

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: January 9, 2017

Auditor Information			
Auditor name: Bobbi Pohlman-Rodgers			
Address: PO Box 4068, Deerfield Beach, FL 33442-4068			
Email: bobbi.pohlman@us.g4s.com			
Telephone number: 954-818-5131			
Date of facility visit: May 16-17, 2016			
Facility Information			
Facility name: Ocean Tides School			
Facility physical address: 635 Ocean Road, Narragansett, RI 02822			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 401-789-1016			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Br. James Martino			
Number of staff assigned to the facility in the last 12 months: 38			
Designed facility capacity: 35			
Current population of facility: 31			
Facility security levels/inmate custody levels: Non-secure Residential Treatment			
Age range of the population: 14-18			
Name of PREA Compliance Manager: Brian Sullivan		Title: Director of Administration	
Email address: bsullivan@oceantides.org		Telephone number: 401-789-1016	
Agency Information			
Name of agency: Ocean Tides School			
Governing authority or parent agency: <i>(if applicable)</i> Ocean Tides, Inc.			
Physical address: 635 Ocean Road, Narragansett, RI 02822			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 401-789-1016			
Agency Chief Executive Officer			
Name: Br. James Martino		Title: President	
Email address: martino@oceantides.org		Telephone number: 401-789-1016	
Agency-Wide PREA Coordinator			
Name: Brian Sullivan		Title: Director of Administration	
Email address: bsullivan@oceantides.org		Telephone number: 401-789-1016 ext 222	

AUDIT FINDINGS

NARRATIVE

Ocean Tides School contracted with G4S Youth Services, LLC for a PREA Audit. Bobbi Pohlman-Rodgers, a DOJ Certified PREA Auditor for both juvenile and adult facilities, was assigned the audit. Prior to the on-site audit, the facility provided to the auditor a flash drive with required documentation to conduct a desk audit. Additionally, the facility posted the pre-audit notices six weeks prior to the audit in areas where both youth and staff were able to observe.

On May 15, 2016, the auditor met with President Br. James Martino, PREA Coordinator for Rhode Island Department of Children, Youth and Families Mike Burke, and the facility PREA Compliance Manager Brian Sullivan. A list of staff and youth were provided to the auditor. Ten random staff were selected for interview. Ten random youth were selected for interview, noting that there was one youth identified and interviewed who had a disability and a prior victimization. Thirteen specialized interviews were also conducted.

A tour of the facility followed the selection of interviewees. These interviews were completed over the two day period. Upon completion of the interviews, the auditor sat with Administration to review the areas that did not meet the PREA standards.

Ocean Tides PREA Compliance Policy clearly documents the agency's zero-tolerance for sexual abuse, sexual assault, sexual harassment and voyeurism of youth. This policy details their commitment to compliance with the Prison Rape Elimination Act standards. Included in this policy is the identification of prevention, supervision, prohibitions, training of staff, education of youth, admission screening, First Responder duties, reporting, documentation, intervention, disciplinary action, investigation, and notification duties when addressing any sexual abuse/assault, sexual harassment or voyeurism incident.

Ocean Tides Staffing, Supervision & Accountability Policy addresses staffing ratios, supervision of residents, accountability, video monitoring, supervision of shifts, supervision of staff, and unannounced rounds.

Ocean Tides Privacy and Search Policy addresses opposite gender staff announcements and resident searches of person.

Ocean Tides Non-Discrimination Policy addresses the provisions of working with LGBTI youth, youth with disabilities, and Limited English Proficient youth.

Ocean Tides Employment Policy addresses the qualifications for staff and volunteers, criminal background checks, and Rhode Island Department of Children, Youth, and Families (DCYF) clearance.

Ocean Tides Medical Services Policy addresses access to medical services and emergency services at off-site facilities.

Ocean Tides Reporting & Responding to Alleged Abuse & Neglect Policy addresses the responsibility of staff to report any reasonable cause to know or suspect that a child has been abused or neglected as defined by state law, procedures for the Child Abuse Hotline reporting, and procedures for responding to incidents of abuse or neglect.

Ocean Tides Resident Orientation Policy addresses the provision of youth PREA education, vulnerability/sexually aggressive screening, and the creation of Personal Safety Plans.

Ocean Tides Intake & Placement Policy addresses the criteria for acceptance in the program. Length of placement, and removal from placement.

Ocean Tides Seclusion & Restraint Policy addresses the non-use of seclusion for victims of assault, harassment or abuse.

Ocean Tides Grievance Policy addresses the process for staff to assist youth in calling the Child Abuse Hotline for allegations of sexual abuse.

Ocean Tides Whistleblower and Retaliation Policy addresses the agency response to retaliation towards a trustee, employee, volunteer, and contractor or youth who reports a violation of policy, regulation or state law.

Ocean Tides Employee Sexual Misconduct Policy addresses the agency response to allegations of sexual misconduct and disciplinary action, up to and including termination.

Ocean Tides Client Records Policy addresses the secure and confidentiality of the youth files, and record retention.

Ocean Tides Residential Services Resident Handbook contains information for residents that includes youth rights and reporting sexual abuse/sexual harassment incidents.

DESCRIPTION OF FACILITY CHARACTERISTICS

Ocean Tides School is a Lasallian school and residential program for male youth, grades seven through twelve, that is committed to providing a challenging, safe, and healthy learning environment designed to meet the social, emotional, behavioral, and intellectual needs of each individual. Licensed by the Rhode Island Department of Education (RIDE) and accredited by the New England Association of Schools and Colleges (NEASC), the school offers a full high school diploma, as well as certified special education program and career/technical education programming.

Given the severe educational difficulties these youth have experienced in the past, Ocean Tides seeks to provide creative, individualized programs that meet the needs of the youth. Small classrooms (four to twelve youth per class), individualized instruction, individual and group counseling, career to work program (experience and work study at all grade levels), and a positive behavior program and multiple positive behavioral supports, including stipends paid to students, are key to assisting youth. Ocean Tides offers career/technical education in Culinary Arts, Carpentry, Landscape design, Auto detailing, Barbering, Horticulture, Wood turning and Wood working. The Community College of Rhode Island (CCRI) has partnered with Ocean Tides to provide opportunities in Engineering and Technology.

The school is collocated with the Christian Brothers Center. Set on 106 acres, the property is located in Narragansett, Rhode Island just across the street from the ocean. The Christian Brothers Center has a 50 year history for the training of young Brothers, as well as housing for current and retired Brothers. The chapel, located at the center of the facility, divides the Center from the School.

The school contains administrative offices, kitchen, three dining areas, library, educational classrooms, vocational classrooms, gymnasium, social workers offices, and thirty-five (35) single person rooms for youth on two levels. The main floor houses twenty-nine (29) rooms that are split into the north and south side and are divided by bathrooms and showers used by youth. The remaining six (6) rooms are on the second level and house youth who have excelled at the program. Their bathroom and showers are also in the immediate area of the rooms. All bathrooms and showers provide privacy through stalls with doors and curtains.

Outdoor recreation is conducted either on the ball field or on the grounds of the property for other activities. There is a greenhouse that is used for the horticulture program and a variety of smaller plots for additional flowers and vegetables. Picnic tables are located in this area for use.

As a non-secure facility, youth are taken on a variety of off-campus activities. Most youth return to their homes on the weekends once this privilege is earned. For youth staying on campus, the staff plan special activities to keep youth engaged in positive behavior.

The school is under a 90-day contract with the Department of Children, Youth, and Families for residential care of youth in state custody. There is an addendum to the contract that requires the school to be compliant with PREA requirements and allows for the agency PREA Coordinator to monitor for compliance.

Staffed at a ratio of one (1) staff to every six (6) youth during the wake hours and one (1) staff to every eight (8) youth during sleep hours, there are sixty-one staff. These include 6 Administrators, 14 Child Care Workers, 22 Teachers, 5 School Administrators, 5 Grant Teachers, 3 School Counselors, 3 Social Services Staff, and 3 Office Workers. The staffing plan was last reviewed on April 20, 2016. Deviations from the staffing plan are noted in the Shift Log. Searches of youth are not conducted in a manner that allows touching. Cross-gender searches are prohibited by policy.

Currently the program is undergoing additional licensing which will allow for a ratio of one (1) staff to every three (3) youth during the wake hours and one (1) staff to every six (6) youth during sleep hours. Supervision of youth is provided by trained educational staff during the day and trained youth care workers on the second and third shift. During sleep hours, staff are positioned in hallways and are required to make continual rounds to ensure the safety of youth. While cross gender staff are required to announce their presence in housing hallways, there are currently only male staff that supervise youth when they are not in school. Unannounced rounds are conducted throughout each month on every shift by the President, who lives on the property.

The hiring of staff requires both a criminal background and a child abuse background check. This is required by Rhode Island Department of Children, Youth, and Families (DCYF) policy. Volunteers and contractors also receive the same. There is no provision in policy for 5-year background screenings nor any background screening upon promotion.

There are approximately 48 cameras that provide additional supervision of youth and staff in classrooms, hallways, kitchen, library, and dining halls. Access to the cameras is through the staff central office, as well as administrative staff have access to view both live and recorded video.

All youth are screened before arrival to ensure each youth is ready and willing to enter the program. There are four (4) youth who attend school only; the remaining youth are resident students. Once accepted into the program, a youth receives orientation to the program. Upon arrival, the youth meets with staff who provide the youth with a Resident Handbook. Interviews confirm that there is little verbal sharing of information that is in the handbook or that PREA information is provided at the same time. There is no documentation of their receipt of the PREA information. Within 72 hours, the youth will meet with the Licensed Master Social Worker (LMSW) who conducts the Risk Assessment with the youth. This tool will be used to determine any special considerations in housing and programming. The youth will then view the PREA video and this is documented. Additionally, each youth is provided a Personal Safety Plan.

Volunteers and all employed staff undergo a four (4) hour PREA educational class. This training was created in conjunction with the Rhode Island Department of Children, Youth and Families (RI-DCYF). The policy currently provides for annual refresher training after the initial training, which does not meet the requirements of the standard. Contractors are provided PREA training based on their contact with youth.

Youth are advised through educational material and posters that they can report sexual abuse or sexual harassment by telling a staff, filing a grievance, or calling the child abuse hotline at 1-800-RI-CHILD. Youth are assisted in placing these calls through staff who visually supervise youth during these calls, but provide sound separation. Allegations made through the grievance system are automatically removed from the grievance system and called into the RI-DCYF offices. All allegations are required, by law, to be called into the RI-DCYF offices. Administrative investigations are conducted by trained Child Protective Investigators. Criminal investigations are conducted by the Narragansett Police Department. The Rhode Island State Police is also available to assist the Narragansett Police Department if necessary. There have been no allegations of sexual abuse or sexual harassment in the past three (3) years.

The school has a signed MOU with Day One, the Rhode Island. The Day One Multidisciplinary Team Protocol includes the provisions of medical care with a Child Abuse Pediatrician at Hasbro Children's Hospital Child Protection Program (CPP). These services are available 24 hours per day, 7 days per week. Day One also ensure that forensic interviews, case reviews, case tracking, victim advocacy and support, and mental health services are available to each youth at no cost to the youth.

There are no medical staff at the program. Medical services are provided through community practitioners.

Mental health services are provided at the facility. All youth who identify prior victimization are provided services; however this is not noted in policy nor is there reference to the 14-day timeframe. Youth who have been identified as sexually aggressive are provided a mental health referral; however the 14-day time frame is not in policy. There is no policy for mental health evaluations for known sexual abusers.

The Coordinated Response Plan is facility specific and contains all elements of the standard as required, including contact information.

Interviews with staff indicate that there has been little training on the specific needs of LGBTI youth; specifically search protocols and repeat reassessments. Additional interviews found that since there were no allegations of sexual abuse or sexual harassment, there is currently little understanding of the Incident Review process. This was discussed with the President who reports a Management Team is already in place to conduct these as needed.

A few staff indicated that no youth is allowed to make a call to DCYF without the social worker being spoken too first or present, or that they would allow the youth to call DCYF without the youth disclosing why they want to call. Additionally, most staff are unaware of how youth are instructed to report – even though they call recall seeing posters put up.

Youth interviews indicated that no youth was aware of the grievance policy. They were quick to report that any problems should be verbally addressed to staff and that staff are quick to get back with them. Many youth reported that they could call DCYF by requesting staff, but that staff would be there to listen to the call or would need to know about the call before they could complete it. Youth also reported no knowledge of any outside resources available regarding victim services.

Retaliation monitoring is currently only identified for staff under the Whistleblower policy. This was discussed with the PREA Coordinator at the facility.

SUMMARY OF AUDIT FINDINGS

This interim report is submitted on June 18, 2016 with 15 standards not being met at this time. These were identified as 115.315, 115.317, 115.331, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.367, 115.381, 115.388, and 115.389.

During the corrective action period, the agency/facility worked diligently to update policies and systems, and to ensure training was updated and conducted with staff. A review of the materials provided to the auditor now shows that the agency/facility is in full compliance with PREA Standards.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 4

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

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

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

The agency has a PREA (Prison Rape Elimination Act) Compliance Policy that addresses prevention, detection, response and reporting, includes definitions that agree with PREA definitions, identifies prohibited behaviors, and sanctions for those who violate the zero tolerance policy.

Brian Sullivan, Director of Administration, is the PREA Coordinator for the agency. He reports approximately 25-50% of his time is currently spent on compliance with PREA standards. This is due to the implementation of new policies and training as a result of compliance with PREA. However, he anticipates that this will drop to 20% once all policies and training have been implemented. He reports directly to the President, Br. James Martino. As this is the only facility for this agency, there is no PREA Compliance Manager.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

This standard is Not Applicable as Ocean Tides, Inc. does not contract for the confinement of its residents with other agencies.

Standard 115.313 Supervision and monitoring

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

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

Ocean Tides policy Staffing, Supervision & Accountability addresses unannounced rounds. These are conducted monthly on each shift by the President or designee. It is noted that the President lives in the adjacent Christian Brothers Center, which allows him access to the facility without the pre-warning of the staff. These were observed documented in the pre-audit documents and on-site.

There is a staffing plan that was last reviewed on April 20, 2016 and identifies all positions by title. The plan was predicated on an average of 35 youth per day. There are 61 employees. The facility currently runs a 1:6 (staff to youth ratio) during waking hours and a 1:8 (staff to youth ratio) during sleeping hours. Deviations from the plan are documented in the Shift Log.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Ocean Tides policy Privacy and Searches addresses all youth searches. This policy prohibits cross-gender strip searches, all visual body cavity searches, and cross-gender pat-down searches. Strip search are conducted by two male staff. The PREA Compliance Policy addresses that staff of the opposite gender as youth must announce their presence when entering a living area or where youth are showering, toileting, or changing clothing. The policy also prohibits the searching of a youth to determine genital status. While there has been training on searches, many staff interviewed were unclear how to search a transgender or intersex youth.

During the corrective action period, the facility conducted staff training on the searching of youth. The facility provided documentation of the material used and documentation of the staff who participated in the training.

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

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

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

The agency Non-Discrimination Policy provides for special education services for youth with disabilities through educational staff. Provisions through the Department of Children, Youth, and Families provides for language assistance for Limited English Proficient youth. Information in English and Spanish is available posted in the facility. This same policy prohibits the use of resident interpreters in cases of PREA allegations. Staff were aware of these services.

Standard 115.317 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The agency Employment Policy addresses the performance of criminal background record checks and applicable child abuse registries through the Department of Children, Youth and Families (DCYF). DCYF policy addresses the criminal background checks as well. Currently, the required questions are not asked at hire or promotion; nor is a background check required by the agency policy when a staff is promoted. The policy also does not require a 5-year background check. Contractors who provide services are required to have completed a background check before contact with youth. Material omissions information is addressed in the Employment Policy.

During the corrective action period, the agency contracted with Castle Branch (April 11, 2016) to conduct background screenings every 5 years. Samples were provided to the auditor to confirm that background screenings were completed. The agency and DCYF policy was updated, and accepted by this facility, regarding questions surrounding any previous misconduct at hire and promotion, and the requirement for background screenings every 5 years and at transfer.

Standard 115.318 Upgrades to facilities and technologies

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

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

The camera system was updated in the last three years and now provides for supervision of blind areas as identified by the facility. There have been no modifications or expansions of the facility in the past 3 years.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

Agency policy Reporting & Responding to Alleged Abuse & Neglect Policy addresses that all allegations of sexual abuse or sexual harassment shall receive an administrative or criminal investigations. The agency follows DCYF policy 500.0065 – Police Involvement in Child Protective Investigations and 500.050 – Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Level 1, 2, 3). The agency does not conduct administrative or criminal investigations. Administrative investigations are conducted by the Rhode Island Department of Children, Youth, and Families (DCYF) and criminal investigations are conducted by the Narragansett Police Department, with assistance as needed by the Rhode Island State Police.

The agency offers all victims of sexual abuse access to forensic medical examinations at the South County Hospital. While no SAFE or SANE services are offered, forensic examinations are conducted by trained nurses. Day One is additionally contacted by the hospital for the provision of a victim advocate. Day One is the state’s Sexual Abuse provider. There is an MOU between Ocean Tides and Day One.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Agency policy Reporting & Responding to Alleged Abuse & Neglect Policy addresses that all allegations of sexual abuse or sexual harassment shall receive an administrative or criminal investigations. The agency follows DCYF policy 500.0065 – Police Involvement in Child Protective Investigations and 500.050 – Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Level 1, 2, 3). The agency does not conduct administrative or criminal investigations. Administrative investigations are conducted by the Rhode Island Department of Children, Youth, and Families (DCYF) and criminal investigations are conducted by the Narragansett Police Department, with assistance as needed by the Rhode Island State Police. Policies regarding investigations are available on the Rhode Island DYCF website.

Standard 115.331 Employee training

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

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

The agency provides training for all employees who have contact with youth. This is identified in the PREA Compliance Policy. Additionally, all staff receive non-discrimination training. The training is new to the agency and addresses the zero-tolerance policy, staff responsibilities, resident’s rights, staff rights, dynamics of sexual abuse and sexual harassment, common reactions of sexual abuse victims, detecting and responding to threatened and actual sexual abuse, inappropriate youth relationships by staff, communication, mandatory reporting laws, and applicable age of consent. The material presented to staff includes specifics of both male and female youth. All files reviewed indicated that staff have completed PREA training, which began in 2016. This was verified by staff documentation. Policy dictates that after the initial training, staff will completed a refresher training annually. Interviews with staff indicated that they have completed the initial training; however, staff appeared unable to articulate how to search a transgender or intersex youth.

During the corrective action period, the facility conducted staff training on the searching of transgender and intersex youth. The facility provided documentation of the material used and documentation of the staff who participated in the training.

Standard 115.332 Volunteer and contractor training

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

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

The agency PREA Compliance Policy requires that all volunteers and contractors who have contact with youth shall be trained on their responsibilities to prevention, detection, and respond to sexual abuse and sexual harassment. This policy applies to all persons with direct and indirect contact with youth at the facility. This training is consistent with staff training.

Standard 115.333 Resident education

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

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

All youth are provided information regarding the agencies zero-tolerance policy upon intake, both written and verbal. All youth receive the Resident Handbook upon intake, along with the Guide to Preventing and Reporting Sexual Abuse, and Sexual Harassment. The PREA Compliance policy requires that all youth receive information upon intake and that additional comprehensive education be completed within ten days of a youth’s arrival, and is provided verbally and through a video. Youth sign an Acknowledgement Statement that they are aware of the Zero Tolerance Policy and how to report. Files indicated that youth have signed Acknowledgement Forms within ten days. A tour of the facility found information posted for youth on how to report abuse.

Standard 115.334 Specialized training: Investigations

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

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

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

This standard is N/A as the facility does not conduct administrative or criminal investigations.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Medical and Mental Health providers are required by the PREA Compliance Policy to complete both the staff training and specialized training that meets PREA requirements. Medical staff have completed the staff training, but had not yet completed the specialized training. No forensic exams are conducted at the facility.

During the corrective action period, the medical and mental health staff completed the required specialized training. Proof of training was provided to the auditor.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Agency Resident Orientation Policy requires that a screening for risk of sexual abuse victimization or sexual abusiveness towards other residents is completed for each youth within 72 hours of intake. A file review indicated that this is completed on the first day by the Director of Social Services. The Victim/Aggressor Assessment is a DYCF form. The form observed in the file is missing a youth's self-identification of being LGBTI; however all forms reviewed showed that they were completed within the 72 hour timeframe. These forms are filed within the youth's file and only those with a need to know have access to these files.

During the corrective action period, the facility obtained the new Victim/Aggressor Assessment from DCYF. They have implemented this new assessment form. Samples were provided to the auditor for review.

Standard 115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Interviews indicated that the Victim/Aggressor Assessment is used to create a Personal Safety Plan for each youth; however this was not seen in practice. Isolation is not used at this facility. There is currently no policy addressing how LGBTI youth are assessed and placed in housing, bed, or programming assignments. The facility does not use isolation for any youth.

During the corrective action period, the facility policy was updated to include the use of the information from the screening tool in determining living room and living unit assignments. There were no youth present at the facility who met the requirements of vulnerable or sexually aggressive. All LGBTI youth will be reassessed at least twice a year.

Standard 115.351 Resident reporting

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

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

The agency has developed a variety of methods for youth reporting. Information provided to youth advise youth to report sexual abuse or sexual harassment by telling a staff, social worker, teacher, or administrator. This can be accomplished verbally or in writing (grievance system), as well as anonymously. Additionally, youth can call 1-800-RI-CHILD, the Rhode Island DCYF Child Abuse Hotline. However, it was noted during interviews that staff are not clear on the process for allowing youth to call DCYF. Staff are required to report any information, suspicion or knowledge of child abuse to the RI DCYF Child Abuse Hotline. While the grievance system is identified as a way for youth to report, interviews with youth indicated that they are aware of this option for reporting sexual abuse.

During the corrective action period, the facility retrained staff on the DCYF and facility policy on allowing youth to contact DCYF if requested.

Standard 115.352 Exhaustion of administrative remedies

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

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

corrective actions taken by the facility.

The agency Grievance Policy addresses an administrative procedure for dealing with resident grievances regarding sexual abuse. The agency does not impose a time limit on the reporting of sexual abuse through the grievance process; nor require an informal resolution prior to submission of a grievance. Grievances may be submitted to staff other than a staff member who is the subject of the complaint and the grievance is not given to the subject of the complaint for resolution. The policy requires a meeting with the client and the client's family within seven days of receipt of the grievance. The Director will provide a response within fourteen days. The policy is clear that all persons submitting a grievance alleging sexual abuse, or any other form of abuse, will be directed to contact the RI DCYF office to report the abuse as is required by state law. Interviews with youth found that they are unaware that the use of the grievance system can be used to report abuse.

During the corrective action period, the facility adapted the DCYF policy that any grievance received that alleges sexual abuse or sexual harassment shall be forwarded directly to the Facility Administrator and the RI DCYF for investigation. All references to the grievance system as being a method of reporting sexual abuse or sexual harassment have been removed from all youth material.

Standard 115.353 Resident access to outside confidential support services

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

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

The agency has an MOU with Day One to provide victim advocacy services to youth. The agency is required to notify Rhode Island Department of Children, Youth, and Families (DCYF) of an incident of abuse. Youth are also given access to contact DCYF to report abuse. DCYF contact information is within the Guide to Preventing and Reporting Sexual Abuse and Sexual Harassment that each youth receives. However, youth are not aware of Day One services. All youth are able to contact their attorney or parent/guardian by requesting a call through staff, and interviews confirmed that youth are aware of how to make the request.

During the corrective action period, the facility updated the Youth Handbook to include information on the services of Day One and how to access. All youth were provided a new handbook.

Standard 115.354 Third-party reporting

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

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

Third-party reporting can be made through contact with the Rhode Island Department of Children, Youth, and Families (DCYF). The agency has not yet updated its website, or provided otherwise public, the information for third-party reporting. It is noted in the Volunteer, Vendor, and Contractor brochure.

During the corrective action period, the agency added a link to the RI DCYF “Break the Silence” Poster that provides information on how to report sexual abuse or sexual harassment.

Standard 115.361 Staff and agency reporting duties

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

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

The agency Grievance Policy, PREA Compliance Policy and the Reporting & Responding to Child Abuse/Neglect policy all address staffs duty to report abuse to the facility and to the Rhode Island Department of Children, Youth, and Families (DCYF) agency. Additionally, all staff are required by law as mandated reporters, and staff have acknowledged their training and understanding. The policies do not address the need for staff to share information with only those who have a need to know for security, investigation and management purposes. All medical and mental health practitioners are aware of their mandated duty to report. When DCYF is notified of an allegation of abuse, there is an auto report system in place to address the parent/guardian, child welfare, and attorney or legal representative. There is no information in policy that directs that the youth’s legal representative of record be notified. The facility does not have any internal investigators. All allegations are required to be made to DCYF and local law enforcement who have the responsibility to investigate.

During the corrective action period, the agency updated their Reporting & Responding to Child Abuse/Neglect policy to include the need for staff to share information only with persons responsible for the security, investigation or management of the facility.

Standard 115.362 Agency protection duties

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

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

The agency PREA Compliance Policy and Coordinated Response Plan address the protections to be taken when information is known regarding a youth’s risk of imminent sexual abuse. The staff are required to separate/protect the youth and to report to administrators.

Standard 115.363 Reporting to other confinement facilities

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

- Does Not Meet Standard (requires corrective action)

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

The agency PREA Compliance Policy and the Reporting & Responding to Child Abuse/Neglect address the reporting to other facilities when information is obtained regarding sexual abuse that occurred in another facility. Rhode Island Department of Children, Youth, and Families (DCYF) would be notified within 24 hours and would make the notification, as well as investigate. This was confirmed in interviews. If this should occur, the facility would document the information in the clinical record. There have been no instances of knowledge of abuse at other facilities.

Standard 115.364 Staff first responder duties

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

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

The agency PREA Compliance Policy addresses staff response to a report of sexual abuse. Both the PREA Compliance Policy and the Coordinated Response Plan address the steps that staff shall complete. Staff are required to separate/protect the youth, protect the crime scene, instruct youth(s) to not destroy physical evidence, and report to their supervisor. All staff are trained as First Responders in regards to sexual abuse allegations.

Standard 115.365 Coordinated response

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

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

The agency has a Coordinated Response Plan that is facility specific and addresses the duties of first responders, medical/mental health practitioners, and facility leadership. Investigations are not completed by the facility.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

There has been no collective bargaining agreements entered into at this facility.

Standard 115.367 Agency protection against retaliation

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

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

The agency currently does not have a policy addresses the monitoring of retaliation for victims, persons who report abuse, and person who participate in an active investigation.

During the corrective action period, the facility updated policies to include the monitoring for retaliation for victims, persons who report abuse and persons who participate in an investigation, including both youth and staff. The training material was updated and staff were trained as per the documentation provided to the auditor.

Standard 115.368 Post-allegation protective custody

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

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

This is Not Applicable as segregation, or isolation, is not used at the facility.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

This is Not Applicable as the facility does not conduct either administrative investigations or criminal investigations. Investigations are completed by the Rhode Island Department of Children, Youth, and Families and the Narragansett Police Department.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

RI-DCYF Policy 500.0080 addresses the administrative investigations standard of proof. The agency requires no standard higher than a preponderance of the evidence in determining findings of a sexual abuse or sexual harassment allegations.

Standard 115.373 Reporting to residents

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

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

The agency PREA Compliance Policy addresses notification to a youth upon completion of an investigation. This is completed by the Rhode Island Department of Children, Youth, and Families (DCYF), the investigating agency.

Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The agency PREA Compliance Policy addresses staff disciplinary sanctions up to and including termination for violating the agency PREA Compliance Policy. Termination is the presumptive sanction for those who have been found to have engaged in sexual abuse. All other disciplinary action is based upon the nature and circumstances, disciplinary history and other sanctions imposed in similar investigations. Rhode Island Department of Children, Youth, and Families is the child abuse agency in the state and any terminations for sexual abuse or sexual harassment would be documented within their agency and with local law enforcement, if the nature of the act was criminal.

Standard 115.377 Corrective action for contractors and volunteers

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

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

The agency PREA Compliance Policy addresses disciplinary action for contractors and volunteers. All allegations are reported to both the child abuse agency, and local law enforcement, if criminal in nature. Relevant licensing bodies would be notified if appropriate.

Standard 115.378 Disciplinary sanctions for residents

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

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

While the agency PREA Compliance Policy addresses disciplinary sanctions for youth, the youth would be removed from the program and no longer have access to youth at the facility. All youth would be remitted to the Rhode Island Training School. Isolation, or segregation, is not used at this facility. All reports made by staff that are made in good faith are covered under the agency Whistleblower and Retaliation Policy. As per the agency PREA Compliance Policy, the facility prohibits all sexual activity between youth.

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

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

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

The agency PREA Compliance Policy addresses the referral of youth who have experience prior sexual victimization. Referrals are made immediately to appropriate mental health clinician, who will offer counseling, monitor youth, and provide treatment or make appropriate outside referral. However, the policy does not address the timeframe. Informed consent is not applicable as the state law requires anyone with knowledge of child abuse is required to report.

During the corrective action period, the agency updated the PREA Compliance Policy and the Medical Services & Medication Policy to address timeframes for the referral of youth for mental health services.

Standard 115.382 Access to emergency medical and mental health services

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

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

The agency PREA Compliance Policy, and the Coordinated Response Plan, dictates immediate, unimpeded access to emergency medical treatment and crisis intervention services for youth victims of sexual abuse. Staff are required to immediately provide protection to a youth. As per interview, medical follow-up services will be completed by facility staff based on orders of the physician or emergency room physician. All treatment services are provided at no cost to youth.

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

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

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

The agency PREA Compliance Policy dictates that all victims of sexual abuse shall be offered medical and mental health evaluations and treatment upon notification of victimization. Medical and mental health staff confirm that the services are consistent with the community level of care. Follow-up treatment consists of continued services, referrals, safety plans, and treatment plans. This includes sexually transmitted disease testing and treatment. Policy indicates that there are no fees for these services.

Standard 115.386 Sexual abuse incident reviews

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

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

The agency PREA Compliance Policy requires that an incident review will be conducted within 30 days of the completion of an investigation of sexual abuse. The management team would conduct these as necessary. Information considered by the team would include motivation, staffing, monitoring technology, and a review of the area to address any physical barriers to supervision in the area where the event occurred. To date, there has been no sexual abuse allegations.

Standard 115.387 Data collection

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

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

The Rhode Island Department of Children, Youth, and Families is the responsible agency for data collection and this is addressed in Policy 1200.0003 – Administration Responsibilities; 500.0050 – Standards for Investigation Child Abuse and Neglect (CA/N) Reports (Levels 1, 2,3). DCYF maintains accurate and uniform data for all sexual abuse at the Rhode Island Training School, as well as any other contracted facility, such as Ocean Tides. The information collected meets the minimum threshold of the data that is required by the Department of Justice Survey of Sexual Violence (DOJ-SSV). Additionally, this same information is utilized by DCYF to assess and recommend changes at contracted facilities to address the effectiveness of the PREA Compliance Policy regarding prevention, detection and response to sexual abuse. This information is aggregated annually, and was provided as requested by the Department of Justice in the last year.

Standard 115.388 Data review for corrective action

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

- Does Not Meet Standard (requires corrective action)

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

The Rhode Island Department of Children, Youth, and Families (DCYF) is the responsible agency for data collection and this is addressed in Policy 1200.0003 – Administration Responsibilities. DCYF maintains all documentation and Ocean Tides would identify any corrective action that it has taken for each allegation, including an assessment of the progress towards addressing sexual abuse. Interviews confirm that an annual report has not yet been finalized, but that the final report would reflect any information that would be a clear and specific threat to the facility.

During the corrective action period, the RI DCYF updated their annual report and made it available on their website.

Standard 115.389 Data storage, publication, and destruction

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

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

The Rhode Island Department of Children, Youth, and Families (DCYF) is the responsible agency for data collection and this is addressed in Policy 1200.0003 – Administration Responsibilities. As the agency who conducts administrative investigations, the policy requires that data be maintained securely and for ten (10) years. The facility policy Client Records requires that all facility records be securely retained for at least ten (10) years after the date of its initial collection. DCYF is the responsible party for the annual report, and their policy requires that all personal identifies shall be removed.

During the corrective action period, the RI DCYF updated their annual report and made it available on their website. No personal identifies are present in the report.

AUDITOR CERTIFICATION

I certify that:

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

Bobbi Pohlman-Rodgers

January 9, 2017

Auditor Signature

Date