# RHODE ISLAND GOVERNMENT REGISTER PUBLIC NOTICE OF PROPOSED RULEMAKING

AGENCY: Rhode Island Department of Corrections

RULE IDENTIFIER: ERLID 8201

**REGULATION TITLE:** Pre-Employment Background Investigations

RULEMAKING ACTION: Notice of Proposed Rulemaking

## TYPE OF FILING: Repeal

# TIMETABLE FOR ACTION ON THE PROPOSED RULE:

Public Notice Date: May 1, 2018

End of Public Comment Period: May 31, 2018

# SUMMARY OF PROPOSED RULE:

Pursuant to the update of R.I. Gen. Laws §42-35, Administrative Procedures, the Rhode Island Department of Corrections (RIDOC) no longer meets the criteria for having to carry out the public hearing process and filing requirements administered by the Administrative Procedures Act (APA) for several of its rules currently filed with the Secretary of State's Office. RIDOC is hereby repealing this rule. This document will remain unchanged and is available on our website, http://www.doc.ri.gov/administration/policy/index.php.

# **COMMENTS INVITED:**

All interested parties are invited to submit written or oral comments concerning the proposed regulations by **May 31, 2018** to the addresses listed below.

# ADDRESSES FOR PUBLIC COMMENT SUBMISSIONS:

| Mailing Address:      | Chief of Program Development/Policy Unit        |
|-----------------------|---|
|                       | Maximum Security Administration Wing, 1st floor |
|                       | 1375 Pontiac Avenue                             |
|                       | Cranston, RI 02920                              |
| <b>Email Address:</b> | doc.policy@doc.ri.gov                           |
| WHERE COMMENTS M      | AY BE INSPECTED:                                |
| Mailing Address:      | Maximum Security Administration Wing, 1st floor |
|                       | 1375 Pontiac Avenue                             |

Cranston, RI 02920

### **PUBLIC HEARING INFORMATION:**

In accordance with R.I. Gen. Laws § 42-35-2.8, an oral hearing will be granted if requested by twenty-five (25) persons, by an agency or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

### FOR FURTHER INFORMATION CONTACT:

Chief of Program Development/Policy Unit

Maximum Security Administration Wing, 1st floor

1375 Pontiac Avenue

Cranston, RI 02920

(401) 462-3533

### SUPPLEMENTARY INFORMATION:

### **Regulatory Analysis Summary and Supporting Documentation:**

The repeal of this regulation does not impose significant economic impacts on Rhode Island. The regulation does not alter the status quo in any way; therefore, the post-action state of the world is identical for all interested parties.

### Authority for This Rulemaking:

R.I. Gen. Laws § 42-56-10(22), Powers of the director; R.I. Gen. Laws § 42-56-1, Declaration of Policy.

### **Regulatory Findings:**

In the development of the proposed amendment consideration was given to: (1) alternative approaches; (2) overlap or duplication with other statutory and regulatory provisions; and (3) significant economic impact on small business. No alternative approach, duplication, or overlap was identified based upon available information.

#### **The Proposed Amendment:**

Rhode Island Department of Corrections proposes to amend ERLID 8201 as follows:

| RHODE IS   | SLAND DEPART                    | MENT OF CORREC                           | TIONS                   |
|--|---------------------------------|--|-------------------------|
|  | POLICY ANE                      | PROCEDURE                                |                         |
|  | POLICY                          | EFFECTIVE DATE:                          |                         |
| ND AND PROVIDE   | NUMBER:                         | <del>3/18/2015</del>                     | PAGE 1 OF 2             |
| State OF College   | <del>3.32 DOC</del>             |  |                         |
| AGONIA STATESTICAL   |                                 |  |                         |
| MANNATION CONTRACTION CONTRACTICON CO | SUPERSEDES:                     | <del>DIRECTOR:</del>                     |                         |
| 1972   | <del>28.10-4 DOC</del>          | ALLET. C                                 | L H                     |
|  |                                 |  |                         |
| SECTION:   |                                 | SUBJECT:                                 |                         |
| PERSONNEL  |                                 | PRE-EMPLOYMENT BAC                       | CKGROUND                |
|  |                                 | <b>INVESTIGATIONS</b>                    |                         |
| <b>AUTHORITY: Rhod</b>   | <del>e Island General Law</del> | <del>s (RIGL) § 42-56-10(v), Pow</del> e | e <del>rs of the</del>  |
| <del>director</del>  |                                 |  |                         |
| <b>REFERENCES:</b> ACA   | + #, Criminal Record            | Checks on Prospective Emp                | <del>ployees; the</del> |
|  |                                 | 02 DOC, <u>Mission Statemen</u>          |                         |
| ÷  |                                 | PREA Standard § 115.17 Hir               | ring and                |
| promotion decisions  | +                               |  |                         |
| INMATE ACCESS T  | THROUGH LAW LIB                 | RARY? X YES                              |                         |

### I. <u>PURPOSE</u>:

To define the procedures to be followed by employees of the Rhode Island Department of Corrections' (RIDOC's) Adult Probation and Parole Unit when conducting preemployment background investigations on prospective RIDOC employees.

### <u>II. <u>POLICY</u>:</u>

RIDOC seeks to employ qualified and capable individuals of good character in order to effectively promote the Mission of the Department. As part of the screening and selection process for prospective employees, Human Resources requests RIDOC's Adult Probation and Parole Unit or Special Investigations Unit (SIU) to perform background investigations on all job applicants in order to verify information, authenticate qualifications, and confirm character.

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RI SECRETARY OF STATE ADMINISTRATIVE RECORDS

# PUBLIC NOTICE: 1/16/2015 PUBLIC HEARING: Not Requested -PROCEDURES: III. Referral from Human Resources 1\_\_\_\_ RIDOC's Office of Human Resources forwards requests for background investigations of prospective RIDOC employees to the Associate Director of Community Corrections. Requests for background investigations for prospective RIDOC Probation and Parole employees are forwarded to the Chief of (SIU). Requests include background information as supplied by the prospective employee - position applied for, references, neighbors (Background Information, Attachment 1), and a signed Personal Inquiry Waiver Form (Attachment 2). The request for character investigations is forwarded to a Probation and 2. Parole Supervisor/designee for assignment within one (1) working day, or as soon as feasible. The waiver is valid for six (6) months from date of signature. 3. **Disposition of Information** <u>B.</u> The Probation Supervisor reviews the report for completeness, signs it 1. and forwards all information to the Associate Director of Community Corrections who forwards it to Human Resources. If the investigation is completed by SIU, the report is forwarded to the Chief of SIU. 2. After review, the Associate Director of Community Corrections or the Chief of SIU initials and forwards the package to the requesting official at **RIDOC's Human Resources.** The assignment, investigation, and return of the package to Human 3. Resources are ordinarily expected to be completed as within fifteen (15) working days. Exceptions, with explanation, are brought to the attention of the Associate Director of Community Corrections/Chief of SIU.



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# STATE OF RHODE ISLAND DEPARTMENT OF CORRECTIONS

# AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER FORM

#### TO: CONCERNED PERSON OR AUTHORIZED REPRESENTATIVE OF ANY ORGANIZATION, INSTITUTION OR REPOSITORY OF RECORDS

SUBJECT'S NAME:

ALIAS/MAIDEN NAME (Include all first and last names you have been known by from birth, including all marriages, etc.):\_\_\_\_\_\_

I respectfully request and authorize you to furnish the Department of Corrections any and all information that you may have concerning my work record, school record, military and other record. This information is to be used for the purpose of conducting a background investigation for confidential use of the Rhode Island Department of Corrections.

I hereby release you, your organization or others, and the Rhode Island Department of Corrections from any and all liability whatsoever and/or damages which may result from furnishing the information requested. A photocopy of this authorization shall be deemed as effective as the original.

Signature

Date

This waiver is valid through\_

(Six months from date of signature)

Witness Signature

Date

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Department of Corrections OFFICE OF HUMAN RESOURCES 39 Howard Avenue Cranston, RI 02920 (401) 462-3250 TDD# (401) 462-5180

#### **BACKGROUND INFORMATION**

APPLICANT:

| Job Title:                     |        |        | - |
|--------------------------------|--------|--------|---|
| Name:                          |        |        |   |
| Date of Birth:                 |        |        |   |
| Maiden Name:                   |        |        |   |
| Address:                       |        |        |   |
| How Long?                      |        |        |   |
| Previous Address (if at curren |        |        |   |
| How Long?                      |        |        |   |
| Telephone: (Home)              | (Cell) | (Work) |   |

#### **PREVIOUS WORK EXPERIENCE:** (five years or three employers)

(If self employed, please see next section)

| Company   | Ξ |
|---|---|
| Address:  |   |
|   | - |
| Supervisor:   | = |
| Telephone: (Home) (Cell) (Work)   |   |
| I ( ) |   |

| Company:          |        |        |  |
|-------------------|--------|--------|--|
| Address:          |        |        |  |
| Supervisor:       |        |        |  |
| Telephone: (Home) | (Cell) | (Work) |  |
|                   |        |        |  |
| Company:          |        |        |  |
| Address:          |        |        |  |
| Supervisor:       |        |        |  |

#### Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

#### SELF-EMPLOYED:

Tax Identification Number (if any) \_\_\_\_\_

Please list business information and references, i.e., customers, vendors, associates:

Customer/Vendor/Associate: \_\_\_\_\_

| Address:                      |                              |  |
|-------------------------------|------------------------------|--|
| Address:                      | (Cell)                       | (Work)                                 |
|                               |                              |  |
| Customer/Vendor/Associate:    |                              |  |
| Address:                      |                              |  |
| Telephone: (Home)             | (Cell)                       | (Work)                                 |
|                               | (===)                        | ((114))                                |
| Customer/Vendor/Associate:    |                              |  |
| Address:                      |                              |  |
| Telephone: (Home)             | (Cell)                       |  |
| 1010piloile. (110ilie)        |                              | (WORK)                                 |
| BUSINESS REFERENCES:          |                              |  |
| Name:                         |                              |  |
| Address:                      |                              |  |
| Address:<br>Telephone: (Home) | (Cell)                       | (Work)                                 |
|                               |                              | (''''''')                              |
| Name:                         |                              |  |
| Address:                      |                              |  |
| Telephone: (Home)             | (Cell)                       | (Work)                                 |
|                               |                              | (''''''')                              |
| Name:                         |                              |  |
| Address:                      |                              |  |
| Address:<br>Telephone: (Home) | (Cell)                       | (Work)                                 |
|                               | (cen)                        | (WOR)                                  |
|                               |                              |  |
|                               |                              |  |
| PERSONAL REFERENCES: (k       | <del>nown at least one</del> | <del>year, not immediate family)</del> |
| PERSONAL REFERENCES: (k       |                              |  |
| Name:                         | (Cell)                       | (Work)                                 |

Name: \_\_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_