers, laundry room, offices, and laundry room. Each mod contains offices for the Social Worker and Unit Manager. Additionally, the building contains a large lobby; master control room; administrative wing; classrooms; culinary arts room; library; intake area adjacent to the sally port; library; kitchen; medical clinic and adjacent medical and behavior health offices and work spaces; records rooms; offices; private visiting rooms; and a small courtroom.

Upon entrance to the facility, the first stop is the table to sign in and provide the general identification information and purpose of visit. This is the same process used during the visitation period by parents and guardians. The dining/utility room, located beyond the lobby in the secure area, is also used for visitation and is camera equipped. There is a hallway that leads to the dining/room where residents may visit with in private with attorneys and as needed. A room used as the courtroom is also located on this hallway. The observation of these areas during the comprehensive site review and discussions with staff confirmed that residents are afforded access to visitors, attorneys and court workers and visits may be conducted in private as needed. Residents also have access to writing materials and the phone to maintain contact with parents, guardians, attorneys and other court personnel, and other approved persons. All residents confirmed in the interviews that they have someone on the outside to report to regarding sexual abuse and sexual harassment if they needed to.

Since the last PREA audit, improvements have been made to enhance visibility and keep residents safe from sexual abuse and sexual harassment. Alarms have been connected to the two doors that lead to the fire escape stairwells. The alarm will sound in the master control room when the push bar on either door is activated. Cameras will also be activated for the area when the push bar is utilized. The facility reports there is a total of 128 cameras located in the facility and the outside perimeter.

Observations revealed that posted mirrors and the cameras have been strategically used to address identified blind spots. Direct care staff and other staff members provide direct supervision and escorts during all activities and movement throughout the facility. Signs are posted advising where residents are not allowed or allowed with staff supervision only. No residents are allowed in the administrative wing which is accessible by swipe cards programmed for this area.

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

The Auditor observed postings within the facility that contain the Child Abuse Hotline and address for the Office of Child Protective Services; number and address for the Office of the Child Advocate; and the hotline number for the Day One Program to report allegations of sexual abuse and sexual harassment and/or to request help regarding the occurrence of such. Residents are also provided a document, entitled “Safety Guidelines to Consider” which also contain the aforementioned contact information and helpful safety tips.

Various programs and services are provided to residents while housed in the facility. The program and services include but are not limited to:

- academic and vocational services and classes;
- behavioral health services;
- individual, group and family sessions;
- behavior management system with positive incentives;
- medical care;
- dental care;
- vision care;
- recreation activities
- religious services.

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

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

The resident interviews and documentation confirmed the provision of the programs and services described. The residents indicated during the interviews, they could communicate with their parents/guardians through telephone calls and visits. Observations during the comprehensive site review revealed adequate space for conducting the programs and services described and visitation.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 0

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.333 (d), Resident Education – A resident was interviewed who spoke Spanish and with the assistance of a staff translator, the Auditor determined the resident did not grasp the fundamentals of PREA as expressed by the resident. A refresher education session was provided to the resident. The acknowledgement statement indicating receipt of training was also translated in Spanish so that the resident could sign the Spanish version, rather than the English version, confirming his participation in the PREA refresher education session.

The Implementation Aid/Co-PREA Compliance Manager assured the Auditor the refresher education session would be conducted by the same interpreter from the interview and that the acknowledgement statement would be translated into Spanish so the resident could sign the Spanish version of the document acknowledging receipt of the refresher education session. The Auditor was provided with the documentation as described above, confirming the education session had been completed.

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
Facility PREA Policy, #100.0185
Facility Policy 1200.0015, Administrative Responsibility
Agency Policy #500.0050, Standards for Investigating Child Abuse and Neglect
Residential Child Care Regulations for Licensure
PREA Pre-Audit Questionnaire
Facility Organizational Chart

Interviewed:
Co-PREA Compliance Manager/Implementation Aid
Co-PREA Compliance Manager/Unit Manager
PREA Coordinator
Random Staff
Residents

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

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

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

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

The agency has provided for the designation of a PREA Coordinator. The agency's statewide PREA Coordinator also serves as an Administrator with the agency in an upper level management position. The interview and conference calls which included the PREA Coordinator confirmed his knowledge of

PREA Standards and the application of such. The interview and observations revealed he has the time, authority and supportive staff to discharge the duties of the PREA Coordinator.

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

The facility has designated two staff members as PREA Compliance Managers. One PREA Compliance Manager serves as a Unit Manager within the facility and the other one serves as an Implementation Aid within the facility. The interviews with the PREA Compliance Managers confirmed their knowledge regarding the implementation of the PREA standards and the time and authority to fulfill their roles.

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

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

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Residential Child Care Regulations for Licensure
Letter to Contractor

Interviewed:
Agency Contractor Administrator Designee/PREA Coordinator

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

The Residential Child Care Regulations for Licensure requires that any facility the agency determines meeting the criteria for the application of the PREA Standards, document PREA compliance. The letter to the contractor on behalf of the agency advises the contractor regarding PREA compliance. The interview with the PREA Coordinator and the scheduled PREA audit with the contractor confirmed the agency's expectations and requirement.

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

Standard 115.313: Supervision and Monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

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

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA

- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA

- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA

- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☐ Yes ☒ No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Compliance Manager, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

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

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Intermediate or Higher-Level Staff/Clinical Director
Superintendent
Co-PREA Compliance Manager/Implementation Aid
PREA Coordinator
Executive Director of Correctional Services

Provision (a):
The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:
(1) Generally accepted juvenile detention and correctional/secure residential practices;

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

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

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

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

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

The staffing ratios for the facility provide for the PREA ratios to be met during the sleeping hours and the waking hours. The Auditor observed for whether the PREA ratios were met and observed compliance during the comprehensive site review and subsequent observations. Since the last PREA audit the average daily number of residents is 56. Since the last PREA audit, the average daily number of residents on which the staffing plan was predicated is 96.

Provision (d):
Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA Compliance Manager required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to:
(1) The staffing plan established pursuant to paragraph (a) of this section;
(2) Prevailing staffing patterns;
(3) The facility's deployment of video monitoring systems and other monitoring technologies; and

(4) The resources the facility has available to commit to ensure adherence to the staffing plan.

The review of the staffing plan is conducted as described in the standard at intervals; however it was recommended that the information reviewed and the methodology is documented concisely. The facility has formally documented the assessment data on a form created during the site review, Annual Staffing Plan Assessment. The document indicates the collaboration of the PREA Coordinator, Co-PREA Compliance Manager and the Superintendent. The document reviews but is not limited to the following areas, prevailing staffing patterns; deployment and updates of video monitoring system; and occurrence of unannounced rounds, aligned with this provision of the standard. No corrective actions were identified.

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

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

The interview with the Clinical Director described the facility's efforts to keep staff from alerting other staff when an unannounced visit is being conducted. The rounds are made at different times. The Policy indicates staff will not alert other staff regarding the occurrence of unannounced rounds. Staff members are not informed of the unannounced rounds and staff members are encouraged not to alert other staff members regarding the unannounced visits. The staff interviewed confirmed the occurrence of the unannounced rounds.

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

Standard 115.315: Limits to Cross-Gender Viewing and Searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No

- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No

- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility Policy #1200.0100, Classification and Ensuring Safety in Housing Residents at the RITS
Facility Policy # 1300.0105, Search of a Resident of the Rhode Island Training School
Facility Policy #1200.0105, Announcing Staff Presence in Residence Housing Unit
Training and Professional Development Protocols
Training Materials
Training Logs

Interviews
Random Staff
Residents
Co-PREA Compliance Manager/Implementation Aid

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

The Policy and Procedures do not support cross-gender strip searches, cross-gender pat-down searches and cross-gender visual body cavity searches. Policy provides for same sex searches, generally pat-down searches, except in exigent circumstances. When there are exigent circumstances, supervisory staff or an on-call administrator must be contacted and the search must be conducted on an Unusual Incident Form. There is no evidence of cross-gender searches of any type occurring at the facility in the last 12 months. Based on the review of the Pre-audit questionnaire and according to the interviews, no cross-gender searches are conducted at the facility.

Provision (b):
The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

The Policy does not support staff conducting any type cross-gender searches unless there are exigent circumstances and the search must be documented. The Training logs and materials show that staff receives training on how to conduct searches; staff participation in the training is documented. Staff interviews confirmed they are aware of the policy regarding searches. No residents or staff interviewed

reported the occurrence of any cross-gender searches. The evidence shows cross-gender pat-down searches have not occurred at the facility during the last 12 months.

Provision (c):
The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Policy 1300.0105 does not provide for cross-gender strip searches and cross-gender visual body cavity searches except for exigent circumstances and such searches are to be documented on an Unusual Incident Form. All interviews confirmed that cross-gender searches have not occurred at the facility during this audit period.

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

Policy and practice provide that the facility enables residents to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing them. This practice was confirmed through interviews with residents and staff. No residents interviewed reported ever having been naked in full view of the opposite gender staff while showering, changing clothing, and performing bodily functions.

The evidence shows residents shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their buttocks or genitalia. Based on the review of the documentation, staff and resident interviews, and observations, the facility follows this provision of the standard. Viewing of the cameras and staff and resident interviews confirmed that residents are not directly viewed by staff when showering, using the toilet or changing clothes.

The windows on the doors leading into the shower area provide a view into the area and have been shaded at the bottom so that the view is restricted. The shading at the bottom of the window does not allow staff to get a full view of the resident's body. The practice provides for a reasonable amount of privacy for each resident. It was generally stated by residents interviewed that the opposite gender staff members announce their presence by saying their name/gender or giving a greeting upon entering the living unit and/or use the color-coded sign which indicates the gender of the staff present on the unit. The sign has "Female" written on the pink side and "Male" written on the blue side and is placed in a prominent spot at the staff station which is located in the front of the living unit. The Auditor observed staff announcing their gender when entering the living unit, as applicable and also the use of the color-coded sign.

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

The Policy and Procedures prohibit the search of transgender or intersex residents solely for the purpose of determining the residents' genital status and staff interviews verified no such searches have occurred in the past 12 months. The facility reports that 100% of the direct care staff received the training on conducting searches and searches of transgender and intersex youth. Staff interviews confirmed they are aware that Policy prohibits them from conducting a physical examination of transgender or intersex youth solely for the purpose of determining the resident's genital status. The training logs support that the training occurs.

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

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

Conclusion:
Based on the reviewed documentation and interviews, the facility provides for adherence to internal policy and the standard.

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No

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

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.364, or the investigation of the resident's allegations?
☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Residents
Random Staff
Co-PREA Compliance Manager/Unit Manager (Intake Staff)
Agency Head Designee/Executive Counsel

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

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

Residents with cognitive disabilities and LEP were interviewed and their understanding of the PREA information was evident with the exception of one LEP resident. Policy #1200.0100 provides guidance to staff in accessing a translator or interpreter. PREA education is provided to residents by the Unit Manager/Co-PREA Compliance Manager who speaks several languages. The interview revealed how the education is provided in consideration of the various functioning levels of the population served. The facility maintains a list of contracted vendors for staff to access from the master control room. The one resident who appeared not to fully grasp the PREA information was provided a refresher education session by a direct care staff member who is bilingual.

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

The dominant language other than English is Spanish within the population served. The contracted vendor lists includes language interpreters and the Purchase Order number which assist with the ease of securing the assistance whenever the services are needed. Additionally, PREA education is provided to residents by the Unit Manager/Co-PREA Compliance Manager who speaks several languages. There are also bilingual direct care staff members who may assist.

Facility Policy provides that each resident has an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA information is posted and accessible to residents in English and Spanish. The facility provides access to support services for preventing, detecting, and responding to sexual abuse and sexual harassment to residents who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially.

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

Policy prohibits the use of resident readers and interpreters except when a delay in obtaining interpreter services could jeopardize a resident's safety, including the performance of first responder duties. Random staff interviews confirmed residents are not used to relate PREA information to or from other residents.

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

Standard 115.317: Hiring and Promotion Decisions

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

115.317 (a)

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

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

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

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

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.317 (b)

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

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No

- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local laws, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

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

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

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

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing

information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
Facility PREA Policy, #100.015
Facility Policy #1200.0055, Rhode Island Training School Personnel Administration
Facility Policy #1200.0080, Five Year Criminal Background Check
Facility Policy #700.0105, Clearance of Agency Activity
Agency Policy 1300.0015, Staff Protocol
Clearance of Agency Activity-Addendum, Disqualifying Information
Personnel Files (including background checks information, application packets)

Interviews:
Administrative (Human Resources) Staff/Interdepartmental Project Manager

Provision (a) & (f):
Provision (a): The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—
(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
Provision (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The facility and agency Policies address hiring and promotion processes and decisions and background checks. The Background checks occur prior to employment and every five years thereafter, in accordance with the Policies. At least 10 complete personnel files were reviewed onsite including completed background checks and hiring documents. Background checks are conducted through the Rhode Island Criminal History System Clearance system. Policy # 1200.0055 states that the Department does not hire or promote anyone or enlist the services of any contractor who may have contact with resident who have engaged in any activities listed in these provisions of this standard.

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

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

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

The Policies and guidelines support that the facility does not hire or promote anyone who has been civilly or administratively adjudicated or have been convicted of engaging in or attempted to engage in sexual activity by any means. The interview with the Interdepartmental Project Manager was aligned with the standard and the documentation show the inquiries made during the application process regarding previous misconduct.

The evidence, including Policy, shows the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Additionally, the Policies support that no applicant will be considered for employment if a background check reveals any history of inappropriate sexual behavior or arrest for inappropriate sexual behavior. Based on the review of the personnel files, records provided during the pre-audit phase, and the interview, the facility follows this provision of the standard.

Provisions (c) & (d):
Provision (c): Before hiring new employees, or
Provision (d): contractors who may have contact with residents, the agency shall:
(1) Perform a criminal background records check;
(2) Consult any child abuse registry maintained by the State or locality in which the employee would work; and
(3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Policy requires background checks, including consulting any child abuse registry, to occur prior to residents receiving services from employees and contractors and was confirmed by the staff interview and the review of personnel files. According to Policy and the interview, best efforts are made to

contact all prior institutional employers for information of incidents or allegations related to sexual abuse. Based on the review of documentation and interviews, the facility follows this provision of the standard.

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

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

Provision (g):
Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

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

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

The interview with the Interdepartmental Project Manager revealed that the response would be whether a case was “indicated”.

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

Standard 115.318: Upgrades to Facilities and Technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Superintendent
PREA Coordinator
Executive Director of Correctional Services
Agency Head Designee/Executive Counsel

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

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

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

The interviews identified enhancements to the monitoring system and the increased role of technology in assisting in keeping residents safe. The enhancements were pointed out during the comprehensive

sight review. The technology enhancements included but were not limited to the installation of a redundant DVR recording device; cameras added to the classrooms; addition of zoom capability; and work was completed on the intercom and card access system.

RESPONSIVE PLANNING

Standard 115.321: Evidence Protocol and Forensic Medical Examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (b)

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

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

115.321 (c)

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

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

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

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

115.321 (d)

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

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

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

115.321 (e)

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

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility PREA Policy
Facility Policy #1200.0070, Notice to Superintendent
Agency Policy #500.0035, Institutional Child Abuse and Neglect
Agency Policy #500.0065, Police Involvement in Child Protective Investigation
Agency Policy #500.0080, Standards of Proof
Agency Policy #500.0065, Police Involvement in Child Protective Investigation
Communication with Law Enforcement Personnel
Communication with One Day Program, Victim Advocacy Agency

Interviews:
Random Staff
Investigative Staff
PREA Coordinator
Co-PREA Compliance Manager/Implementation Aid
Chief Operations Officer, Day One

Provisions (a) & (b):
Provision (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
Provision (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

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

A letter was sent by the DCYF Director to the Superintendent of the Rhode Island State Police and Commissioner of RI Department of Public Safety regarding usable physical evidence. The letter reminded the law enforcement agency of the requirement of the PREA Standard that criminal investigations follow a Uniform Evidence Protocol that maximizes the potential for obtaining usable physical evidence. There is subsequent correspondence from the Major of Inspectional Services within the State Police confirming that the Rhode Island State Police General Orders that the DCYF currently has, are current.

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

The interview with the Chief Operation Officer of Day One, which is a victim advocacy agency for state facilities, revealed that forensic examinations will be conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) at the Hasbro Children's Hospital. Forensic examinations will be provided at no cost to the victim. No forensic exams have been conducted during this audit period.

Provisions (d) & (e):
Provision (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.
Provision (e): As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

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

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

Information regarding victim advocacy services is provided to the residents during the intake process and is posted and reviewed in refresher education sessions. The interviews with the Day One representative, Implementation Aid and PREA Coordinator confirmed the advocacy services to be provided.

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

Provision (g): The requirements of paragraphs (a) through (f) of this section shall also apply to:
(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

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

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

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

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

Standard 115.322: Policies to Ensure Referrals of Allegations for Investigations

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

115.322 (a)

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

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility PREA Policy
Facility Policy #1200.0070, Notice to Superintendent
Agency Policy #500.0035, Institutional Child Abuse and Neglect
Agency Policy #500.0065, Police Involvement in Child Protective Investigation
Agency Policy #500.0080, Standards of Proof
Agency Policy #500.0065, Police Involvement in Child Protective Investigation
Communication with Law Enforcement Personnel
Case Activity Note
PREA Pre-Audit Questionnaire

Interviews:
Random Staff
Investigative Staff
Agency Head Designee
PREA Coordinator

Incident Review Team Member/Programming Services Officer

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

The PREA Policy directs staff to report all allegations of sexual abuse and sexual harassment. Facility policy and practice indicate documentation of such reports. Staff members are aware of the Policy requirements as verified through their interviews. The facility reports no allegations of sexual harassment or sexual abuse. The Policy and interviews support the cooperation between the facility staff and the investigators.

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

PREA reporting information is located on the facility's website and within the facility, accessible to the public. The posted information is accessible to residents, staff, contractors and visitors. Policies and interviews confirmed allegations of sexual abuse and sexual harassment are investigated. Administrative investigations are conducted by the trained investigators. Allegations that are criminal in nature are investigated by the Rhode Island State Police.

During the past 12 months there were no allegations of sexual abuse or sexual harassment. During a routine review of camera footage, the Programming Services Officer observed a situation where he was not sure what was going on in the gym and brought it to the attention of administrative staff. The activity was examined closer by a Child Protective Investigator and it was determined to be horseplay by the residents.

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

The Rhode Island Department of Children, Youth and Families and the Rhode Island State Police have policies governing investigations.

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

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

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor has determined the facility is compliant with this standard regarding policies to ensure referrals of allegations for investigations. Staff members were aware of the investigative entities.

TRAINING AND EDUCATION

Standard 115.331: Employee Training

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

115.331 (a)

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

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:
Facility Policy #400.0000, Training and Professional Development
Training Curricula
Training Curriculum Guide
Training Logs
PREA Summative Training Evaluation Forms
PREA Pre-Audit Questionnaire

Interviews:
Random Staff
Co-PREA Compliance Manager/Implementation Aid
Programming Services Officer
Senior Community Development Training Specialist

Provisions (a) and (c):
Provision (a): The agency shall train all employees who may have contact with residents on:
(1) Its zero-tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
(3) Residents' right to be free from sexual abuse and sexual harassment;
(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
(8) How to avoid inappropriate relationships with residents;
(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
(11) Relevant laws regarding the applicable age of consent.
Provision (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The Policy addresses PREA related training for staff and the Senior Community Development Training Specialist conducts and coordinates staff training. Additionally, the Programming Services Officer conducts PREA training with staff. All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of Policy and training documents.

Staff interviews and documentation support refresher training is also conducted. All random staff interviewed, trainers and Implementation Aid reported the training is provided as required. All random staff interviewed and Policy verified the general topics in this standard provision were included in the training. The Senior Community Development Training Specialist sends out printed information to staff on a monthly basis regarding PREA related topics.The facility reports 130 staff that may have contact with residents, who were trained or re-trained on the PREA requirements.

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

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

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

The PREA training is documented in different ways, sign-in sheets/logs; electronically; PREA Summative Training Evaluation Form; and certificates. The training was verified through document review and formal and informal staff interviews. The facility follows this provision of the standard.

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

Standard 115.332: Volunteer and Contractor Training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Contract Clinicians (2)

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

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

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

The interviews revealed the PREA training informs the participants of their role in reporting allegations of sexual abuse and sexual harassment. The participants are informed of their responsibilities regarding sexual abuse prevention, detection, and response to a PREA allegation. The training is

based on the services provided by the contractors and would-be volunteers in accordance with the PREA Policy. The contractors revealed that the training includes a review of the zero-tolerance policy regarding sexual abuse and sexual harassment of residents. The facility has no volunteers at this time.

Provision (c):
The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The Mandatory Duty to Report Form is provided for documentation and indicates PREA awareness of contractors. There are no volunteers providing services at this time.

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

Standard 115.333: Resident Education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all residents received such education? ☒ Yes ☐ No

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility PREA Policy

PREA Related Information Sheets and Pamphlet
Resident Handbook
Acknowledgement Statements
Safety Guidelines
PREA Pre-Audit Questionnaire

Interviews:
Residents
Intake Staff/Co-PREA Compliance Manager/Unit Manager
Co-PREA Compliance Manager/Implementation Aid

Provisions (a) and (b):
Provision (a): During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
Provision (b): Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Facility Policy supports that all residents admitted receive PREA education. Residents receive directions on how to report allegations of sexual abuse and sexual harassment; and the right to be free from retaliation for reporting. The unit Manager who also serves as a Co-PREA Compliance Manager provides orientation to PREA and the Co-PREA Compliance Manager/Implementation Aid provides refresher education sessions. The residents interviewed revealed general familiarity with PREA information. The results of the staff and resident interviews and a review of the education materials indicated the information provided to the residents is age-appropriate.

The interviews with the PREA educators revealed they conduct PREA education sessions regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents. The residents sign acknowledgement statements confirming their receipt of information. A review of documentation showing admission dates and education session dates indicate residents' participation in PREA education sessions. The PREA related information is provided to staff in policies and procedures, training and staff meetings.

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

Based on the evidence shown documenting the PREA education sessions in Provisions (a) and (b), residents participated in the PREA education sessions. The facility reports that 43 youth were admitted to the facility during the past 12 months and that all participated in PREA education sessions.

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

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

The PREA information is in English and Spanish accessible to residents, staff, contractors, and visitors. Random and treatment staff members are bilingual. Additionally, the Unit Manager/Co-PREA Compliance Manager, primarily responsible for the initial PRRA education, speaks various languages. Staff interviews confirmed residents are not used as translators or readers for other residents. During targeted interviews, all but one resident expressed the general information and a general understanding regarding PREA.

Corrective Action: A resident was interviewed who spoke Spanish and with the assistance of a staff translator, the Auditor determined the resident did not clearly grasp the fundamentals of PREA as expressed by the resident. A refresher education session was provided to the resident. The refresher was provided and the resident signed an acknowledgement statement which was translated in Spanish. The PREA Implementation Aid/Co-PREA Compliance Manager assured the Auditor the training would occur and that the acknowledgement statement would be translated into Spanish so that the resident could also sign a document in Spanish acknowledging the education session. The Auditor received the documentation confirming the education session occurred. The corrective action steps were documented and provided to the Auditor.

Provision (e):
The agency shall maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements were reviewed in the resident's files which supported the residents' involvement in PREA education sessions. Nine out of 10 residents were generally aware of PREA information, including their rights regarding PREA, how to report allegations and that they would not be punished for reporting allegations of sexual abuse or sexual harassment. The Co-PREA Compliance Managers were interviewed regarding PREA education for residents. Both PREA educators confirmed their delivery of PREA education to residents. The resident not familiar with PREA was provided a refresher education session.

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

The PREA education materials provide residents information on how to report allegations of sexual harassment and sexual abuse. PREA information is posted and provided to residents to assist in eliminating incidents of sexual abuse and sexual harassment. The printed materials provide sexual abuse and sexual harassment; safety tips; steps victims may take; and reporting information.

The residents revealed they can report allegations of sexual abuse or sexual harassment in different ways such as telling a staff member; telling a family member who may report the allegation for them; access to the hotlines to report allegations of sexual abuse or sexual harassment; or complete a grievance form. Each resident is provided a Resident Handbook which contains reporting information and PREA information was observed posted in the living areas and other parts of the building and was easy to see and read.

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

Standard 115.334: Specialized Training: Investigations

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

115.334 (a)

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

115.334 (b)

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

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

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
Facility PREA Policy
Agency Policy #400.0000, Training and Professional Development
Training Certificates

Interviews:
Investigative Staff

Provision (a) & (b):
Provision (a): In addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. **Provision (b):** Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

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

Provision (c):
The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The Certificates of Completion of the online courses for the investigators were reviewed by the Auditor. The interview with the Investigator reflected the occurrence of the specialized training.

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

The Rhode Island Department of Children, Youth and Families provides training to its investigators who conduct administrative investigations at the facility.

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

Standard 115.335: Specialized Training: Medical and Mental Health Care

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

115.335 (a)

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

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

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

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
Agency Policy #400.0000, Training and Professional Development
Training Certificates

Interviews:
Clinical Director
Registered Nurse
Contract Clinicians (2)

Provision (a):
The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
(1) How to detect and assess signs of sexual abuse and sexual harassment;
(2) How to preserve physical evidence of sexual abuse;
(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

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

Provision (b):
If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

Forensic examinations are not conducted at the facility.

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

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

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

Medical and mental health staff completed the general training that is provided for all employees and contractors as applicable. The standard PREA training is provided to all employees and contractors who have contact with residents.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for Risk of Victimization and Abusiveness

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

115.341 (a)

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

- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained: During classification assessments? ☒ Yes ☐ No

- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Staff That Perform Screening for Risk - Unit Manager/Co-PREA Compliance Manager
Residents

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

The Policy provides a risk screening occurs within 72 hours upon arrival to the facility. The resident is interviewed upon arrival to the facility to obtain information about his/her personal history and behavior in order to reduce the risk of sexual abuse by or upon a resident. The Victim/Aggressor Assessment instrument is used to glean and document such information. The interviews with the Unit Manager and residents revealed the practice of the risk screening being generally conducted on the same day of admission. Screening instruments were reviewed by the Auditor and they confirmed the staff ascertaining information such as but not limited to:

- Prior sexual victimization or abusiveness;

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

Provision (b):
Such assessments shall be conducted using an objective screening instrument.

The objective screening instrument, Victim/Aggressor Assessment, is used to obtain the information required by the standard, including but not limited to prior sexual victimization or abusiveness; self-identification; current charges and offense history; intellectual or developmental disabilities; and a resident's concern regarding his/her own safety. The interviews and review of documentation revealed the initial use of the instrument is usually on the same day of admission and within 72 hours of admission as required by Policy.

Provision (c):
At a minimum, the agency shall attempt to ascertain information about:
(1) Prior sexual victimization or abusiveness;
(2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
(3) Current charges and offense history;
(4) Age;
(5) Level of emotional and cognitive development;
(6) Physical size and stature;
(7) Mental illness or mental disabilities;
(8) Intellectual or developmental disabilities;
(9) Physical disabilities;
(10) The resident's own perception of vulnerability; and
(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

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

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

According to the Unit Manager and the Policy and Protocol, the information is ascertained through an interview with the resident; Intake Form; file review; collateral information from other workers, including Probation Officer; and other available resources. The review of the instrument and interview confirmed the information is ascertained through various resources. Resident interviews revealed the instrument is used during the intake period. The Massachusetts Youth Screening Instrument (MAYSI-2) is administered during the intake process to identify potential mental health needs of a resident.

Provision (e):

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

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

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

Standard 115.342: Use of Screening Information

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

115.342 (a)

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

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

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

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

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? ☒ Yes ☐ No

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No

- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No

- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No

- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Residents
PREA Coordinator
Superintendent
Staff That Performs Risk Screening – Unit Manager/Co-PRERA Compliance Manager
Random Staff

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

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

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

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

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

The Policy prohibits placing lesbian, bisexual, transgender, or intersex residents in specific housing solely based on how the residents identify or their status. The Policy prohibits staff from considering the identification as an indicator that these residents may be more likely to be sexually abusive. During the comprehensive site review, there were no rooms or units observed to be reserved for transgender or intersex residents. Housing assignments will be made on a case-by-case basis as supported by Policy and the interview with the Unit Manager.

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

The Policy supports that housing and program assignments for transgender or intersex residents would be made on a case-by-case basis and these residents would not be placed in particular or special housing which was evident from staff interviews and observations. There were no transgender or

intersex residents in the facility during the site visit and this audit period. The staff interview confirmed the facility would consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Based on the review of the Pre-Audit Questionnaire and the interview, the evidence shows the facility follows this provision of the standard.

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

The Policy provides placement and programming assignments for each transgender or intersex resident be reviewed monthly and also reviewed as a part of the Individual Treatment Plan and Bi-Monthly Review process. This review is documented on the Housing Alert form as well as in the Bimonthly review and Individual Treatment plan. This function would be done to review any threats to safety experienced by the resident.

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

The resident's concern for his own safety is taken into account through the administration of the screening instrument and this applies to every resident. The residents confirmed in the interviews, they are asked about their safety concerns. The staff interviews revealed staff members are aware of the Policy which addresses this provision of the standard.

Provision (g):
Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

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

Provision (h):
If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:
(1) The basis for the facility's concern for the resident's safety; and
(2) The reason why no alternative means of separation can be arranged.

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

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

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

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding use of screening information. No residents who identified as transgender or intersex were present during the audit or in the 12 months preceding the audit. The

facility is prepared to provide a safe and secure environment and follow all provisions of the standard regarding transgender and intersex residents.

REPORTING

Standard 115.351: Resident Reporting

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

115.351 (a)

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

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Random Staff
Residents
Co-PREA Compliance Managers

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

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

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

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

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

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

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

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

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept reports made anonymously, third-party reports and to document verbal reports. Nine of 10 residents interviewed revealed their familiarity with the provisions of the standard. The resident interviews collectively revealed awareness of reporting either in person, in writing, by phone, or through a third-party. The nine residents were aware third-party reports could be made and that reports can be made anonymously. Interviewed staff members were aware of their duty to receive and document third-party reports.

Provision (d):
The facility shall provide residents with access to tools necessary to make a written report.

Writing materials are readily available for residents to complete grievance forms or write notes as observed and indicated by the staff interviewed as well as residents. During the site review, the Auditor observed the residents' accessibility to forms and writing utensils. Additionally, residents may send

written complaints to the Office of Child Advocate and Day One; the information is posted in English and Spanish.

Provision (e):
The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

The staff interviews revealed staff can privately report allegations of sexual abuse. The interviews collectively identified the following ways a report can be made privately: use of the telephone hotline numbers or talk to the supervisors or management staff.

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

Standard 115.352: Exhaustion of Administrative Remedies

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

115.352 (a)

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

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

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

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility Policy #1200.0260, Resident Report of Violation or Potential Violation of Rights

Resident Handbook

Interviews:
Co-PREA Compliance Managers
Random Staff
Resident Interviews

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

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

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

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

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

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

Rhode Island General Law does not permit reports of child abuse or neglect to be made in this manner. The Policy and the Resident Handbook provide that if an allegation is received on a grievance form, the

report is called in to the Child Abuse Hotline immediately and the Superintendent or on-call administrator is notified.

Provision (c):
The agency shall ensure that—
(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
(2) Such grievance is not referred to a staff member who is the subject of the complaint.

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

Provision (d):
(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

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

Provision (e):
(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.
(2) If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.
(4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.

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

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

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

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

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

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

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

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

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

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

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

- Does the facility provide residents with reasonable access to parents or legal guardians? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility Policy #1200.0260
PREA Education Flyers and Brochures
Resident Handbook
Correspondence – Advocacy Services
Posted Information

Interviews:
Residents
PREA Compliance Managers
PREA Coordinator

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

Contact information for advocacy services is a part of the PREA education sessions. Information is provided through signs posted in various areas and a brochure and flyers provided to residents. The resident interviews revealed they have access to call the hotlines at any time. The contact information for services from the advocacy agency was posted to report allegations or request advocacy services. Residents may use telephones in staff offices and the flyers and brochures contain the agencies' addresses as well as phone numbers.

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

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

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

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

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

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

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

Standard 115.354: Third-Party Reporting

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

115.354 (a)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents Reviewed:
Facility Policy #1200.0260
Posted Information
Website Information

Interviews:
Random Staff
Residents
Superintendent

Standard 115.354:
The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

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

All residents interviewed stated they knew someone who did not work at the facility they could report to regarding allegations of sexual abuse and that person could make a report for them. The interviews with the residents revealed their knowledge of third-party reporting. The residents identified the methods within the facility in which they may make third-party reports such as write a note, report to staff or a family member, or utilize the abuse reporting hotlines. No third-party reports were received during this audit period.

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

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and Agency Reporting Duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

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

115.361 (c)

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

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No

- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility PREA Policy
Facility Policy #1200.0255, Preventing Retaliation at the Rhode Island Training School

Interviews:
Random Staff
Superintendent
Medical Staff/Registered Nurse
Behavioral Health Staff/Clinical Director
PREA Coordinator
Executive Director of Correctional Services

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

The Policies collectively support that all staff report any knowledge, suspicion, information, or receipt of information regarding an incident or allegation of sexual abuse, sexual harassment or incidents of retaliation and according to mandatory reporting laws. The DCYF Office of Protective Services trained investigators conduct administrative investigations and allegations that are criminal in nature are referred to the Rhode Island State Police.

Reporting practices were evident through document review of training and regarding a referral made to determine the circumstances of a situation reviewed on camera footage, which was later deemed horseplay through an administrative investigation. The staff members are deemed as mandated reporters by the State. The staff interviews were aligned with the requirements of the Policies and standard. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to report all allegations of sexual abuse or sexual harassment to Supervisors and the on-call administrator which will subsequently reported to the Superintendent.

Provision (c):
Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

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

Provision (d):
(1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws.
(2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

The Clinical Director and Registered Nurse collectively indicated that residents are informed at the initiation of services of the limitations of confidentiality and the duty of the staff members to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent may be documented in activity or progress notes for a resident 18 years and older regarding reporting allegations of sexual abuse that did not occur in an institutional setting.

Provision (e):
(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.
(2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
(3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

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

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

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

Conclusion:
The interviews with random staff, clinical staff and other staff revealed their awareness of the requirements regarding their reporting duties. All staff interviewed acknowledged they are mandated reporters.

Standard 115.362: Agency Protection Duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Superintendent
Random Staff
PREA Coordinator
Agency Head Designee

Standard 115.362:
When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The Policies collectively require staff to protect the residents through implementing protective measures. Administration of the vulnerability screening instrument, Victim/Aggressor Assessment, provides information that assists and guide staff in keeping residents safe through housing and program assignments. The additional and supplemental instruments provide information which offer more insight and background in determining the risk level of each resident.

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

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

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

Standard 115.363: Reporting to Other Confinement Facilities

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

115.363 (a)

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

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility Policy #1200.0070
Agency Policy #500.0035

Interviews:
Superintendent
Agency Head Designee/Executive Counsel

Provisions (a), (b), (c), and (d):
Provision (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.
Provision (b): Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
Provision (c): The agency shall document that it has provided such notification.

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

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

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

Standard 115.364: Staff First Responder Duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
  ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.364 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Agency Policy #500.0035

Interviews:
Random Staff
Superintendent

Provision (a):
Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:
(1) Separate the alleged victim and abuser;
(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The Policy and training provide that upon learning of an allegation that a resident was sexually abused the Superintendent or on-call administrator ensures appropriate staff response includes but is not limited to the following:
a. Separate the alleged victim and abuser;
b. Ensure appropriate medical attention;
b. Preserve and protect any crime scene and prevent alleged perpetrator from tampering with evidence;
c. Depending on the time span regarding the collection of physical evidence, staff must request that the alleged victim not take any actions that could destroy physical evidence.
The interviews with staff confirmed awareness of first responder duties and the training they had been provided. There were no allegations or incidents where staff had to act as a first responder in the last 12 months.

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

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

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

Standard 115.365: Coordinated Response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Random Staff

Superintendent

Standard 115.365:
The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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

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

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

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Standard 115.366:
According to interview with the Agency Head Designee/Executive Counsel, collective bargaining agreements do not limit the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The interview revealed that no due process rights are violated and the contract allows for discipline for just cause.

Standard 115.367: Agency Protection Against Retaliation

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

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

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

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? ☒ Yes ☐ No

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Superintendent
Agency Head Designee

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

The Policies support protecting all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents, or staff. The Superintendent is responsible for ensuring retaliation monitoring per the Policy. The interview with the Superintendent confirmed he is charged with monitoring for retaliation and how it is conducted.

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

The Policy and interviews with the Superintendent and Executive Counsel demonstrate measures to detect and protect staff and residents from retaliation by others. The Superintendent confirmed the facility would protect residents and staff from retaliation for sexual abuse and sexual harassment allegations and as per Policy, the assistance of Supervisors would be enlisted. Protective measures would include housing changes, removing alleged abusers through suspension until the investigation is completed, and support as needed.

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

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

Provision (d):
In the case of residents, such monitoring shall also include periodic status checks.

The Policy and the interview with the Superintendent support status checks. However, it was determined that retaliation monitoring has not been indicated or required during the past 12 months.

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

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

Provision (f):
An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

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

Conclusion:
Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard regarding agency protection against retaliation. It is concluded that if the facility were to have an incident of retaliation, the Superintendent would employ protection measures and monitor as long as indicated.

Standard 115.368: Post-Allegation Protective Custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility Policy #1200.0235, Lock Up

Interviews:
Superintendent
Clinical Director
Registered Nurse

§115.368
Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.342.

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

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

INVESTIGATIONS

Standard 115.371: Criminal and Administrative Agency Investigations

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

115.371 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]
  ☒ Yes ☐ No ☐ NA

115.371 (b)

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

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
  ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

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

115.371 (e)

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

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
  ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
DCYF Child Protective Investigator
Superintendent
Random Staff

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

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

Provision (b) and (c):
Provision (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334. **Provision (c):** Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

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

Provision (d):
The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

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

Provision (e):

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

The agency investigators do not conduct investigations that are criminal in nature, as confirmed by the interviews and Policies. According to the interview with the Investigator, the Police would deal with prosecution related matters.

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

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

Provisions (g) and (h):
Provision (g): Administrative investigations:
(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
Provision (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

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

Provision (i):
Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

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

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

Records are retained per the agency's Policies.

Provision (k):

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

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

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

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

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

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

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

Standard 115.372: Evidentiary Standard for Administrative Investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Agency Policy #500.0080
Training Certificates

Interviews:
Investigative Staff

§115.372:
The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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

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

Standard 115.373: Reporting to Residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

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

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

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

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

115.373 (d)

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

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Agency Policy #500.0035

Interviews:
Investigative Staff
Superintendent

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

The Policy addresses the resident being informed when the investigation is completed and the outcome of the investigation. The Child Protective Investigator coordinates with the facility administrator regarding informing the resident of the outcome of the investigation. The resident is informed of the results of an investigation and provided any necessary support as indicated by the Policy. The Superintendent, other management staff and PREA Coordinator remain abreast of an investigation conducted by any of the investigative entities through individual contacts.

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

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

Provision (c):
Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
(1) The staff member is no longer posted within the resident's unit;
(2) The staff member is no longer employed at the facility;
(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

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

a. The staff member is no longer assigned within the resident's housing unit;
b. The staff member is no longer employed at the facility;

c. The staff member has been indicted on a charge related to sexual abuse within the facility; or
d. The staff member has been convicted on a charge related to sexual abuse within the facility.

Provision (d):
Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:
(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Policy provides that following a resident's allegation of sexual abuse by another resident the alleged victim will be subsequently informed whenever:
a. The alleged abuser is criminally charged related to the sexual abuse.
b. The alleged abuser is adjudicated on a charge related to sexual abuse within the facility.

Provision (e):
All such notifications or attempted notifications shall be documented.

The Superintendent explained and demonstrated to the Auditor how the notification to the resident could be documented in the electronic case records, Case Activity Note. The documentation is in accordance with Policy 500.0035.

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

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

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

DISCIPLINE

Standard 115.376: Disciplinary Sanctions for Staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interview:
Superintendent
Interdepartmental Project Manager

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

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

Provision (b):
Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

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

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

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

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

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

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

Standard 115.377: Corrective Action for Contractors and Volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Superintendent

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

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

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

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

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

Standard 115.378: Interventions and Disciplinary Sanctions for Residents

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

115.378 (a)

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

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

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

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No

- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Document Reviewed:
Policy #1200.0210, Major Discipline Review
Resident Handbook

Interviews:
Superintendent
Clinical Director

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

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

Provision (b):
Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

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

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

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

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

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

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

The facility would not discipline a resident for sexual contact with staff unless there was a finding that the staff member did not consent to such contact. The Policies and informal staff interview with the Co-PREA Compliance Manager/Implementation Aid support this premise.

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

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

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

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

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

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews:
Registered Nurse
Clinical Director
Unit Manager/Co-PREA Compliance Manager

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

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

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

Supporting Policies address confidentiality of information regarding residents. The information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to the staff, as necessary, to inform security and make effective management decisions as based on the interviews. The Auditor observed the resident files maintained in a secure manner, in a dedicated file room with identified card key access. Within the file room, the records are maintained in lockable file cabinets. The card key access to the file room is limited to clinical staff and administrators.

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

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

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

Standard 115.382: Access to Emergency Medical and Mental Health Services

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

115.382 (a)

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

115.382 (b)

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

- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
Facility Policy #1200.0140, Clinical Services at the Rhode Island Training School

Interviews:
Clinical Director
Registered Nurse
Superintendent

Provision (a):
Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

Policy supports that the victim will receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The victim would be transported to the Hasbro Children's Hospital for a forensic medical examination, at no cost to the victim. The interviews revealed the medical and behavioral health services are determined according to the professional judgment of the practitioner.

Residents are informed of clinical services during the intake process. Documents demonstrate residents' access to routine and emergency medical services. Residents are provided access to an outside victim advocacy agency, Day One. Services include but are not limited to emotional support, advocacy, and accompaniment through the investigative interviews and the forensic examination. Observations revealed that medical and mental health staff members maintain secondary materials and documentation of resident encounters. There have been no incidents of sexual abuse during this audit period.

Provision (b):
If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The interviews with clinical staff revealed residents have access to unimpeded access to emergency services. Policy and the written coordinated response plan provide guidance to staff in protecting residents and for contacting the appropriate staff regarding allegations or incidents of sexual abuse, including contacting medical and behavioral health staff and/or transporting residents to the hospital, if indicated/instructed. A review of the written plan; observations of the interactions among residents and medical and behavioral health staff; and the interviews indicated unimpeded medical and crisis intervention services will be available to a victim of sexual abuse.

Provision (c):
Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Policy and interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services as needed will be provided by the facility's medical and behavioral health staff, according to the interviews with clinical staff.

Provision (d):
Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Policy provides that treatment services will be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser, or cooperates with any investigation arising out of the incident. This was also confirmed through staff interviews.

Conclusion:
The Policy and interviews revealed emergency services will be provided by medical and behavioral health staff. The medical and behavioral health staff interviews revealed they are knowledgeable of actions to take regarding an incident of sexual abuse. Based upon the review and analysis of the available evidence, the Auditor determined the facility is compliant with this standard.

Standard 115.383: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

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

Documents Reviewed:
Facility PREA Policy
Facility Policy #1200.0140, Clinical Services at the Rhode Island Training School

Interviews:
Clinical Director
Registered Nurse
Superintendent

Provision (a):
The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The Policies support that a medical and behavior health evaluation and treatment be offered to resident victims of sexual abuse. According to the interviews, medical and behavior health staff members are aware of the Policy requirement. The Policy and interviews support medical and behavior health evaluations and treatment will be offered to all residents who have been victimized by sexual abuse. Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate.

Provision (b):
The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Interviews with the clinical staff and observations confirmed on-going medical and mental health care will be provided as appropriate and will include but not be limited to trauma-informed care; evaluations, medication, counseling, and referrals. Specialized treatment may also be provided by clinicians through a contract with Lifespan, a comprehensive healthcare system.

Provision (c):
The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Staff interviews and observations revealed medical and mental health services are consistent with the community level of care. The clinic contains an array of medical equipment and is set up to provide a quality healthcare services. Attached to the clinic is a suite with offices, cubicle areas and a conference room where counseling and therapy sessions and supportive services may be provided. Treatment services may be provided by facility and Lifespan clinicians including but not limited to Social Workers; Clinical Director; nursing staff; physician; dentist; optometrist; therapists; and Nurse Practitioner.

Provision (d):
Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

According to the Registered Nurse, victims will be offered pregnancy tests, where indicated.

Provision (e):
If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The interview with the Registered Nurse and Policy #1200.01400 revealed that victims will receive information about and all lawful pregnancy-related medical services, where indicated.

Provision (f):
Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The Policy and interviews ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Follow-up services will be conducted at the facility, as needed, based on policies and the interviews.

Provision (g):
Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

All treatment services will be provided at no cost to the victim and whether or not the victim names the abuser of cooperates with the investigation, according to Policy and staff interviews.

Provision (h):
The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The Clinical Director supported that a referral would be made through Lifespan for a mental health practitioner to conduct an evaluation which would be completed within a week on all known resident-on-resident abusers and offer appropriate treatment by mental health staff. Services will include but not be limited to individual, group and family counseling or therapy sessions. The accessibility to various clinicians is an invaluable benefit with the Lifespan contract and the interviews and observations support the quick response regarding any clinical referrals or requests.

Conclusion:
Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual Abuse Incident Reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No
-

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386 (d) (1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility Policy #1200.0015, Administrative Responsibility
Sexual Abuse/Harassment Incident Review Form

Interviews:
Incident Review Team Member/Programming Services Officer
Superintendent
Co PREA Compliance Manager/Implementation Aid
Executive Director of Correctional Services

Provision (a):

The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The Policy requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse or sexual harassment investigation. The staff understands that this process is required, unless the allegation has been deemed to be unfounded. A review of the Policy and interviews confirmed incident reviews will be conducted regarding the investigation of allegations of sexual abuse or sexual harassment.

The management team used the incident review team process in a pro-active manner due to observations made by the Programming Services Officer after routine review of camera footage of activities of the residents. The team reviewed the footage and to ensure there was no PREA related incident, a referral was made and the Investigator determined that the activity in the gym was horseplay between residents.

Provision (b):
Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

The Policy requires that the reviews occur within 30 days of the conclusion of the investigation. The interviews confirmed incident reviews would occur within 30 days of the conclusion of an investigation in accordance with facility Policy and the standard.

Provision (c):
The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The Policy identifies the incident review team members as the following:

- Superintendent/Designee;
- PREA Compliance Manager;
- Unit Manager;
- Behavior Health Staff; and
- Other Staff Deemed Necessary

Provision (d):
The review team shall:
(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
(4) Assess the adequacy of staffing levels in that area during different shifts;
(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Policy outlines the requirements of the standard for the areas to be assessed by the incident review team. The interviews, review of Policy confirmed the incident review team is charged with considering the factors identified in this standard provision regarding the results of the investigation, including:

- considering the make-up and vulnerability of the population such as gang affiliation; whether the resident identifies as gay, bisexual, transgender, or intersex;
- other group dynamics;
- assessment of the area relative to the allegations; and,
- adequacy of staffing.

The Policy provides that the Superintendent or designee prepares a written report of the results of the meeting, including recommendations for remediation and the document report submitted to the agency Director or designee and the PREA Coordinator. Completion of the Sexual Abuse/Harassment Incident Review Form is formatted to serve as the documented report of the meeting. The interview with the Superintendent is aware of the report requirement. The Auditor concluded the incident review team would consider all factors required by the standard.

Provision (e):
The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The Policy directs the report be provided to the agency Director or designee and the PREA Coordinator who will be responsible for considering the recommendations and directing the implementation of any recommendations for remediation. No incident review team meetings were held during this audit period due to no allegations of sexual abuse.

Conclusion:
Based upon the Policy and interviews, the Auditor has determined the facility is compliant with this standard regarding sexual abuse incident reviews.

Standard 115.387: Data Collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
  ☒ Yes ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documents Reviewed:
Facility Policy #1200.0015, Administrative Responsibility
Annual Reports

Interviews:
PREA Coordinator
Co-PREA Compliance Manager/Implementation Aid

Provisions (a) & (c):
The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The Policy provides for the collection of accurate, uniform data for every allegation of sexual abuse from incident-based documents. The facility collects the data based on the Survey of Sexual Victimization, formerly the Survey of Sexual Violence, and participates in the data collection conducted by the U. S. Department of Justice and based on the instructions provided by the U. S. Census Bureau. The most recent version of the Survey of Sexual Victimization, 2017, has been completed for the facility. A review of the completed form demonstrates the data collection and maintenance of data include information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization.

Provision (b):
The agency shall aggregate the incident-based sexual abuse data at least annually.

The Policy and review of the Survey of Sexual Victimization instrument and the supplemental report completed by the DCYF PREA Coordinator, the process used by the State, confirm the agency collects incident-based and uniform data regarding allegations of sexual abuse and sexual harassment. The most recent Survey of Sexual Victimization and the instructions from the Census Bureau requested 2017 data, the supplemental report includes preliminary 2018 data in the areas of Youth-on-Youth Sexual Harassment; Youth-on-Youth Sexual Assault; and Staff-on-Youth Sexual Abuse/Sexual Assault. The 2018 data is considered preliminary; the data production and reporting process is technically based on completion of the most recent Survey of Sexual Victimization.

Provision (d):
The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility and agency maintain and collect various types of identified data and related documents regarding PREA information. The agency collects and maintains data in accordance with Policies and aggregates the data which culminates into reports for the agency.

Provision (e):
The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The agency obtains data from the private facility it contracts with for the confinement of its residents as confirmed by a review of the contract and the PREA Coordinator. The facility, Ocean Tides, Incorporated is required to report all PREA related incidents through the DCYF hotline. The contractor also provides the agency a copy of the Survey of Sexual Violence when the request is made from the U. S. Department of Justice requesting completion of the instrument. The private facility has completed the Survey of Sexual Victimization instrument and the supplemental report includes 2018 preliminary data.

Provision (f):
Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The Policy states that upon request, the facility provides data to the Department of Justice in a timely manner as requested.

Conclusion:
Based upon the review and analysis of the documentation and the interviews, the Auditor determined the facility is compliant with this standard regarding data collection.

Standard 115.388: Data Review for Corrective Action

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

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility Policy #1200.0015, Administrative Responsibility
2018 Annual Report

Interviews:
PREA Coordinator
Executive Counsel/Agency Head Designee

Provisions (a)-(d):

The Policy, review of reports and interviews, support the review of data collected and aggregated in order to improve the PREA efforts. The interviews revealed the collected and aggregated data is reviewed to assess and improve the effectiveness of prevention, detection and response and for preparing an annual report based on the collected data. The interviews supported the provisions of the Policy and the standard.

The Policy indicates an annual report will be prepared that will provide information regarding the facility's corrective actions in addressing sexual abuse; comparison of the previous year's data; and an assessment of progress to date. The annual report is approved by the Director of the agency or designee. The supplemental report reflects a comparison of the results of annual data. The report has been reviewed and is posted on the agency's website. There are no personal identifiers in the annual reports.

Conclusion:
Based upon the review and analysis of the documentation, the Auditor has determined the facility is compliant with this standard.

Standard 115.389: Data Storage, Publication, and Destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
  ☒ Yes ☐ No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents Reviewed:
Facility Policy #1200.0015, Administrative Responsibility
Agency Annual Report

Interview:
PREA Coordinator

Provision (a)-(d):

The Policy provides that all data collected will be securely stored and maintained for at least 10 years or in accordance with the Records Retention Schedule, whichever comes later. According to the Policy, the aggregated sexual abuse data will be available to the public through the agency's website. The report is posted on the facility's website. A review of the annual reports verified there are no personal identifiers. PREA related documentation is securely stored.

Conclusion:
Based upon the review and analysis of the documentation, interviews and observations, the Auditor determined the facility is compliant with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and Scope of Audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☒ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The Rhode Island Department of Children, Youth and Families only operates one facility and contracts for the operation of one that meets the criteria to receive PREA audits. Both facilities, secure and residential, were audited during the third year of the first two cycles, 2016 and currently in 2019. There are only two facilities and they are not the same type; one is a secure facility and the other is a community residential program.

The staff provided the Auditor with the required documentation mandated by the standards and the auditing process. A comprehensive site review was provided to the Auditor during the Onsite Audit Phase and additional documentation was reviewed during this time. The Co-PREA Compliance Managers, Superintendent, other facility staff and the agency's PREA Coordinator were cooperative in providing additional documentation and information as requested.

The Superintendent and Executive Director of Correctional Services provided appropriate work space which included conditions for conducting interviews in private with the residents and staff. The posted notices regarding the audit were observed in the facility buildings, accessible to residents; staff; visitors; and contractors. The notices provided directions and contact information informing those who wanted to contact the Auditor of how to do so. A process for confidential correspondence exists however no correspondence was received by the Auditor.

Standard 115.403: Audit Contents and Findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

This facility was previously audited in 2016 and the Auditor confirmed the audit report was posted on the agency's website. The report does not contain any personal identifying information other than staff names and job titles.

There were no noted conflicts of interest regarding the completion of this current audit. The facility policies, procedures, practices, and other documentation were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation, observations, and interviews.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Shirley L. Turner July 15, 2019

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.