

Transmittal of External Audit Report

Instructions: Per Department of Finance & Management Policy #7.0: **External Audit Reports**, departments are required to complete and submit this **coversheet** with a copy of the external audit report to the Commissioner of Finance & Management within 30 days of issuance of the final audit report. This coversheet must be submitted by the department's business office to ensure their awareness and acknowledgment of any potential financial impact. Official department responses to the audit report, including corrective action plans (*if required*), must also be submitted to Commissioner of Finance & Management upon completion.

Department	DOC/Southern State Correctional Facility
Business Office Contact	Kristin Calver
Program/Activity Audited	Prison Rape Elimination Act (PREA)
Audit Agency	DOC Contractor/Melinda Allen
Audit Report Date	08/19/2021

1. Does the audit report contain any findings or recommendations?

YES
 NO

➤ If YES continue to question #2; otherwise coversheet is complete.

2. Does the report contain any repeat audit findings?

YES
 NO

3. Please rate the findings and/or recommendations contained in the audit report using the following scale; for reports with multiple findings, this overall rating should be based on the most critical finding:

Insignificant: Nominal violation of policies, procedures, rules, or regulations. Corrective action suggested but not required.

Notable: Minor violation of policies, procedures, rules, or regulations and/or weak internal controls; and/or opportunity to improve effectiveness and efficiency. Corrective action may be required.

Significant: Significant violation of policies, procedures, rules, regulations or laws; and/or poor internal controls; and/or significant opportunity to improve effectiveness and efficiency. Corrective action required.

Major: Major violation of policies, procedures, rules, regulations or laws; and/or unacceptable internal controls; and/or high risk for fraud, waste or abuse; and/or major opportunity to improve effectiveness and efficiency. Immediate corrective action required.

4. Is the department required to develop a corrective action plan (or similar) to address the audit findings and/or recommendations?

YES
 NO

➤ If YES continue to next question; otherwise skip to question #8.

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5. Has the corrective action plan been developed?

YES NO [provide status below]

❖ Status of corrective action plan: Corrective action completed August 12, 2021. 5 Standards that originally did not meet the standard are now in compliance.

6. Does the department anticipate any inability or delay in implementing its corrective action plan?

YES NO,

➤ If YES continue to next question; otherwise skip to question #8.

7. What fiscal and programmatic impact is this inability or delay likely to have?

none

8. Does the report contain any disallowed costs¹?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise skip to question #11.

Disallowed Amount \$	Audit Report Page #

Disallowed Amount \$	Audit Report Page #

9. Has the method and timing of repayment for all disallowed costs been agreed upon with the applicable organization?

YES NO

10. Assess the impact this disallowance will have on the:

- a. Program/Activity: Major Significant Minimal None
 b. Dept Overall Budget: Major Significant Minimal None

11. Does the report contain any questioned costs²?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise form is complete.

Questioned Amount \$	Audit Report Page #

Questioned Amount \$	Audit Report Page #

12. Assess the likelihood that the questioned costs will result in disallowances and/or reductions in future revenues:

Very Likely Likely Somewhat Likely Not Likely

¹ Costs determined as unallowable under the applicable program/activity and not eligible for financial assistance; generally disallowed costs must be reimbursed to the awarding organization.

² Costs identified as potentially unallowable for financial assistance under the applicable program/activity.

PREA Facility Audit Report: Final

Name of Facility: Southern State Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/15/2021

Date Final Report Submitted: 08/19/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Melinda Allen	Date of Signature: 08/19/2021

AUDITOR INFORMATION	
Auditor name:	Allen, Melinda
Email:	preaaudit@gmail.com
Start Date of On-Site Audit:	06/07/2021
End Date of On-Site Audit:	06/09/2021

FACILITY INFORMATION	
Facility name:	Southern State Correctional Facility
Facility physical address:	700 Charlestown Road, Springfield, Vermont - 05156
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Michaela Merrill
Email Address:	michaela.merrill@vermont.gov
Telephone Number:	802-461-6617

Warden/Jail Administrator/Sheriff/Director	
Name:	Michael Lyon
Email Address:	mike.lyon@vermont.gov
Telephone Number:	802-885-9807

Facility PREA Compliance Manager	
Name:	Michaela Merrill
Email Address:	michaela.merrill@vermont.gov
Telephone Number:	M: 802-885-9809
Name:	Kevin Jenkins
Email Address:	kevin.jenkins@vermont.gov
Telephone Number:	O: (802) 885-9844

Facility Health Service Administrator On-site	
Name:	Kalvyn Langford
Email Address:	KLangford@VitalCoreHS.com
Telephone Number:	802-909-0097

Facility Characteristics	
Designed facility capacity:	377
Current population of facility:	257
Average daily population for the past 12 months:	300
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-88
Facility security levels/inmate custody levels:	Minimum, Medium and Close Custody
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	117
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	77
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Vermont Department of Corrections
Governing authority or parent agency (if applicable):	Vermont Agency of Human Services
Physical Address:	NOB 2 South, 280 State Drive, Waterbury, Vermont - 05671
Mailing Address:	
Telephone number:	8022410000

Agency Chief Executive Officer Information:	
Name:	James Baker
Email Address:	james.baker@vermont.gov
Telephone Number:	(802) 241 - 0001

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Sprafke	Email Address:	jennifer.sprafke@vermont.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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 auditor, Melinda Allen, is an independent contractor that contracted directly with the Vermont Department of Corrections (VTDOC) to audit the Southern State Correctional Facility (SSCF). The facility is in Springfield, Vermont. The audit was scheduled to take place June 7-9, 2021. Several interviews were handled off-site to include the SANE, Agency Contract Administrator, and the Agency Head. SSCF has been audited twice before, in 2014 and 2017. The contract for this audit was signed on November 8, 2019. There were no barriers to the completion of the audit.

1. Pre-Onsite Audit Phase

During the pre-audit phase, the auditor conducted a review of the Pre-Audit Questionnaire (PAQ) as well as other documentation provided by the facility through June 2, 2021. The auditor also reviewed SSCF's Annual PREA Reports for 2014 and 2017, their public website, and other related PREA information. During the pre-onsite audit phase, the auditor took part in multiple telephone calls and exchange of emails with the agency's PREA Coordinator. The calls and email discussions centered around the auditor's unimpeded access to every area of the facility, document and record review, and interviews with the staff, volunteers, contractors, and inmates. Additionally, an overview of the audit process, the audit goals, audit expectations and were discussed. The calls and emails also supplied an opportunity to discuss points of contact, communications, coordination, and timelines. The Process Map was provided to the Agency on May 4, 2021.

Notice of Audit Posting:

The Notice of the audit posting was in both English and Spanish and posted on April 17, 2021. The facility supplied a sampling of pictures of the audit posting throughout the facility. The English version said:

The Southern State Correctional Facility will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for jails during the following period,

June 3 – June 7, 2021.

Any person with information relevant to this compliance audit may confidentially* correspond with the auditor via the following address:

Melinda Allen

P.O. Box 703

Braselton, GA 30517

*CONFIDENTIALITY – All written and verbal correspondence and disclosures provided to the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:

- "If the person is an immediate danger to her/himself or others (e.g., suicide or homicide).
- "Allegations of suspected of child abuse, neglect, or maltreatment.
- "in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

This statement was translated into Spanish and posted also throughout the facility. SSCF sent the auditor photographic proof of the posting of the Notices of Audit. The facility was advised to treat any mail addressed to the auditor as legal mail to ensure confidentiality. The auditor did receive a letter of correspondence before the audit.

B. Timeline:

A kickoff meeting was held with the VTDOC on January 6, 2021. The kickoff meeting included a discussion of logistics for access to the facility and involved the need for unimpeded access to all areas of the facility and access to documents and staff for an interview. A review of the in-brief purpose and process was discussed during the kickoff meeting. A scheduled review of the audit was completed with the PREA Coordinator and included scheduling, the process and timelines for the interim report, corrective action, and recommendations. The agency and auditor decided to use the online audit system (OAS) to complete the audit. The facility initiated the online audit on April 27, 2021. The process map was sent to VTDOC on May 4, 2021, to use as a guideline in the process. The PAQ was completed by the

facility on May 31, 2021. The auditor reviewed the PAQ, and the supporting documents provided before the on-site audit. SSCF supplied a tremendous amount of information in the Pre-Audit Questionnaire, going well beyond the norm. The auditor requested a variety of lists from the facility in advance of the audit to include the following:

- Housing Roster
- Youthful inmates
- Inmates with disabilities or Limited English Proficient Inmates
- LGBTQI Inmates
- Inmates in Segregation Housing
- Residents in Isolation
- Inmates who reported Sexual Abuse
- Inmates who reported sexual victimization during Risk Screening
- Staff Roster
- Medical Roster
- Specialized Staff Identified
- Contractors and Volunteers that have contact with Inmates
- Grievances from the prior 12 months
- Incident reports from the prior 12 months
- All allegations of sexual abuse or sexual harassment in the 12 months reviewed for this audit
- List of inmates determined to be at risk of sexual abuse
- A list of hotline calls
- List of inmates determined to be at heightened risk of sexual abusiveness
- A reiteration of all Sexual Abuse or Sexual Harassment incidents for the prior 12 months. (Detailed below).

C. Research:

On May 4, 2021, the auditor researched SSCF to learn if there were articles and information regarding PREA-related news or events and accomplishments. The auditor did find a couple of articles from a pending case alleged sexual misconduct at the facility. The facility's 2020 annual report is posted to its public website were reviewed as well as the agency's PREA information on their website to include how to file a third-party report. The auditor reviewed the mandatory reporting laws for Vermont to find who is mandated to report abuse or neglect of a vulnerable adult. This publication organizes the information in a user-friendly format and expressly proves all staff members of the SSCF are mandatory reporters in the state of Vermont: dlp.vermont.gov/aps/mandatoryreporting.

D. External Contacts:

External organizations were contacted before the on-site audit phase including Just Detention International (JDI), Vermont Network Against Domestic Violence (Advocate). Just Detention International reported having received information from one individual at the Southern State Correctional Facility in the last 12 months but was unable to disclose the individual's name to the auditor. They did indicate that they would ask him to write me. SSCF has an LOA with JDI to provide emotional support services, a 24/7 crisis support line, specialized counseling, and the Vermont Network Against Domestic Violence to accompany victims to the hospital for forensic medical examinations. AHS is contracted to supply notification of allegations of sexual abuse and sexual harassment originating within the jail to VTDOC officials.

E. List of Allegations:

The SSCF has six certified PREA investigators who conduct and handle administrative investigations. Administrative cases involving staff may be conducted by the Department of Human Resources Investigative Unit (DHR-IU) or SSCF Investigators. Criminal investigations are conducted by the Vermont State Police (VSP). During the onsite audit phase, the facility reported the following:

Allegation Type	Substantiated	Unsubstantiated	Unfounded	Pending
Inmate on Inmate Sexual Harassment	0	1	0	0
Inmate on Inmate Sexual Abuse	0	1	0	0
Staff on Inmate Sexual Harassment	0	0	1	0
Staff on Inmate Sexual Abuse	0	1	0	0

2. Onsite Audit Phase

The rated capacity of the facility is 377 inmates. On June 7, 2021, the first day of the onsite audit, the inmate population of the facility was 257 inmates. SSCF is made up of five buildings and houses all custody levels. There are a total of ten housing units that are multiple occupancy cells. The facility has a designed capacity of 377 inmates.

Site Review:

The auditor arrived at SSCF on June 7, 2021, at 07:30 am and met the Assistant Superintendent, PREA Coordinator, and PREA Compliance Managers. The PREA Compliance Manager verified the identification of the auditor escorted her into the facility. At 7:45 am an in-brief meeting was held in the conference area, attended by the facility Superintendent, PREA Coordinator, PREA Compliance Managers, and the auditor. During the meeting, the auditor explained the audit process and expectations. Following the in-brief, the auditor was escorted by the SSCF staff for an extensive site review of the facility. There are five buildings comprised of ten housing units. There are four multi-occupancy units, and six single cell housing units. The SSCF campus includes modernized medical facilities with an infirmary for acute care, x-ray, dental and optometry services. Additionally SSCF contains a housing unit for elderly and chronically ill offenders, a Secure Mental Health Stabilization unit, a Mental Health Transitional unit, multiple treatment programs such as the Vermont Treatment Program for Sexual Aggressors (VTPSA), and the state's largest Close-Custody unit for housing disruptive inmates. SSCF also serves Orange, Windham, Windsor, and parts of Bennington County by accepting detainees from local, county, and state law enforcement in these territories, serving dual purpose as a jail as well as a prison. The facility also operates a community high school on site. A gymnasium is available for inmates to exercise. In most units, the toilets are in the cells with a separate area for showers. In the shower areas, doors or shower curtains were seen as having the capability to prevent cross-gender viewing from camera angles as well. The ISO/segregation unit cells have toilets within the cells. It was noted that throughout the site review crossgender announcements were being made by staff. The auditor toured and reviewed the following locations/areas:

- Administration
- Intake- no inmates were being processed at the time. The auditor asked the intake staff to walk her through the booking process from intake, screening, classification to housing assignment and discussed the grievance and mail process. A language line is available for interpretation services.
- Central Control
- Kitchen
- Program Areas
- Laundry Areas (Multiple)
- Gymnasium
- Visitation
- Attorney's Visitation
- Segregation ISO Units
- Law Library
- Yard

The facility has a video monitoring system made up of 153 cameras that record up to twenty-eight days of history depending on the activity in the area. A three-year plan to supplement cameras is in place at the facility. The facility was slated to add more cameras this summer but there has been a delay in receiving parts due to COVID-19. Privacy issues were seen in the facility. Each of these issues was discussed with the facility and will be corrected as soon as funding is available. The auditor observed PREA Posters, Notice of Audit, PREA Newsletters, and other PREA information in each housing unit. The facility has access to a language line for interpretation services for non-English speaking inmates.

The auditor observed processes and spoke with the staff at intake to see the procedure for booking, intake, classification, property, searching, PREA education, and screening protocols while the inmates are being processed into the jail. She observed and reviewed camera placement, potential cross-gender viewing of shower and toilet areas, placement of PREA education materials, placement of PREA reporting options, and the functionality of those reporting options. Particular attention was given to camera placement, lines of sight, privacy for inmates in bathrooms, showers, and changing areas, PREA reporting signs, victim advocacy signage, door, and key security, inmate movement, and staff and inmate interactions. Grievance forms were readily available in all units. Inmates interviewed said the grievance system works. PREA education materials were presented in brochures, in Inmate Handbooks, tablets, and verbalized by the staff when educating the inmates. There were PREA reporting posters and information in the housing units. The posters displayed information on reporting sexual abuse through the phone system to an answering service. The phone number on the poster was tested. The auditor received a response to the call within three hours of leaving a message.

The auditor also conducted informal interviews with staff and inmates encountered while on the site review in the various areas. She saw the audit notification in various locations throughout the facility, including each inmate housing unit, programming and work areas, staff, and visitor access areas to ensure that SSCF staff, inmates, and visitors had the opportunity to contact the auditor. The Notices of Audit were posted in English and Spanish on lavender-colored paper, so they stood out.

3. Interviews:

The auditor requested and was provided with rosters of staff available at the facility for the days of the audit, showing post and shift hours. Also, rosters were received showing which individuals filled specialized staff positions to include the agency head, Superintendent/Warden, PREA Coordinator, and PREA Compliance Manager, and Health Services Administrator. The randomly selected staff from the facility rosters being a diverse sampling of staff to include male and female, various job responsibilities, job assignments, levels of experience, sworn, and civilian. The staff interviews were held in the conference area of the facility. Inmate interviews were held in the visitation area of the jail. Inmate Housing rosters were received detailing all inmates housed at the facility. The facility provided the auditor with a list of targeted interview categories of inmates, as requested before the audit. The auditor interviewed the following targeted

categories of inmates:

- Disabled and Limited English Proficient Inmates
- Inmates Who Reported Sexual Abuse
- Transgender, Intersex and LGBTQI Inmates
- Inmates Who Disclosed Prior Victimization during Screening

The interviews were held in private and without staff intervention or oversight. The auditor conducted a total of 30 inmate interviews out of a population of 257 inmates in population on the first day of the audit. This number consisted of 16 random inmates being interviewed and 14 targeted inmates. Inmates were interviewed from every housing unit and security classification, with diversity in age, race, and gender.

The auditor conducted 12 random staff interviews out of 117 staff employed who have contact with inmates. The auditor also conducted 30 interviews with specialized staff. Some specialized staff had multiple responsibilities and supplied information to interviewers from multiple specialized staff interview protocols. Staff members were interviewed from all shifts, and the auditor interviewed sworn staff and contractors. There are currently no volunteers in the facility due to COVID-19 protocols. The Superintendent and Agency Head (2) were interviewed. Formal interviews were conducted with inmates and staff in a private office to ensure confidentiality.

Twenty contracts allow contractors to enter the facility. The auditor interviewed one contractor. There were no volunteers in the facility.

Interview Selection Methodology:

Random and Targeted Inmates:

The auditor's method for selecting inmates to interview was as follows:

The auditor conducted 16 interviews of random inmates, selected randomly from the various housing units. The auditor selected inmates from every housing unit to interview. Typically, selecting the 1st, 10th, and 20th person in each housing unit. The facility houses minimum, medium, and maximum inmates. Inmates from all demographics and classifications were selected for the interviews.

Random staff:

The Auditor conducted 12 interviews with random staff. Staff members were interviewed, choosing staff from Day, Evening, and Midnight shifts.

Specialized Staff:

The auditor conducted 25 interview protocols with specialized staff, with some staff members being asked questions from multiple interview protocols based on their assigned job responsibilities. The interviews conducted with specialized staff were as follows:

- Agency Head
- Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Agency contract Administrator
- Human Resources staff (2)
- Intermediate or higher-level staff
- Investigative staff (5)
- Staff who Monitor Retaliation
- Staff who supervise Segregated (Isolation)
- Staff who conduct Risk screening
- Medical staff
- Mental Health staff
- Contractor
- Staff Who Work Intake
- Classification staff
- SANE
- JDI
- Incident Review Team member
- First responder

File Review Methodology (Staff, Volunteers, and Contractors):

The auditor's file review methodology selection was as follows:

The auditor selected 12 staff, and contractors' files for review. The employee file review for hiring and promotion requirements

was conducted in the facility. The contractor files also were reviewed for training requirements. All staff names were selected from the roster provided that included new staff, more seasoned staff, administrators, supervisory staff, line staff, and contractors (Medical and Building Maintenance). These names were also used in reviewing their training records.

The sampling of files the auditor selected was twelve (12) staff to include Correctional Officers, Supervisors, and two (2) contractors files. The auditor paid particular attention to include files of newly promoted, newly hired staff and staff that worked for the facility longer than five years to verify compliance with hiring, promotion, and background requirements.

File Review Methodology (Inmate):

The auditor's inmate file review methodology selection was as follows:

Twenty-seven (27) inmate names and associated files were selected for review to ascertain the following documentation:

- Date and time entered the facility
- Date and time Risk Screening Assessment was conducted
- Date and time Reassessments were conducted
- Applicable medical and mental health follow-up for disclosing prior victimization
- Receipt of PREA information during the intake process
- Comprehensive education is provided within 30 days of intake.

The auditor selects names from inmates interviewed to verify or confirm that the interviews match the required documentation.

Other files reviewed included:

- Investigative files (6) Two of the files reviewed did not fall within the audit period but the auditor requested to review the additional files.
- Grievance list
- Logs of Unannounced Rounds
- Hotline call list

Facility Debriefing:

On June 9, 2021, the auditor conducted an out-brief with the facility leadership. The auditor discussed the next steps to include additional requests for documentation and the receipt of the interim report within the next 45 days.

Barriers encountered:

There were no barriers met during the documentation review, site review, informal interviews with random staff and inmates, formal interviews with random and specialized staff, and formal interviews with random inmates.

Conclusion:

The auditor certifies that no conflict of interest exists concerning her ability to conduct an audit of the agency under review.

(28 C.F.R. "§115.403(a)). Agency-wide policies and procedures follow relevant PREA standards. (28 C.F.R. 115.403(b)).

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 SSCF is located in Springfield, Vermont approximately 125 miles South of Burlington, Vermont in Windsor County. The facility, constructed in 2002, is a modern facility sitting on a large expanse of land adjacent to Interstate 91. The facility is a campus-style correctional institution that encompasses over 27 acres and includes six buildings; the core facility, three inmate-housing units, an emergency energy building, and a maintenance building. The SSCF campus includes modernized medical facilities with an infirmary for acute care, x-ray, dental and optometry services. Additionally SCSF contains a housing unit for elderly and chronically ill offenders, a Secure Mental Health Stabilization unit, a Mental Health Transitional unit, multiple treatment programs such as the Vermont Treatment Program for Sexual Aggressors (VTPSA), and the state's largest Close-Custody unit for housing disruptive inmates. SSCF also serves Orange, Windham, Windsor, and parts of Bennington County. Southern State Correctional Facility is the largest direct supervision facility in the state of Vermont consisting of 377 hard beds. The population at the time of the audit was 257 inmates. On June 9, 2021, the on-site audit was completed at SSCF. The facility's first PREA audit was conducted in 2014 and a subsequent audit was conducted in 2017. Both the facility design and technology applications installed in the jail have inmate safety in mind. The booking/intake area includes a search area, holding cells, the main booking desk with excellent visibility of holding cells, and processing areas. There are indoor and outdoor recreation areas. The larger housing units consist of cells on a lower tier and an upper tier, a dayroom, and a separate shower area. The toilets are contained within the cells. These cells have double bunks and a toilet and sink within the cell. The segregation housing unit is on two levels. Inmates are housed based upon needs and their respective levels of classification. All inmates are supervised by trained Corrections Officers. The main control room observes all housing units in the facility.

The SSCF employs 117 staff members who have regular contact with inmates. The facility is equipped with 153 cameras found inside and out. Officers in Central Control monitor these cameras 24 hours a day, 7 days a week. There is a three-year camera plan to enhance the monitoring system. There are safety and emergency communications systems to increase the safety of employees and inmates.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	5
Number of standards met:	40
Number of standards not met:	0

The on-site audit was completed June 7-June 9, 2021. The interim report was provided July 15, 2021, to the Southern State Correctional Facility reporting the following:

Exceed Standards: 05

Meets standards: 35

Did Not Meet standards: 05

Exceeded Standards:

§115.31, §115.32, §115.41, §115.42, §115.52

Meets Standard:

§115.11, §115.12, §115.13, §115.14, §115.16, §115.17, §115.18, §115.21, §115.22, §115.34, §115.35, §115.43, §115.51, §115.53, §115.54, §115.61, §115.62, §115.63, §115.64, §115.65, §115.66, §115.68, §115.72, §115.73, §115.76, §115.77, §115.78, §115.81, §115.82, §115.83, §115.86, §115.88, §115.89, §115.401, §115.403

Did not Meet Standard:

§115.15, §115.17, §115.33, §115.71, §115.87

Corrective Action Recommendations:

§115.15

Install Shower Curtains in Housing Units that are missing Shower Curtains.

§115.17

Ensure that anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates 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.

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 inmates.

Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.

Perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

Ask all applicants and employees who may have contact with inmates 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.

§115.33

Ensure that all inmates receive notice of the zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment

upon intake of the facility. The standard requires the facility to supply basic, critical information to every inmate upon intake. This information must include some verbal and/or written statement of the facility's no-tolerance policy toward sexual abuse and sexual harassment and clear information about the ways to report sexual abuse and sexual harassment, both internally and externally, including any phone numbers or addresses they would need to report externally. This information is only useful if it is provided in a manner that all inmates receive and understand, and receipt of the information must be documented for every inmate who enters the facility.

§115.71

All cases must be investigated and documented. It appears as though DHR-IU does not follow the MOU originally signed in 2015 with AHS-IU. This needs to be rewritten, modified, or abandoned in order for the VTDOC to ensure all incidents of sexual abuse or sexual harassment are thoroughly investigated and documented to the standard imposed by the Prison Rape Elimination Act. The VTDOC could try to preserve all video footage that they have knowledge of being evidence, but there is no guarantee that all areas are being preserved unless they are more involved in the investigation itself.

§115.87

Complete and publish the 2019-2020 Aggregated Data.

Corrective Action Updates:

§115.15 On August 17, 2021, the facility provided photographic evidence of having installed shower curtains in the housing unit that were missing curtains. On August 18, 2021, staff were educated regarding the requirement to make a cross-gender announcement when entering a housing unit of the opposite gender. Staff members are also required to document their announcements in the housing unit logbook.

§115.17 August 17, 2021, the facility has provided the auditor with documentation addressing the shortcomings in the hiring/approval of contractors in the facility. The required questions and background checks have been added to the contracting process with clearly defined requirements and checks in place to ensure they are completed.

§115.33 On August 17, 2021, the facility provided instituted a process to ensure that all inmates are notified of the zero-tolerance policy and how to report an incident during the intake/booking process. Inmates are also provided a PREA Pamphlet that details ways to report sexual abuse and sexual harassment, both internally and externally, including any phone numbers or addresses they would need to report externally. On August 18, 2021, staff were educated regarding the requirement to make a cross-gender announcement when entering a housing unit of the opposite gender. Staff members are also required to document their announcements in the housing unit logbook.

§115.71 On August 3, 2021, the agency provided a new MOU signed with DHR governing how cases will be resolved when an employee terminates before the investigation has been completed. The VTDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information.

§115.87 On August 12, 2021, the agency complete and publish the 2019-2020 Aggregated Data on the agency website.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

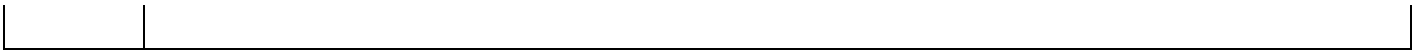
115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 410.01 • Southern State Correctional Facility Local Procedure 11-02 • Vermont Department of Corrections Organizational Chart • Southern State Correctional Facility Organizational Chart <p>2. Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Compliance Manager <p>Finding:</p> <p>The VDOC policy 409.09 addresses the Prison Rape Elimination Act. The agency's policy mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is addressed on page one of the policy. The policy outlines, on pages 2 & 3, how the PREA standards are implemented and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is expected and does follow the department's policy. Interviews were conducted on-site with the PREA Compliance Managers and Superintendent to confirm the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It was clear through the facility walk-through that the facility takes sexual safety seriously through the observation of PREA posters, PREA Newsletters, informational pamphlets, and educational programs. The policy pages 3-8 hold definitions as required by the standard. Sanctions against PREA related incidents are covered in policy 410.01, Facility Rules and Inmate Discipline. PREA policy 409.09 addresses agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. These strategies are covered on pages 2, 3, and 10-23 of policy 409.09. The facility has a designated PREA Compliance Manager and a backup PREA Compliance Manager. The compliance manager showed that she does have sufficient time to coordinate the facility's efforts to follow the PREA standards. As with most governmental agencies, staff members must juggle a plethora of duties and be expected to complete each of the duties in a timely fashion. I saw that the PREA Compliance Manager authority to coordinate the facility's efforts to follow the PREA standards. The required work is being completed, as some PREA related duties are being distributed amongst other staff in the future to aid in the efficiency of the processes. The PREA Compliance Manager serves as the Assistant Superintendent of the facility and has the requisite authority to coordinate the facility's efforts to follow the PREA standards. The PREA Compliance Manager reports directly to the Superintendent of the facility. The agency has a PREA Coordinator and six Compliance Managers as well as a backup Compliance Manager for each facility.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 PREA • Southern State Correctional Facility Pre-Audit Questionnaire • Contract for Housing Inmates, Page 26, Section 4.3 2. Interviews: <ul style="list-style-type: none"> • Agency Contract Administrator <p>Finding:</p> <p>The Vermont Department of Corrections (VTDOC) has contracted with CoreCivic to house inmates on their behalf. The most recent contract was entered on September 17, 2018. The initial term of the contract was two years with the ability to renew for two additional years. The contract requires that the contractor adopt and comply with the PREA Standards, page 26, Section 4.3. The DOC does not have any current contracts for confinement that do not require compliance and adoption of the PREA Standards. The current contract specifies that the Contractor will comply with the PREA of 2003 (28 C.F.R. Part 115, Docket No. OAG-131.RIN 1005-Dated May 17, 2012) as noted on page 10 of the contract, and will adopt all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the Contractor's facilities that house State inmates. State contract monitors have the right to conduct announced and/or unannounced, compliance monitoring to include "on-site" monitoring to ensure that the contractor is following PREA standards. This is standard verbiage for contracts for confinement as established through the Agency's PREA policy 409.09. The contract monitor oversees compliance with all PREA Standards. In interviews with the contract monitor, the contract monitor regularly reviews the contractor and their work as it applied to PREA. The facility had its PREA Audit in June 2021.</p>

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Southern State Correctional Facility Staffing Plan • Annual Reviews of Staffing Plan • Camera Plan <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/ Superintendent • PREA Coordinator • PREA Compliance Manager • Intermediate or Higher-level Facility Staff <p>Finding:</p> <p>The facility has a formalized, written staffing plan that addresses the mandatory elements required by the standard. The staffing plan is reviewed annually for consideration of needs to improve sexual safety in the facility. The facility, in collaboration with the PREA Coordinator, reviews the staffing plan to decide if adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. A copy of the staffing plan analysis was secured during the pre-audit phase. The Southern State Correctional Facility (SSCF) uses overtime collapses not-essential (Housing) posts or uses overtime if needed to maintain minimum staffing levels. Daily reports are used to document any deviations from the staffing plan. An annual review is completed to figure out if adjustments are needed. SSCF officers must complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented in the logbooks as well. The facility has 153 cameras that are checked by control staff to aid in supervision. The cameras record information for up to 30 days depending on the level of motion detected activity. The current storage was around 30 days. There were many blind spots found in the areas where inmates have access. The facility has a revised three-year camera plan to remedy the blind spots. Each area of concern was pointed out and identified by staff during the onsite who had already identified each area of concern in the plan. The facility has requested an increase in the number of cameras in their annual budget request as well as the replacement of many cameras. The work was slated to be done this summer but there are some issues with supply and the project has been postponed until the fall. The facility uses a screening system to identify vulnerable inmates during the initial screening process before placement in a cell. Vulnerable inmates are placed alone in cells adjacent to the officer's desk and extra observation rounds are conducted for heightening security. To verify that intermediate or higher-level supervisors conduct unannounced rounds, I reviewed logbook entries and compared the logbook entries to video footage to verify the rounds were conducted. In interviews with the intermediate and higher-level supervisors, I found that unannounced rounds are conducted sporadically and without warning to the staff. Supervisors vary their routes throughout the facility and never announce that they are making rounds. Rounds were verified for day and night shifts.</p> <p>Best Practice Recommendation:</p> <p>Eliminate all blind spots or areas where inmates and or staff could secret away out of sight. The facility has included a plan for added camera coverage. The work is expected to be completed in the fall of 2021.</p>

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 326.01 • Daily Population Reports 2. Interviews: <ul style="list-style-type: none"> • There is no Line Staff who Supervise Youthful Inmates • There are no Education and Program Staff who Work with Youthful Inmates • There were no Youthful Inmates present during the audit 3. Observations: <ul style="list-style-type: none"> • Reviews of the facility indicate that no juvenile or youthful offenders are housed in the facility. <p>Finding:</p> <p>The facility does not house juvenile offenders. Youthful offenders, if incarcerated, would be housed at the Marble Valley Regional Correctional Facility located in Rutland, Vermont.</p>

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 432.01 • Vermont Department of Corrections Agency Policy 409.01 • Curriculum on Contraband and Searches • Southern State Procedure 04-05, Searches • Academy Curriculum for Searches • Log of Cross-gender Strip Search (none) • Strip Search Memo dated 3.06.2015 2. Interviews: <ul style="list-style-type: none"> • Random Sample of Staff • There were no female inmates present to interview • Transgender Inmate <p>Finding:</p> <p>Policy 409.01 governs pat searches of inmates. Staff would only conduct a cross-gender strip or cross-gender visual body cavity searches of inmates in emergency situations. In the past year, there have been no emergency situations that required cross-gender strip searches. When a female staff member is not available to conduct a pat search, the female inmate is placed in intake under observation until a female staff member can be summonsed to conduct the past search. Facilities are not allowed to conduct pat searches of female inmates absent exigent circumstances. Policy 409.01.01 requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches are documented. I have reviewed documentation of these searches generated from reports in the OMS system, Jail Tracker. Agency policy 409.09 requires staff members of the opposite gender to announce their presence when entering an inmate-housing unit. Interviews with inmates show that staff members do not consistently announce their presence. This was also seen during the on-site review. Inmates confirmed that they can 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. During the facility tour, I saw a shower in the F dorm that allows for observation into the shower. A remedy was discussed with staff.</p> <p>Agency policy prohibits the searching of transgender or intersex inmates for the sole purpose of deciding their genital status. Interviews with staff and inmates verify that this is not being done. I interviewed three transgender inmates to confirm compliance. Staff members were well versed in this policy. The VTDOC uses a Gender Identify Form that all inmates must complete upon admission into the facility. If an inmate's genital status is unknown, the facility decides the genital status through conversations with the inmate, 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. Facility staff members have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. In interviews with staff, I asked staff to explain the process of conducting a cross-gender pat search as well as a search of transgender and intersex inmates. Staff members were well versed in conducting searches in a professional and respectful manner. All cross-gender pat-downs of females would be documented. There were no cross-gender pat searches conducted in the previous twelve months. This facility does not house female inmates but can temporarily hold female inmates until they are transferred to Chittenden.</p> <p><u>Corrective Action Required:</u></p> <p>Make sure that all staff members are announcing themselves when entering a housing unit of the opposite gender.</p> <p>Ensure privacy in all showers.</p> <p>Update: On August 17, 2021, the facility provided photographic evidence of the addition of shower curtains as needed.</p> <p>Update: On August 18, 2021, staff were educated regarding the requirement to make a cross-gender announcement when entering a housing unit of the opposite gender. Staff members are also required to document their announcements in the housing unit logbook.</p>



115.16	Inmates with disabilities and inmates who are limited English proficient
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 962 358" style="list-style-type: none"> <li data-bbox="240 331 962 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1070 734" style="list-style-type: none"> <li data-bbox="284 412 954 439">• Vermont Department of Corrections Agency Policy 409.09 PREA <li data-bbox="284 443 943 470">• Vermont Department of Corrections Agency Policy 371.01 ADA <li data-bbox="284 474 1070 501">• Vermont Department of Corrections Agency Policy 315.02 Foreign Nationals <li data-bbox="284 506 459 533">• ADA Handouts <li data-bbox="284 537 547 564">• Interpreter Access Card <li data-bbox="284 568 770 595">• ADA Training Curriculum from Basic Academy <li data-bbox="284 600 475 627">• Braille Pamphlet <li data-bbox="284 631 635 658">• Southern State Procedure 11-02 <li data-bbox="284 663 759 689">• PREA Brochure/Pamphlet English & Spanish <li data-bbox="284 694 767 721">• PREA Inmate Education/Orientation Materials <li data-bbox="240 766 379 792">2. Interviews: <ul data-bbox="284 846 770 909" style="list-style-type: none"> <li data-bbox="284 846 770 873">• Disabled or Limited English Proficient Inmates <li data-bbox="284 878 555 904">• Random Sample of Staff <li data-bbox="240 936 403 963">3. Observations <ul data-bbox="284 1016 544 1079" style="list-style-type: none"> <li data-bbox="284 1016 459 1043">• Language Line <li data-bbox="284 1048 544 1075">• Braille Pamphlet stored <p data-bbox="240 1106 328 1133">Finding:</p> <p data-bbox="240 1164 1489 1792">According to the interview with the Agency Head, the agency takes proper steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She expounded on the resources that have been made available to inmates. PREA handouts and inmate handbooks are provided in English and Spanish languages. The agency also has a contract for other language interpretations and uses the services when called for. The VTDOC contracts with Purple for interpreters. There are some staff members who speak Spanish and both inmates and staff said inmates are not used as interpreters for issues with sexual abuse and sexual harassment. The facility also has a PREA brochure in Braille if they have a blind inmate. PREA information would be explained to the inmates with low functioning or inability to read by a caseworker and is available through a video as well. The facility does have access to a language line, a TTY machine, Braille handouts and staff are available to explain and educate offenders verbally on a level that they can understand. Two inmates with disabilities or limited English proficiency were interviewed. One inmate said that the staff took extra time to ensure he understood the information. The other inmate said staff did not ensure that he understood the information. A review of that inmate's file revealed that staff did conduct an orientation with him explaining PREA. When interviewed, he was knowledgeable of how to report an incident of sexual abuse or sexual harassment. He answered all questions about sexual safety. He was articulate and understood the rules, therefore, I discounted his statement that staff did not review the materials with him. Agency policy 409.09, page 11, prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or the investigation of the inmate's allegations. Interviews with staff and inmates confirm that the policy is being followed.</p>

115.17	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="282 412 1190 636" style="list-style-type: none"> <li data-bbox="282 412 975 439">• Vermont Department of Corrections (VDOC) Agency Policy 409.09 <li data-bbox="282 443 1190 470">• Vermont Department of Corrections Agency Policy 122.01 Staff Selection and Promotion <li data-bbox="282 474 1082 501">• Vermont Department of Corrections Agency Policy 376.01 Volunteer Services <li data-bbox="282 506 798 533">• Review of Applications of newly hired employees <li data-bbox="282 537 695 564">• Review of files of newly promoted staff <li data-bbox="282 568 842 595">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="282 600 817 627">• Background Checks of Volunteers and Contractors <li data-bbox="240 667 376 694">2. Interviews: <ul data-bbox="282 748 877 806" style="list-style-type: none"> <li data-bbox="282 748 812 775">• Administrative (Human Resources) Staff at Facility <li data-bbox="282 779 877 806">• Administrative (Human Resources) Staff at Agency Level <p data-bbox="240 837 325 864">Finding:</p> <p data-bbox="240 891 1489 1554">Policy 122.01 addresses the hiring, promotion, and discipline of staff and has procedural guidelines that the agency must follow when considering hiring someone. The agency inquires about sexual abuse and sexual misconduct to include the questions detailed in 115.17 (a) in the written application and during the formal interviews. The applicant's responses are recorded and kept in the staff, contractor, or volunteer's file. The Vermont Department of Corrections conducts a reasonable investigation into the background of prospective employees, contractors, and volunteers, who, by the nature of the position to be filled, will have access to sensitive information, facilities, computer systems, clients, detainees, inmates, procedures, and/or reports. To minimize the State's risk exposure, this policy has been established to ensure fair and consistent evaluation. All candidates for full and part-time employment with the VTDOC undergo a comprehensive background investigation prior to being made a final offer. A review of staff and contractor/volunteer files shows that background checks are not always completed prior to hiring or contracting with individuals. The agency inquires if the applicant has ever had an improper relationship with an inmate, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during an investigation about their behavior/actions while employed as a law enforcement officer correctional officer at another location. The agency also inquires what the investigations were about and what is the status of that investigation, and if the applicant has ever been a party to a lawsuit because of their actions in the performance of their job. Interviews with staff showed that they check the VCIC and NCIC III for criminal background checks and check the Sex Offender Registry as part of their background investigations. The agency imposes an affirmative duty for staff to disclose any misconduct. The agency supplies 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 an employee has applied to work. While the policies are in place to conduct background checks and previous misconduct, the facility is not consistently completing each requirement.</p> <p data-bbox="240 1585 635 1612">Corrective Action Recommendation:</p> <p data-bbox="240 1675 1477 1872">Ensure that anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates 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.</p> <p data-bbox="240 1904 1453 1962">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 inmates.</p> <p data-bbox="240 1993 1466 2119">Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.</p>

Perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

Ask all applicants and employees who may have contact with inmates 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.

Update: August 17, 2021, the facility has provided the auditor with documentation addressing the shortcomings in the hiring/approval of contractors in the facility. The required questions and background checks have been added to the contracting process with clearly defined requirements and checks in place to ensure they are completed.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 887 504" style="list-style-type: none"> <li data-bbox="284 409 887 436">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="284 441 603 468">• Schematic of Camera system <li data-bbox="284 472 533 499">• Camera Upgrade Plan <li data-bbox="242 533 376 560">2. Interviews: <ul data-bbox="284 611 592 705" style="list-style-type: none"> <li data-bbox="284 611 443 638">• Agency Head <li data-bbox="284 642 549 669">• Warden/Superintendent <li data-bbox="284 674 592 701">• PREA Compliance Manager <p data-bbox="242 734 325 761">Finding:</p> <p data-bbox="242 790 1493 1120">Interviews with the agency head and warden/Superintendent staff show that consideration is afforded when modifying, expanding, or designing a facility. There have not been any major structural modifications or construction since the last PREA audit. The SSCF has not added any cameras to the video monitoring system since the last audit. The facility has 153 cameras in the facility. Video footage is recorded and kept for approximately thirty days, depending on the activity or movement within the facility. (At the time of the audit there were 28 days of footage stored). The facility uses a combination of standard digital video cameras and pan-tilt-zoom cameras to better monitor the facility. I saw cameras placed throughout the facility consistent with the schematics provided during the facility tour. I also reviewed the cameras to figure out that there are some obvious blind spots. These blind spots have been documented and cameras requested in a camera plan, which is due to be implemented later this year. The facility has well-documented plans for improving the safety of inmates in the facility with the addition and or upgrade and replacement of cameras.</p>

115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1163 768" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 409.08, Crime Scene Preservation • Vermont Department of Corrections Agency Policy 405 Incident Reporting • Incident Reporting Guidance • Southern State Correctional Facility Procedure 11-02, Sexual Abuse Incident • MOU with AHS-IU, now known as DHR-IU • MOU with Vermont State Police • Pre-Audit Questionnaire completed by SSCF • Protocols for responding to Incidents of Sexual Harassment and Sexual Abuse • Uniform Evidence Protocol • LOA with Vermont Network Against Domestic Violence 2. Interviews: <ul data-bbox="284 880 687 1039" style="list-style-type: none"> • SANE/SAFE • Just Detention International • Random Sample of Staff • PREA Compliance Manager • Inmates Who Reported Sexual Abuse <p data-bbox="242 1070 325 1099">Finding:</p> <p data-bbox="242 1126 1490 1789">The agency is responsible for ensuring that administrative and criminal sexual abuse investigations are conducted. The agency shares responsibility for administrative investigations with DHR-IU. Vermont State Police complete all criminal investigations. Facility staff may be involved in conducting some administrative investigations but would never be responsible for conducting an administrative sexual abuse claim. The Department of Human Resources Investigative Unit (DHR-IU) would investigate these cases. The uniform evidence protocol was developed from the DOJ's National Protocol. All victims of sexual abuse have access to forensic medical examinations, at the Springfield Hospital. All victims of sexual abuse have access to forensic medical examinations, at the Springfield Hospital, without financial cost, where evidentiarily or medically appropriate. The Springfield Hospital and Health Center offers specialized emergency nursing care for both adults and child sexual assault victims. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency had documented its efforts to supply SAFEs or SANEs. The facility has an LOA with the Vermont Network against Domestic Violence to supply an advocate when needed. The Vermont Network Against Domestic and Sexual Violence offers SANE nurses who work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. According to the PREA Compliance Manager, the facility contacts a victim's advocate prior to the victim leaving the facility for a sexual assault examination so they are aware that they will be needed at the hospital. The facility documents its efforts to provide a victim's advocate from the Rape Crisis Center to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The agency has asked that the investigating agencies follow the requirements of paragraphs (a) through (e) of section 115.21. The VTDOC has entered an MOU with each of these agencies. Each MOU was signed in 2015.</p>

115.22	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by SSCF • MOU with Vermont State Police • MOU with DHR IU • Investigative Files • Agency Website • Protocols for responding to Sexual Harassment and Sexual Abuse incidents. <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Facility Investigative Staff • DHR-IU Investigative Staff • VSP Investigative Staff <p>Finding:</p> <p>The agency ensures that an Administrative and Criminal investigation is conducted for allegations of sexual abuse and sexual harassment. This is mandated in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The webpage describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at http://doc.vermont.gov/programs/prea/prison-rape-elimination-actprea/. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. There were four cases that needed documentation during this audit cycle. Two cases alleged sexual harassment and two cases alleged sexual abuse. None of the cases required a referral for criminal investigation.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by SSCF • Training Curriculum for PREA in Academy Part I and Part II • Gender, Care and Custody Training • PREA and Staff Sexual Misconduct Curriculum • Review of Staff Training Rosters • Review of Staff Acknowledgements of having received PREA Training • PREA Examinations <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff <p>Finding:</p> <p>VDOC provides all employees PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. Staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plans shows all the required areas are reviewed. A review of staff training files shows that all staff members have been trained. In addition to completing the training, staff members must complete an examination showing their understanding of the training presented. Interviews of staff members demonstrated an understanding of the agency's zero-tolerance policy; the agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired staff receives the first PREA training prior to reporting to duty in the facility. During the interviews with a random selection of staff, I quizzed staff members on a variety of these topics and the staff was able to respond appropriately. The training supplied is specific to the gender of inmates (all genders) the staff will supervise. If a staff member is transferred from another facility, the staff member would appropriately be retrained. There was one staff member transferred from another facility in 2020. Staff receives refresher PREA training every other year. In years in which an employee does not receive refresher training, the agency supplies refresher information on current sexual abuse and sexual harassment policies. The facility supplied verification of training for all staff during the Pre-audit phase. The use of the examinations to determine the staff knowledge exceeds the standards imposed.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by SSCF • Training Curriculum • PREA Training Acknowledgment Forms • Examinations <p>2. Interviews:</p> <ul style="list-style-type: none"> • Contractors and Volunteers who have contact with inmates <p>Finding:</p> <p>Contractors and volunteers at the SSCF are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that they are familiar with the agency's zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment. All Contractors and Volunteers receive extensive training regarding PREA to include testing which far exceeds standard requirements. The agency should be commended for this high level of professionalism and regard for sexual safety in their prisons. The agency also included an examination as part of their testing of understanding. This exceeds the standard imposed. During 2020, very few contractors or volunteers have been allowed into the facility due to the COVID-19 pandemic. Only essential contractors have been permitted into the facility.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Vermont Department of Corrections Agency Policy 409.09
- Pre-Audit Questionnaire completed by SSCF
- Review of Training Curriculum
- Inmate Handbooks
- Inmate Tablets
- PREA Posters
- PREA Newsletters
- PREA Pamphlets/Brochures
- Inmate Acknowledgements of having received training/orientation

2. Interviews:

- Random Sample of Inmates
- Intake Staff
- Caseworkers who conduct training with inmates

3. Observations:

- During the on-site review, the auditor observed PREA posters, signage, pamphlets, and brochures that are readily available in each housing unit.
- The auditor also observed inmate handbooks and tablets that are available to inmates. The tablets also have the inmate handbook and PREA information available. Inmates must periodically review the PREA standard on the tablets to continue the use of the tablets.

Finding:

Most offenders at the SSCF are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment immediately upon entering the facility. The facility disclosed in the PAQ that not all inmates receive this information if the inmate is slated to be transferred or are short-term lodges. This is in violation of the standard. Most offenders are supplied a PREA brochure that details basic PREA standards, as well as a list of resources available to them should they need. Offenders interviewed were familiar with the basics of PREA. Most offenders interviewed were able to articulate how they would report an incident to include reporting to staff, the PREA hotline, by writing Prisoner's Rights, going through a third party, or in writing. Inmates are familiar with available outside resources for dealing with sexual abuse. Offenders have the information at their disposal in the PREA Pamphlets that are given to them at intake. This information is also on the tablets that are available to inmates. Caseworkers provide more in-depth training with the offenders within 28 days of arrival at the facility. This exceeds the 30-day requirement imposed by this standard. The facility provides education through a variety of mechanisms to connect with a broader range of learners. All offenders receive the required training regardless of where they came from being the streets, court, or another facility. The PREA education is available in Spanish, English, and Braille. For offenders with limited reading abilities, vision or hearing problems, caseworkers supply the training in a format that is easily understandable for the offender. If an offender speaks a language other than Spanish or English, a language line interpretation would be supplied for the offender. The facility documents this training and copies of the training are secured in the offender's file or in the OMS. The facility does an excellent job of supplying continuously available resources using posters, PREA Newsletters, and Inmate Handbooks. The facility typically exceeds this standard by educating the inmates within 28 days of entering the facility.

Corrective Action Recommendation:

Ensure that all inmates receive notice of the zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment upon intake of the facility. The standard requires the facility to supply basic, critical information to every inmate upon intake. This information must include some verbal and/or written statement of the facility's no-tolerance policy toward sexual abuse and sexual harassment and clear information about the ways to report sexual abuse and sexual harassment, both internally and externally, including any phone numbers or addresses they would need to report externally. This information is only useful if it is provided in a manner that all inmates receive and understand, and receipt of the information

must be documented for every inmate who enters the facility.

Update: On August 17, 2021, the facility provided instituted a process to ensure that all inmates are notified of the zero-tolerance policy and how to report an incident during the intake/booking process. Inmates are also provided a PREA Pamphlet that details ways to report sexual abuse and sexual harassment, both internally and externally, including any phone numbers or addresses they would need to report externally.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 906 568" style="list-style-type: none"> <li data-bbox="284 409 906 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="284 441 906 468">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="284 472 480 499">• Training Records <li data-bbox="284 504 507 530">• Training Curriculum <li data-bbox="284 535 632 562">• Specialized Training Certificates <li data-bbox="240 600 376 627">2. Interviews: <ul data-bbox="284 678 564 705" style="list-style-type: none"> <li data-bbox="284 678 564 705">• Facility Investigative Staff <p data-bbox="240 734 336 761">Findings:</p> <p data-bbox="240 792 1485 1055">While the more serious Administrative and Criminal investigations would be handled by the DHR-IU or the Vermont State Police, SSCF has six investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence needed to substantiate a case for administrative action or prosecution referral. I have reviewed both the curriculum and the certificates of completion for the training and found them to follow the requirements of this standard. The investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor reviewed a sample of investigative files for completeness and thoroughness.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 906 607" style="list-style-type: none"> <li data-bbox="284 409 906 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="284 441 906 468">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="284 472 906 499">• Sample Training Records <li data-bbox="284 504 906 530">• Training Curriculum <li data-bbox="284 535 906 562">• Specialized Training Certificates <li data-bbox="284 566 906 593">• Contractor Training Records <li data-bbox="242 633 906 660">2. Interviews: <ul data-bbox="284 712 632 739" style="list-style-type: none"> <li data-bbox="284 712 632 739">• Medical and Mental Health Staff <p data-bbox="242 770 336 797">Findings:</p> <p data-bbox="242 826 1485 1086">Agency policy 409.09, page 13, I, C addresses the training of all medical and mental health staff in the PREA standards. I have reviewed the training records of medical and mental health staff that work in this facility and determined that they have received the required training. There are currently thirty-eight medical and mental health practitioners at this facility and 100% of them have completed the required training. Medical staff at SSCF do not conduct forensic medical examinations. All medical and mental health staff receive the training provided to contractors and volunteers in addition to the specialized training provided specifically for medical and mental health staff. Interviews with medical and mental health staff revealed that they have received the training and are aware of the duties required of them if an incident of sexual abuse or sexual harassment presents itself to them.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by SSCF • Completed Risk Screening Tools • Completed Reassessment Tools 2. Interviews: <ul style="list-style-type: none"> • Intake Staff • Staff that complete Risk Screenings • Staff that complete Reassessments • Random Sample of Inmates • PREA Coordinator • PREA Compliance Manager 3. Observations: <ul style="list-style-type: none"> • During the onsite review, I observed the intake area where the Risk screening tool is completed. <p>Finding:</p> <p>Agency 409.09, page 11, section 4 covers the completion of the Sexual Violence Screening during the booking or intake process. I interviewed intake staff, caseworkers, and inmates in order to verify that the Sexual Violence Screening Instrument is being used effectively to determine if inmates have been designated as a victim or a predator in order to help ensure sexual safety of the facility. Inmates indicated that the questions required by this standard are asked upon entry into the facility. All screenings are conducted within 72 hours of intake. The agency utilizes a uniform objective screening instrument to help determine if an inmate is vulnerable or possibly a predator. The objective screening instrument considers each of the required components of this standard. Policy 409.09 mandates a thirty (30) day review of the Sexual Violence Screening Instrument. The auditor verified that the 30-day reviews are completed within 28 days. In addition to the thirty (30) day reviews, staff will reassess an inmate based on a referral, request, an incident of sexual abuse, or upon receiving additional information that may reveal additional insight into the inmate's vulnerability or likelihood of predation. Inmates are never disciplined for failure to respond to the sensitive questions included in the Sexual Violence Screening Instrument. A review of disciplinary and grievance records did not disclose any disciplinary acts for failure to respond to these questions. The agency controls the dissemination of responses to questions on the screening tool within the facility to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. CO II's and higher have access to the Risk Screening Instrument in order to determine housing placement and programming. As part of my review of this standard, I observed a random sampling of inmate files, interviewed intake and caseworker staff and inmates. All interviews confirmed that the screening instrument is being used and that staff members do consider the responses to the instrument when determining the placement of the inmates in the facility. SSCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory in order to house them most appropriately.</p>

115.42	Use of screening information
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1029 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 965 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="279 409 901 571" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections (VTDOC) Policy 432.01 • Pre-Audit Questionnaire completed by SSCF • Documentation of Risk-based housing decisions • Documentation of Reassessments 2. Interviews: <ul data-bbox="279 678 678 840" style="list-style-type: none"> • Staff Responsible for Risk Screening • PREA Coordinator • PREA Compliance Manager • Random Sample of Inmates • Transgender or Intersex Inmate 3. Observations: <ul data-bbox="279 947 1364 1041" style="list-style-type: none"> • Auditor toured all housing units and did not find any housing units dedicated to LGBTQI inmates. • Observation of a Teams Meeting during the on-site to review housing assignments or risk-based housing. • Observation of Showers, housing units, and toilet areas within the facility. <p data-bbox="242 1070 327 1099">Finding:</p> <p data-bbox="242 1128 1492 1892">Interviews with staff and inmates confirm that the risk screening instrument is being used and that staff members are considering the responses to the instrument when determining the placement of the inmates in housing, bed, work, programming, and education assignments. VTDOC goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory in order to house them most appropriately. This program curtails many problems and helps the different disciplinary teams understand the dynamics faced with each decision, especially in regard to determining individualized housing and program assignments helps to ensure the safety of each inmate. The auditor was able to observe a Teams meeting held via video conferencing to experience how risk-based housing decisions are made. The multi-disciplinary team meetings far exceed the standard imposed by the Prison Rape Elimination Act and the facility is commended for going the extra mile in improving sexual safety within the facility. When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates and in making other housing and programming assignments, the agency considers on a case-by-case basis whether the placement would ensure the inmate's health and safety and whether the placement would present management or security problems. The transgender/Intersex inmate's own views with respect to his or her own safety given serious consideration when making SSCF has housed several transgender or intersex offenders in the past 12 months. Interviews with transgender inmates revealed that their own views of their safety are given consideration. Transgender or intersex inmates are permitted to shower alone and they have not been excluded from programming assignments based on their status. Interviews with the PREA Compliance Manager and staff stated they do conduct screenings of transgender/intersex inmates twice a year for any threats to safety experienced by the inmate. There were several Transgender inmates in the facility at the time of the audit. Several transgender inmates had been in the facility long enough to warrant a six-month reassessment. A review of their files indicates that the reassessments were completed. The agency has a policy (432.01) that allows transgender/Intersex offenders the opportunity to shower alone. The agency does not maintain any dedicated units, wings, or facilities to house LGBTQI offenders. VTDOC is not under any court orders, decrees or legal settlements, or judgments to maintain separate wings, facilities, or housing units.</p>

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 432.01 Protective Custody • Vermont Department of Corrections (VTDOC) Policy 432.01 Administrative Segregation • Pre-Audit Questionnaire (PAQ) completed by VTDOC 2. Interviews: <ul style="list-style-type: none"> • Warden/Superintendent • Staff Who Supervise Inmates in Segregation Housing • There were no inmates to interview that had been placed in segregation housing who allege to have suffered sexual abuse. 3. Observations: <ul style="list-style-type: none"> • Reviewed the Segregation Housing Unit during the onsite review. <p>Findings:</p> <p>Agency policy 409.09, page 15, Section C, states that inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. By policy, no inmates are placed in involuntary segregation housing who have reported sexual abuse. If they were, they would be permitted to attend or have access to programs, privileges, education, and work opportunities to the extent possible. Interviews with the Warden/Superintendent a staff who supervises restricted housing units indicate that if the access could not be accommodated, they would document that the opportunities that have been limited; The duration of the limitation; and the reasons for such limitations. In the past 12 months, no offenders were placed in involuntary segregation based on the facility's inability to find alternative housing, therefore no inmates were located to interview for this standard in regard to involuntary segregation. Agency policy 409.09 does require that if the facility had to use involuntary segregation housing it would only be used until an alternative means of separation could be found, never to exceed 30 days. There were no cases of involuntary segregation due to victimization to review for the prior 36 months therefore there was no documentation of the facility's concern for the offender's safety or reasons why no alternative means of separation can be arranged. Policy 409.09, page 16, section 4, C allows for the reviews of status as protective custody are completed after seven days and every 30 days thereafter the initial seven-day period. Staff members interviewed that work segregation housing indicated that the reviews would be conducted according to policy.</p>

115.51	Inmate reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 906 636" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 • Vermont Department of Corrections (VTDOC) Policy 315.02 • Inmate PREA Brochure • Resident Handbooks • PREA Posters • Third-Party Reporting Poster • Just Detention International Posters for Staff and Inmates 2. Interviews: <ul data-bbox="284 745 592 840" style="list-style-type: none"> • Random Sample of Staff • Random Sample of Inmates • PREA Compliance Manager 3. Observations: <ul data-bbox="284 949 1485 1010" style="list-style-type: none"> • The auditor observed PREA Posters, Pamphlets, JDI posters, and PREA Newsletters in all of the housing units toured and in a variety of common areas throughout the facility. <p data-bbox="242 1039 336 1068">Findings:</p> <p data-bbox="242 1095 1485 1756">The agency provides multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, third-party reporting posters throughout the facility. I observed at least one poster in each housing unit and most units also had the PREA Reporting Poster and PREA Newsletters posted. Interviews with a sampling of inmates revealed that inmates are familiar with a variety of ways to report a PREA incident. The information is also readily available in the Resident Handbook and the PREA Pamphlets provided during intake. Inmates were familiar with the mechanisms available for privately reporting a case of sexual harassment or sexual abuse, how to report retaliation, and staff neglect. Most inmates indicated that they would tell an officer or their caseworker. The offenders feel comfortable reporting directly to the officers in this facility. The agency has provided at least one way for an offender to privately report an incident to a public/government or private entity that is not a part of the agency. Offenders may write a letter to the Vermont Agency of Human Services. The mechanism that most offenders referred to is the use of the PREA Reporting line. The messages go to Central Office and are then sent to the facilities to investigate. The reporting line was tested at the facility during the on-site and the auditor received a response within a couple of hours. Agency policy 315.02 addresses Foreign Nationals. The policy requires that inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Interviews with intake staff reveal that they are aware of the policy and directives. Policy 409.09, Page 16, Section 5 addresses reporting. Staff members are mandatory reporters of all incidents of sexual harassment and sexual abuse. Interviews with staff reveal that they are well aware of this requirement. Staff also indicated that they are required to document all complaints in writing. When asked how staff could privately report an incident of sexual harassment or sexual abuse, most staff indicated that they would report the incident directly to their supervisor. They also advised that they could send an email, drop an anonymous note, call or write Vermont Agency of Human Services.</p>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 320.01 Grievances • Vermont Department of Corrections (VTDOC) Interim Revision Memo dated September 2014 • Inmate PREA Brochure • Resident Handbook • Third-Party Reporting Poster <p>2. Interviews:</p> <ul style="list-style-type: none"> • Inmates Who Reported Sexual Abuse <p>Findings:</p> <p>Agency policy 320.01, page 5, section b and Page 8, Section 9, govern the grievance system for sexual abuse claims and specifically emergency grievances. The memorandum that revised the Grievance policy dated 09.23.2014 clarifies that an inmate may file a grievance regarding sexual abuse without a time limitation. The offender is not required to use the formal grievance procedures or to submit a complaint to his/her alleged abuser in order to file a complaint or grievance. The memorandum states that the offender can give the grievance to any staff member. Staff that receives a formal grievance alleging sexual abuse are required to forward it to their supervisor or another supervisor who is not the subject of the alleged abuse. The memorandum requires staff to address the grievance and issue a final determination on the case within 90 days. A 70-day extension can extend the response if needed. The facility received three grievances related to sexual misconduct in the past 12 months. A review of the grievance indicates that grievances are taken seriously and responded to in a timely manner. None of the cases reviewed extended beyond the 90-day limitation. The Central Resident Handbook, page 18, includes information notifying the inmate in writing of any such extension and provides a date by which a decision will be made. The initial response and final agency decision shall document the agency's determination whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance, and the Resident Handbook also includes information regarding how inmates may have assistance in utilizing a third party including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies. The Resident Handbook, pages 19, provides inmates with detailed information regarding filing sexual abuse or sexual harassment-related grievances to include requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance. The handbook also states that emergency grievances will receive a response within 8 hours. The standard required is 48 hours. This far exceeds the standard. Agency policy 320.01 Memo Revision in 14.b addresses the duty to provide an initial response within 48 hours, and that a final agency decision be made within five days. Agency policy allows for disciplinary actions if the grievance was filed only in bad faith. There was one grievance filed where the inmate was disciplined for filing a grievance in bad faith.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by VTDOC • JDI Contract • JDI Letter to Inmates • JDI Letter to Staff • JDI Posters • VTDOC Resident Handbook • SSCF Handbook • Inmate Education Materials • Immigration Information related to PREA <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Selection of Inmates • Inmates who had filed a report of sexual abuse <p>Finding:</p> <p>SSCF provides a victim advocate for any inmate needing to speak with an advocate. Outside advocates are available to all offender victims of sexual abuse. Offenders are provided the names, addresses, and telephone numbers of several advocacy groups in the PREA Pamphlet and in the Resident Handbooks. Information is also posted throughout the facility on posters. Offenders interviewed were familiar with the availability of services and some could actually provide specific names of the agencies. Offenders are aware of where the information is located and how to contact them if needed. Offenders are also provided with immigrant services agencies for persons detained solely for civil immigration purposes. Offenders are afforded access to these services via mail or telephone in as confidential a manner as possible. Page 7 of the Resident Handbook states, "All calls from unit phones are recorded and may be monitored." I interviewed several inmates that had reported sexual abuse. I interviewed Medical and Mental Health staff to determine that they inform inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency has entered into LOAs with the Women's Freedom Center and Just Detention International to provide inmates with emotional support services related to sexual abuse. The LOA with the Women's Freedom Center was signed on April 19, 2021. Just Detention International provides an Inside Line, that is a FREE, unrecorded, unmonitored, anonymous, and confidential sexual abuse and sexual harassment emotional support line for Vermont DOC prisoners. This memorandum was dated January 17, 2020.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 962 358" style="list-style-type: none"> <li data-bbox="240 331 962 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 975 568" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 975 468">• PAQ Completed by Southern State Correctional Facility (SSCF) <li data-bbox="284 472 975 499">• Third-Party Reporting Poster/Signage <li data-bbox="284 504 975 530">• PREA Posters <li data-bbox="284 535 975 562">• Agency Website <li data-bbox="240 600 376 627">2. Interviews: <ul data-bbox="284 678 363 705" style="list-style-type: none"> <li data-bbox="284 678 363 705">• None <li data-bbox="240 734 408 761">3. Observations: <ul data-bbox="284 813 850 840" style="list-style-type: none"> <li data-bbox="284 813 850 840">• Posting of Third-Party Reporting Signage in the facility <p data-bbox="240 869 336 896">Findings:</p> <p data-bbox="240 925 1493 1086">The VDOC has provided a mechanism for third-party reporting. The policy is posted on the DOC website located at http://doc.vermont.gov/programs/prea/prison-rape-elimiation-actprea/. The website also provides a printer-friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff indicate that all third-party reports will be taken seriously and followed up on appropriately. Third-Party Reporting posters/signage were observed throughout the facility to include areas of egress where visitors and attorneys would pass through on a regular basis.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 405 Reporting • PAQ Completed by Southern State Correctional Facility (SSCF) • Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Random Sample of Staff • Warden/Superintendent • PREA Coordinator <p>Findings:</p> <p>Agency policy 409.09, page 9, section b requires all staff, contractors, and volunteers to immediately report 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with a random sample of staff confirm that they are required to report and knowledge, suspicion, or information regarding sexual harassment or sexual abuse, retaliation, or staff neglect. Staff members are familiar that they should not share private information surrounding a claim or incident of sexual harassment or sexual abuse other than disclosing the information to their supervisor(s) or other staff in order to assist in making treatment, investigation, and other security and management decisions. Interviews with Medical and Mental Health staff revealed that apart from reporting to designated supervisors or officials, medical and mental health staff refrain 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 unless prevented by Federal, State or local law. While the facility does not house offenders under the age of 18, if they were to have a vulnerable adult in the facility that claimed sexual harassment or sexual abuse, they would be required to report the allegation, including third-party and anonymous reports, to the facility's designated investigators. A review of Investigative reports reveals that the agency investigates reports made by third-party or anonymous complainants.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1102 568" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 410.05 Protective Custody • PAQ Completed by Southern State Correctional Facility (SSCF) • Vermont Department of Corrections (VTDOC) Policy 320.01 • Inmate Grievances Memo 2. Interviews: <ul data-bbox="284 678 555 772" style="list-style-type: none"> • Agency Head • Warden/Superintendent • Random Sample of Staff <p data-bbox="242 801 336 828">Findings:</p> <p data-bbox="242 860 1493 1120">Agency policy 409.09, page 2, number 2 requires staff to take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse. Interviews with staff indicated that staff members are cognizant of their duties to protect all inmates, especially those that are at risk of imminent sexual abuse. Staff interviewed stated they would take every precaution necessary to protect the individual by separating them from the potential abuser, maintaining a visual on the individual, and contacting their supervisor in order to make more permanent arrangements in protecting the individual. There were no cases where inmates were identified as a substantial risk of imminent sexual abuse. I interviewed a random sample of staff as well as the Warden/Superintendent to verify that offenders at imminent risk of sexual abuse would be protected in order to prevent the abuse from happening.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 353" style="list-style-type: none"> <li data-bbox="242 329 959 353">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 975 501" style="list-style-type: none"> <li data-bbox="284 409 975 434">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 439 975 463">• PAQ Completed by Southern State Correctional Facility (SSCF) <li data-bbox="284 468 975 501">• Review of Investigative Reports <li data-bbox="242 533 379 557">2. Interviews: <ul data-bbox="284 611 555 703" style="list-style-type: none"> <li data-bbox="284 611 555 636">• Agency Head <li data-bbox="284 640 555 665">• Warden/Superintendent <li data-bbox="284 669 555 703">• Random Sample of Staff <p data-bbox="242 734 336 759">Findings:</p> <p data-bbox="242 790 1489 1050">Agency policy 409.09, page 17, b, ii, requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the Superintendent confirm that the standard policy would be to notify the other superintendent directly to report an incident. There were no cases reported at SSCF that required reporting to another facility in the past 12 months. If the facility is the recipient of such a claim, the case is investigated in accordance with the PREA standards. No cases were reported to the SSCF in the past 12 months from another facility.</p>

115.64	Staff first responder duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="282 409 1062 602" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting • Investigations Directive • Guidance Procedures for Investigations • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Incident Protocols <p data-bbox="242 631 378 660">2. Interviews:</p> <ul data-bbox="282 712 686 806" style="list-style-type: none"> • Random Sample of Staff • Security Staff and First Responders • Inmates Who Reported Sexual Abuse <p data-bbox="242 835 336 864">Findings:</p> <p data-bbox="242 893 1493 1655">The agency has a policy 409.09, page 17, Section a, which provides protocols for responding to allegations of sexual abuse. In fact, they have developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Inmate on Inmate Sexualized behavior (not mandated to be tracked, but the VTDOC does track this valuable information), Inmate on Inmate Sexual Harassment, Inmate on Inmate Sexual Abuse, Inmate on Inmate Sexual Abuse Penetration, Staff on Inmate Voyeurism, Indecent Exposure, Sexual Harassment, and Staff on Inmate Sexually abusive Penetration/Contact. The policy and protocols require that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim 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, the first security staff member to respond to the report 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. Interviews with a random sampling of staff revealed that security staff members are very proficient with these requirements. There were no cases reported in the twelve months reviewed that potentially allowed for the collection of physical evidence and in each case. If reported timely, the staff would request that the victim and abuser refrain from washing, brushing, going to the restroom, showering, etc. Agency policy 409.09 requires that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Non-security staff (caseworkers, medical and mental health staff) interviewed were cognizant of their duty to request the victim and abuser to not take any actions that could destroy physical evidence and notify security staff. There were no sexual abuse cases in the past 12 months where an allegation was reported to a non-security staff member.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="229 318 1509 640" style="list-style-type: none"> <li data-bbox="229 318 1509 524">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="277 407 1011 506" style="list-style-type: none"> <li data-bbox="277 407 1011 439">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="277 439 1011 470">• PREA PAQ Completed by Southern State Correctional Facility (SSCF) <li data-bbox="277 470 1011 506">• SSCF Procedure 11-02 Coordinated Response Plan <li data-bbox="229 524 1509 640">2. Interviews: <ul data-bbox="277 609 549 640" style="list-style-type: none"> <li data-bbox="277 609 549 640">• Warden/Superintendent <p data-bbox="229 663 341 694">Findings:</p> <p data-bbox="229 721 1490 931">The facility has a written institutional response 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. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse. Interviews with the Warden/ Superintendent, investigators, medical/mental health, and PREA Manager confirm that there is a coordinated response plan for the facility. The Coordinate Response Plan is documented in SSCF 11-02.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Collective Bargaining Agreement Effective July 1, 2020-June 30,2022 2. Interviews: <ul style="list-style-type: none"> • Agency Head <p>Findings:</p> <p>The agency has entered a collective bargaining agreement with the Vermont State Employee's Association, Inc. The contract, Effective July 1, 2020 — Expiring June 30, 2022, does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. I interviewed the Agency Head and confirmed that the agency has entered a collective bargaining agreement with the Vermont State Employee's Association, Inc. A copy of the agreement, effective July 1, 2020, and expiring June 20, 2022, was provided to the auditor for review during the pre-audit phase. Article 14, Disciplinary Action, within the agreement covers the agency's right to remove alleged staff abusers from contact with inmates pending the outcome of an investigation.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Retaliation Monitoring Form • Investigative Files • Southern State Correctional Facility Procedure 11-02 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent • Retaliation Monitor • There Were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) • Inmates Who Had Reported Sexual Abuse <p>Findings:</p> <p>Agency policy 409.09, Page 2, Section 3 states that staff members are charged with protecting inmates from retaliation. Interviews with a random sample of staff ensured familiarity with this standard. The facility has designated the caseworkers as the Retaliation Monitors for SSCF. The agency has also created a Retaliation Monitoring Form to use to assist the monitor in keeping track and notes of the monitoring. The agency employs multiple protective measures, to protect victims from abusers to include housing changes, transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head/Director, Warden/Superintendent, and Retaliation Monitor all conclude that the facility will take a variety of measures to protect the victim from their abuser. I reviewed investigative files of incidents where the victims were protected from potential retaliation. Agency policy mandates that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The facility monitors inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. I have reviewed investigative files and determined that the facility does monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor also indicate that monitoring may continue as needed to protect the victim.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Restrictive Housing Memo 410.06 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Staff that work Segregation Housing • There were not Inmates Placed in Segregation Housing to interview <p>Findings:</p> <p>Agency policy 409.09, page 15, section C states that Inmates that have been designated as vulnerable shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four hours while completing the assessment. During the past 12 months, there were no victims placed in involuntary segregation housing. I was unable to locate any offender victims that had been placed in segregation housing unless they had requested. I did tour the facility. There were no inmates in segregation at the time of the audit who had reported sexual abuse.</p>

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline
- Vermont Department of Corrections (VTDOC) Policy 126
- PREA PAQ Completed by Southern State Correctional Facility (SSCF)
- MOU with AHSIU/ now known as DHR-IU
- MOU with Vermont State Police (VSP)
- Investigations Flowchart
- Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting Incident Protocols
- Vermont Department of Corrections (VTDOC) Policy 409.08 Crime Scene Preservation
- Vermont Department of Corrections (VTDOC) Policy 434 Investigations
- Sample Investigative Reports

2. Interviews:

- Warden/Superintendent
- PREA Coordinator
- PREA Compliance Manager
- VTDOC Investigative Staff
- DHR IU Investigative Staff
- VSP Investigative Staff

Finding:

The VTDOC has the policy to investigate all crimes related to sexual abuse and sexual harassment in their facilities. Policy 409.09, Page 1, paragraph 3, states that the VDOC will respond to, investigate, and support the prosecution of sexual abuse within Vermont's correctional system and externally in partnership with law enforcement. The system that has been established for conducting investigations is fairly simple in that VDOC conducts inmate-on-inmate sexual harassment investigations, DHR-IU conducts administrative investigations involving staff and the Vermont State Police conducts criminal investigations. Interviews with VTDOC investigative staff indicate that all incidents are taken seriously and investigated according to policy and procedure. Investigations are conducted promptly, thoroughly, and objectively. Reports received from third parties or anonymous sources are investigated. The VTDOC policies state that Administrative investigations will be conducted by the Agency of Human Services Investigative Unit (AHS- IU)/now known as DHR IU and all criminal cases are investigated by the Vermont State Police. In interviews with DHR-IU, I discovered that once an employee terminates they stop their investigation. They do not document the investigation in a report unless it was already written before the employee terminates. According to DHR IU investigators, the case is remanded to the VTDOC to complete the investigation. This goes against the MOU previously signed with AHS IU. DHR IU investigators informed me that when they were shifted from AHS-IU to DHR-IU their role changed and they no longer complete the investigations if the employee leaves the employment of the State of Vermont. If the employee tries to be rehired, the case would be reopened. This is a violation of this standard. DHR- IU states the case is remanded to the VTDOC to complete, but evidence has shown that this can take a month or more to happen. In one case reviewed, the DHR-IU declined to investigate an incident and the case was referred back to the VTDOC to investigate. The case was over 30 days old, which limited the preservation of additional video footage that would have been available in the case had been more thoroughly investigated when the case was initially received. Some witnesses may no longer be in custody or located once released from prison. This has been problematic when DHR IU does not request video footage or other time-sensitive physical evidence. Most video recordings in VDOC facilities are only preserved for 30 days. If the facility is not aware of the location or a change of location in an investigation, the video evidence can be overwritten and may no longer be available. If DHR IU decides they are not going to conduct the investigation and the case is returned to the VDOC to investigate, the evidence, which could have been preserved may no longer be available. This could have a profound effect on the outcome of the investigation. Oftentimes, the only evidence available is video recordings or testimonial evidence of witnesses These must be secured and preserved as quickly as possible to preserve all available evidence. SSCF facility has six trained investigators to conduct sexual abuse or sexual harassment investigations. These investigators have received the required specialized training for conducting investigations in a confinement setting. I interviewed a sampling of the investigators from the VTDOC, DHR IU, and VSP and reviewed their training records for compliance with this standard. Investigators are trained to gather and preserve direct and circumstantial evidence, including

any available physical and DNA evidence and any available electronic monitoring data; they can interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. If an incident appears to be criminal in nature, the case is forwarded to the Vermont State Police (VSP) for investigation. The VSP will refer cases for prosecution when warranted. The facility will not conduct compelled interviews. These interviews would be conducted by the VSP. Investigators assess the credibility of the witness on an individual basis. Investigators use the standard preponderance of the evidence when considering or weighing the evidence in a case. The investigators do not utilize a polygraph or other truth-telling devices in sexual abuse or sexual harassment investigations. I interviewed inmates at the facility that had reported sexual abuse. Administrative investigations are not always documented by DHR IU. DHR IU will stop investigating when an employee terminates. They do not always include an analysis of whether staff actions or failure to act contributed to the incident. The VTDOC entered into an MOU with the AHSIU/ DHR IU in February 2015 that provides for the retention of these files. This is documented in the MOU, Page 2, section f. Interviews with VTDOC and VSP investigative staff confirmed that investigations will continue even upon the departure of the alleged abuser or victim from the employment or control of the facility or agency. . The MOU with AHS-IU/DHR-IU, page 2, section g states, "If the alleged abuser is terminated from employment or released, AHS IU will continue the investigation." All criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. All substantiated allegations of conduct that appear to be criminal are referred for prosecution by the VSP. All written reports referenced in paragraphs (f) and (g) of this section are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Agency Head, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all confirmed in interviews that when AHS-IU/DRH-IU or VSP is investigating on their behalf, they will cooperate fully to ensure the investigative entity has access as needed and attempt to remain informed about the progress and status of the investigation.

Corrective Action Recommendation:

All cases must be investigated and documented. It appears as though DHR-IU does not follow the MOU originally signed in 2015 with AHS-IU. This needs to be rewritten, modified, or abandoned for the VTDOC to ensure all incidents of sexual abuse or sexual harassment are thoroughly investigated and documented to the standard imposed by the Prison Rape Elimination Act. The VTDOC could try to preserve all video footage that they have knowledge of being evidence, but there is no guarantee that all areas are being preserved unless they are more involved in the investigation itself.

Update:

On August 3, 2021, the agency provided a new MOU signed with DHR governing how cases will be resolved when an employee terminates before the investigation has been completed. The VTDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • MOU with AHS-IU/ Now known as DHR-IU • MOU with Vermont State Police(VSP) <p>2. Interviews:</p> <ul style="list-style-type: none"> • VTDOC Investigative Staff • DHR IU Investigative Staff • VSP Investigative Staff <p>Findings:</p> <p>Agency policy 409.09, page 4, footnote 6, states that incidents are substantiated if it is proven by the preponderance of the evidence. This was confirmed in interviews with Investigative Staff and through the review of investigative files. Interviews with investigative employees confirm the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All 2020 investigative files reviewed were compliant.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1010 638" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1010 468">• PREA PAQ Completed by Southern State Correctional Facility (SSCF) <li data-bbox="284 472 483 499">• MOU with AHSIU <li data-bbox="284 504 687 530">• MOU with Vermont State Police(VSP) <li data-bbox="284 535 624 562">• Inmate Victim Notification Form <li data-bbox="284 566 628 593">• Sample of Investigative Reports <li data-bbox="284 598 683 624">• Completed Inmate Notification Forms <li data-bbox="240 667 379 694">2. Interviews: <ul data-bbox="284 745 549 806" style="list-style-type: none"> <li data-bbox="284 745 549 772">• Warden/Superintendent <li data-bbox="284 777 488 804">• Investigative Staff <p data-bbox="240 835 336 862">Findings:</p> <p data-bbox="240 891 1493 1520">The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are notified in a timely manner. When the agency does not conduct the investigation themselves, they do request that the investigative agency notify them of the outcome or status of the case. A review of the case files revealed that notices in files. When an inmate departs the facility prior to the completion of the investigation, the facility attempts to notify the victim of the outcome of the case. When the agency does not conduct the investigation into an inmate's allegation of sexual abuse in the facility, the agency requests the relevant information from the investigative agency in order to inform the inmate. A review of investigative case files indicates attempts to follow up with investigators. The agency policy 409.09 requires that inmates are notified if following an inmate's allegation that a staff member has committed sexual abuse against the inmate, (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I reviewed investigative files that met this requirement and the appropriate notice was given to the victims. Agency policy 409.09 requires that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently must 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative files indicates that this is the practice at the facility. The facility documents notices in writing to alleged sexual abuse victims.</p>

115.76	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Investigations Flowchart • Vermont Department of Corrections(VTDOC)Policy 126 Dated 2.22.15 • Review of Personnel Files • Southern State Procedure 11-02 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Investigative Staff <p>Findings:</p> <p>According to agency policy 126, page 2, paragraph 3, agency staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 126, Page 2, paragraph 3 states, "...Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." There were no disciplinary actions to review of staff related to an incident of sexual abuse or sexual harassment at this facility in the past year. All disciplinary sanctions imposed 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. 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, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, no cases where staff should have been reported to law enforcement or to the relevant licensing body. There is one case that has not been resolved that could require notice to a licensing body if found to be substantiated.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Vermont Department of Corrections (VTDOC) Policy 126 Sexual Misconduct with Offenders • Vermont Department of Corrections (VTDOC) Policy 376.01 Volunteer Services Management <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent <p>Findings:</p> <p>Any contractor or volunteer who engages in sexual abuse is prohibited from contact with an inmate is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency Directive 376.01 treats all volunteers as employees of the state and the same rules govern the volunteers as staff. Contractors and volunteers who engage in sexual abuse are prohibited from future contact with inmates. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. There were no incidents reported involving a contractor in the past 12 months. An interview with the Warden/ Superintendent revealed that it is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation related to sexual harassment or sexual abuse.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="284 409 1267 568" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing • Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline • Investigative Files <p data-bbox="242 598 376 627">2. Interviews:</p> <ul data-bbox="284 678 628 739" style="list-style-type: none"> • Warden/Superintendent • Medical and Mental Health Staff <p data-bbox="242 768 336 797">Findings:</p> <p data-bbox="242 826 1493 1386">Agency policy 410.01 governs inmate discipline. The policy states that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the twelve months of the review, there were no administrative allegations of inmate-on-inmate sexual abuse. There were no criminal cases of inmate-on-inmate sexual abuse. A review of investigative and disciplinary reports indicates sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and sanctions for comparable offenses committed by other inmates with similar histories. An inmate's mental disability would be considered when determining what sanctions to impose. The facility offers a variety of therapeutic services to abusers in order to address and correct underlying reasons or motivations for the abuse. The facility does not mandate participation in the therapy as a prerequisite to participate in facility programming. Services offered are Mental Health and Risk Reductions courses. The facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no inmate disciplinary actions to review where inmates sexually abused staff without consent. If an offender files a report in good faith the offender will not be disciplined for falsely reporting the incident. The VTDOC prohibits all sexual activity between inmates and may discipline inmates for such activity. The agency does not deem the activity to constitute sexual abuse if it determines that the activity is not coerced. This information was collaborated through a review of the Resident Handbook, facility rules, and the Inmate Discipline policy. SSCF provided the auditor with four investigative case files for review. None of these cases were pertinent to this provision.</p>

115.81	<p>Medical and mental health screenings; history of sexual abuse</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Medical and Mental Health Secondary Records that Document Compliance <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Inmates who Disclose Sexual Victimization at Risk Screening • Staff Responsible for Risk Screening <p>Findings:</p> <p>The VTDOC has contracted with Vital Core Health Strategies health care provider to review the screening instrument and if an offender says that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. A review of offender files shows that all follow-up meetings were offered in less than 14 days. Interviews with Medical and Mental Health providers support the limitation of fourteen days. There were not any Medical and Mental Health Secondary Records that Document Compliance to review. I did review the inmate files that indicated they were seen by Mental Health. Inmates that had prior victimization were interviewed to determine that they were seen by Mental Health. The staff that conducts the screening states that a follow-up meeting would be requested at once. The intake officers complete the Risk Screening Instrument at the facility. Likewise, if an offender risk screening shows that an offender has a history of being an abuser, they are offered a follow-up meeting with mental health within 14-days. The healthcare provider reviews inmate screening instruments to decide if an offender had indicated that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. The staff ensures that inmates are provided a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Discussion around sexual violence is part of the intake process with medical staff. Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Security staff members have access to this information on a need-to-know basis to assist in determining housing assignments, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with Medical and Mental Health staff confirm that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. This facility does not house inmates under the age of 18.</p>
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115.82	<p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • PREA Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Inmates who Disclose Sexual Victimization at Risk Screening • Staff Responsible for Risk Screening/ Intake Joint effort <p>Finding:</p> <p>According to medical and mental health practitioners, inmate victims of sexual abuse receive prompt, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are according to their professional judgment. The VTDOC has established a working relationship with local hospitals to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. VTDOC protocols call for contacting the receiving hospitals in advance to ensure a SANE will be made available and to request a victim's advocate be provided upon arrival. Locally, Springfield supplies a SANE as needed. The SANE nurses work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. If a SANE is not available the victim would be sent to Dartmouth-Hitchcock Medical Center. Interviews with Medical and Mental Health staff show that the services provided are in accordance with their professional judgment. Facility protocols for responding to a sexual abuse incident mandate that security staff first responders immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse, while incarcerated, are offered prompt information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This service is provided at the local hospital when the inmate victims go in to see the SANE. All inmate victims receive medical services without incurring any expense whether they cooperate in the investigation or not.</p>
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115.83	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • PREA Incident Protocols • Medical Records <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Inmates Who Reported Sexual Abuse <p>Findings:</p> <p>The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This collaborated through observation of facility programs that deal specifically with domestic violence and sexual abuse and thorough review of resources made available to inmate victims. The evaluation and treatment of 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. These services are consistent with the community level of care. SSCF is considered a Male only facility. However, they do occasionally hold females in intake until they can be transferred to Chittenden. Female victims of sexual abuse would be supplied prompt and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatment services are 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 facility, functioning as a prison, does conduct a mental health evaluation of all convicted known inmates-on-inmate abusers with 60 days of learning of the sexual abuse history and offers treatment when thought appropriate. Both Medical and Mental Health professionals interviewed confirmed that inmate victims receive the care needed within this standard.</p>
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115.86	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1010 537" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Sexual Abuse Incident Review Team Report Form (SART) • Sample of Investigative Reports 2. Interviews: <ul data-bbox="284 645 630 772" style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team <p data-bbox="242 801 336 831">Findings:</p> <p data-bbox="242 860 1485 1485">The agency has a policy, 409.09, page 23, the second paragraph to conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. All Incident Reviews were completed within the required 30 days of the close of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. In the files reviewed, the team includes include upper-level management front-line supervisors, investigators, and medical or mental health practitioners. The agency has created an Incident Review Form to ensure the required elements are being reviewed. The elements include (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 facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To decide compliance with this standard, I interviewed the PREA Compliance Manager, Medical, Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent. I reviewed all PREA related Investigative files and observed completed Incident Review Team forms.</p>

115.87	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="284 409 1010 607" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Vermont Department of Corrections PREA Webpage • OMS PREA Categories for Classifying Incidents • SSV Reports to Department of Justice • Aggregated Data <p data-bbox="242 633 376 663">2. Interviews:</p> <ul data-bbox="284 712 630 875" style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team • Agency Contract Monitor <p data-bbox="242 902 336 931">Findings:</p> <p data-bbox="242 958 1493 1458">The Vermont Department of Corrections, policy 409.09, details the standardized definitions on pages 3-8. The agency collects uniform data of each allegation within the agency, including contracted facilities. Page 22 of the policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VTDOC follows the SSV as guidance for the collection of proper data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked to answer all questions on the Survey of Sexual Violence by the Department of Justice. The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that houses inmates on their behalf. The VTDOC is supplied with a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and checked. The reports are then provided to the PREA Director for the VTDOC who compiles the annual reports for the agency. The report for 2020 has been completed and posted on the website. The contracted agency aggregated reports are posted publicly on the VTDOC webpage. I reviewed the 2019 aggregated reports as well as the annual reports generated by the VTDOC.</p> <p data-bbox="242 1485 635 1514">Corrective Action Recommendation:</p> <p data-bbox="242 1541 798 1570">Complete and publish the 2019-2020 Aggregated Data.</p> <p data-bbox="242 1597 323 1626">Update:</p> <p data-bbox="242 1653 1350 1682">On August 12, 2021, the agency complete and publish the 2019-2020 Aggregated Data on the agency website.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1417 539" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1011 468">• PREA PAQ Completed by Southern State Correctional Facility (SSCF) <li data-bbox="284 472 1417 499">• Vermont Department of Corrections PREA Webpage (https://doc.vermont.gov/prison-rape-elimination-act-prea) <li data-bbox="284 504 533 530">• Annual PREA Reports <li data-bbox="242 566 379 593">2. Interviews: <ul data-bbox="284 645 592 741" style="list-style-type: none"> <li data-bbox="284 645 443 672">• Agency Head <li data-bbox="284 676 496 703">• PREA Coordinator <li data-bbox="284 707 592 734">• PREA Compliance Manager <p data-bbox="242 768 336 795">Findings:</p> <p data-bbox="242 824 1497 1155">Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house inmates. The VTDOC has six state prisons and contracts with a private company to house some inmates out of state. The VTDOC has constructed a written analysis of the data from 2016, 2017, 2018, 2019, and 2020 comparing and analyzing if there are areas of concern that should be addressed to further improve sexual safety in the facilities. The data is specifically reviewed to decide if any problem areas within the facilities should be addressed to curtail abuse if corrective action is called for and reviewing each facility's aggregated data as well as the agency on an annual basis. Once the annual aggregated reports are complete, the agency head approved the report by signature, and the reports are posted on the agency webpage at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. The agency has not had to redact any material from an annual report but would if necessary, curtail any threat to the safety and security of a facility. I have reviewed all reports posted on the VTDOC webpage from 2011-2020.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 962 358" style="list-style-type: none"> <li data-bbox="242 331 962 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1067 568" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1067 468">• Vermont Department of Corrections (VTDOC) Policy 252 Records Retention <li data-bbox="284 472 1011 499">• PREA PAQ Completed by Southern State Correctional Facility (SSCF) <li data-bbox="284 504 834 530">• Vermont Department of Corrections PREA Webpage <li data-bbox="284 535 533 562">• Annual PREA Reports <li data-bbox="242 600 376 627">2. Interviews: <ul data-bbox="284 678 592 772" style="list-style-type: none"> <li data-bbox="284 678 445 705">• Agency Head <li data-bbox="284 710 496 736">• PREA Coordinator <li data-bbox="284 741 592 768">• PREA Compliance Manager <p data-bbox="242 801 336 828">Findings:</p> <p data-bbox="242 857 1489 1086">The VTDOC has several safeguards in place to securely retain PREA related data. In addition to having an information security policy that addresses access, systems, and use, the agency requires that desktop computers require a password, and all mobile devices are needed to keep a strong password. Passwords must be updated periodically as required by agency policy. The agency makes available the aggregated data to the public on their website. The data from contracted facilities are also available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA related data will be kept for at least 10 years after the date of the first collection unless Federal, State, or local law requires otherwise.</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Southern State Correctional Facility (SSCF) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • None <p>Findings:</p> <p>The VTDOC operates six state prisons and has completed all cycle one and Cycle two audits of their facilities. This is the first audit conducted in year two of the third cycle. The agency has a plan in place to ensure the standard of one-third of all facilities operated are audited annually. I have seen the PREA Final reports that were posted on the agency's webpage. Inmates interviewed said that the Notices of audit had been up for at least six weeks. The auditor was afforded full access to all areas of the audited facility. A thorough on-site review of the facility was conducted on the first day of the audit. The auditor requested and received a plethora of documents from the agency and facility in order to properly triangulate the data and evidence of compliance. All interviews of staff and inmates were completed in a private area. Staff interviews were conducted in a conference room, which afforded great privacy. Inmate interviews were conducted in private offices or program offices. During the onsite review, the auditor saw Notices of Audit that were provided to the facility in all housing units, common areas, attorney's booths, visitation, lobby, and other locations throughout the facility. The Notices of Audit were displayed in both English and Spanish. Inmates interviewed confirmed that the notices had been displayed for at least 90 days. The facility provided the auditor with photographic proof of the postings on April 17, 2021. The auditor did receive a letter of correspondence from an inmate at this facility prior to the audit. The inmate was interviewed during the on-site review.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1038 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 975 358" style="list-style-type: none"> <li data-bbox="240 331 975 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 409 1011 539" style="list-style-type: none"> <li data-bbox="280 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="280 441 1011 468">• PREA PAQ Completed by Southern State Correctional Facility (SSCF) <li data-bbox="280 472 836 499">• Vermont Department of Corrections PREA Webpage <li data-bbox="280 504 533 530">• Annual PREA Reports <li data-bbox="240 566 379 593">2. Interviews: <ul data-bbox="280 645 363 672" style="list-style-type: none"> <li data-bbox="280 645 363 672">• None <p data-bbox="240 701 336 728">Findings:</p> <p data-bbox="240 757 1477 853">I have observed the PREA Final reports that were posted on the agency's webpage. The agency completed audits for all facilities in Cycle One and Cycle Two. One-third of their facilities were audited in year one of the third audit cycle. This is year two of the audit cycle and the agency has had two facilities audited this year.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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 inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates 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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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 inmates 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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	no
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	no

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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 victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	na
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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 inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate'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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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
	Does the agency always refrain from requiring an inmate 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate 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
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain 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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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 inmate disciplinary reports?	yes
	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 inmate housing changes?	yes
	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 inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes
	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 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate 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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
115.88 (b)	Data review for corrective action	
	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?	no
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes

Transmittal of External Audit Report

Instructions: Per Department of Finance & Management Policy #7.0: **External Audit Reports**, departments are required to complete and submit this **coversheet** with a copy of the external audit report to the Commissioner of Finance & Management within 30 days of issuance of the final audit report. This coversheet must be submitted by the department's business office to ensure their awareness and acknowledgment of any potential financial impact. Official department responses to the audit report, including corrective action plans (*if required*), must also be submitted to Commissioner of Finance & Management upon completion.

Department	DOC/Northwest State Correctional Facility
Business Office Contact	Kristin Calver
Program/Activity Audited	Prison Rape Elimination Act (PREA)
Audit Agency	DOC Contractor/Melinda Allen
Audit Report Date	10/06/20

1. Does the audit report contain any findings or recommendations?

YES
 NO

➤ If YES continue to question #2; otherwise coversheet is complete.

2. Does the report contain any repeat audit findings?

YES
 NO

3. Please rate the findings and/or recommendations contained in the audit report using the following scale; for reports with multiple findings, this overall rating should be based on the most critical finding:

Insignificant: Nominal violation of policies, procedures, rules, or regulations. Corrective action suggested but not required.

Notable: Minor violation of policies, procedures, rules, or regulations and/or weak internal controls; and/or opportunity to improve effectiveness and efficiency. Corrective action may be required.

Significant: Significant violation of policies, procedures, rules, regulations or laws; and/or poor internal controls; and/or significant opportunity to improve effectiveness and efficiency. Corrective action required.

Major: Major violation of policies, procedures, rules, regulations or laws; and/or unacceptable internal controls; and/or high risk for fraud, waste or abuse; and/or major opportunity to improve effectiveness and efficiency. Immediate corrective action required.

4. Is the department required to develop a corrective action plan (or similar) to address the audit findings and/or recommendations?

YES
 NO

➤ If YES continue to next question; otherwise skip to question #8.

Transmittal of External Audit Report

5. Has the corrective action plan been developed?

YES NO [provide status below]

❖ Status of corrective action plan: Corrective action completed September 24, 2020. 7 Standards that originally did not meet the standard are now in compliance.

6. Does the department anticipate any inability or delay in implementing its corrective action plan?

YES NO,

➤ If YES continue to next question; otherwise skip to question #8.

7. What fiscal and programmatic impact is this inability or delay likely to have?

none

8. Does the report contain any disallowed costs¹?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise skip to question #11.

Disallowed Amount \$	Audit Report Page #

Disallowed Amount \$	Audit Report Page #

9. Has the method and timing of repayment for all disallowed costs been agreed upon with the applicable organization?

YES NO

10. Assess the impact this disallowance will have on the:

- a. Program/Activity: Major Significant Minimal None
 b. Dept Overall Budget: Major Significant Minimal None

11. Does the report contain any questioned costs²?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise form is complete.

Questioned Amount \$	Audit Report Page #

Questioned Amount \$	Audit Report Page #

12. Assess the likelihood that the questioned costs will result in disallowances and/or reductions in future revenues:

Very Likely Likely Somewhat Likely Not Likely

¹ Costs determined as unallowable under the applicable program/activity and not eligible for financial assistance; generally disallowed costs must be reimbursed to the awarding organization.

² Costs identified as potentially unallowable for financial assistance under the applicable program/activity.

PREA Facility Audit Report: Final

Name of Facility: Northwest State Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 04/08/2020

Date Final Report Submitted: 10/06/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Melinda Allen	Date of Signature: 10/06/2020

AUDITOR INFORMATION	
Auditor name:	Allen, Melinda
Email:	preaaudit@gmail.com
Start Date of On-Site Audit:	02/26/2020
End Date of On-Site Audit:	02/28/2020

FACILITY INFORMATION	
Facility name:	Northwest State Correctional Facility
Facility physical address:	3649 Lower Newton Road, Swanton, Vermont - 05488
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Scott DuBois
Email Address:	
Telephone Number:	8025274347

Warden/Jail Administrator/Sheriff/Director	
Name:	Michael Beyor
Email Address:	Michael.Beyor@vermont.gov
Telephone Number:	(802) 527-4358

Facility PREA Compliance Manager	
Name:	Scott Dubois
Email Address:	scott.dubois@vermont.gov
Telephone Number:	M: (802) 524-4347

Facility Health Service Administrator On-site	
Name:	Amy Kelley
Email Address:	akelley@TeamCenturion.com
Telephone Number:	(802) 527-0765

Facility Characteristics	
Designed facility capacity:	247
Current population of facility:	219
Average daily population for the past 12 months:	220
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	Adult
Facility security levels/inmate custody levels:	Medium/Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	142
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	30
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	86

AGENCY INFORMATION	
Name of agency:	Vermont Department of Corrections
Governing authority or parent agency (if applicable):	Vermont Agency of Human Services
Physical Address:	NOB 2 South, 280 State Drive, Waterbury, Vermont - 05671
Mailing Address:	
Telephone number:	(802) 241- 0000

Agency Chief Executive Officer Information:	
Name:	James Baker
Email Address:	jim.baker@vermont.gov
Telephone Number:	(802) 241 - 0001

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Sprafke	Email Address:	jennifer.sprafke@vermont.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

1. Pre-Onsite Audit Phase

During the pre-audit phase, the auditor conducted a review of the Pre-Audit Questionnaire (PAQ) as well as other documentation provided by the facility through February 24, 2020. The auditor also reviewed VTDOC's Annual PREA Reports for 2017 and 2018, their public website, and other related PREA information.

During the pre-onsite audit phase, the auditor participated in multiple telephone calls and exchange of emails with the agency's PREA Coordinator. The calls and email discussions centered around the auditor's unimpeded access to every area of the facility, document and record review, and interviews with the staff, volunteers, contractors, and inmates. Additionally, an overview of the audit process, the audit goals, audit expectations and were discussed. The calls and emails also provided an opportunity to discuss points of contact, communications, logistics, and timelines.

4. **Notice of Audit Posting:** The Notice of the audit posting was in both English and Spanish and printed on white paper. The audit notice was posted at NWSCF on January 13, 2020. The facility provided a sampling of pictures of the audit posting throughout the facility. The English version stated:

The **Northwest State Correctional Facility** will be undergoing an audit for compliance with the United States Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for **jails** during the following period, **February 26-28, 2020**.

Any person with information relevant to this compliance audit may confidentially* correspond with the auditor via the following address:

Melinda Allen

P.O. Box 703

Braselton, GA 30517

*CONFIDENTIALITY – All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following:

- if the person is an immediate danger to her/himself or others (e.g. suicide or homicide);
- allegations of suspected of child abuse, neglect or maltreatment;
- in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

This statement was translated into Spanish and posted also throughout the facility. The auditor did not receive any letters of correspondence as a result of the audit notice postings as of the start of the onsite audit.

B. Timeline: A kickoff meeting was held with the VTDOC on January 2, 2020. The kickoff meeting included a discussion of logistics for access to the facility and involved the need for unimpeded access to all areas of the facility and access to documents and staff for an interview. A review of the in-brief purpose and process was discussed during the kickoff meeting. A scheduled review of the week was completed with the PREA Coordinator and included scheduling out brief at the end of the onsite week for each facility as well as with the central office. The process and timelines for the interim report, corrective action, and recommendations were also reviewed with the facility.

The PAQ was completed by the facility on February 12, 2020.

C. Research: The auditor researched NWSCF to ascertain if there were articles and information regarding PREA-related news or events and accomplishments. The auditor members several recent articles, regarding alleged sexual misconduct, and drug use by a staff member of another Vermont facility but did not find any articles specific to this facility.

The facility's 2017 annual report posted to its public website was also reviewed.

The auditor reviewed the mandatory reporting laws for Vermont to ascertain who is mandated to report abuse or neglect of a vulnerable adult. This publication organizes the information in a user-friendly format and expressly demonstrates all staff members of the VTDOC are mandatory reporters in the state of Vermont:

<https://dlp.vermont.gov/aps/mandatory-reporting>.

D. External Contacts: External organizations were contacted before the on-site audit phase including Just Detention International (JDI) and the Champlain Valley Office of Economic Development/ Voices Against Violence (CVOE). Just Detention International reported having not received any information regarding sexual safety at the Northwest State Correctional Facility(NWSCF) in the last 12 months. CVOE, who has an LOA with NWSCF to provide emotional support services, 24/7 crisis support line, specialized counseling, accompany victims to the hospital for forensic medical examinations, and provides notification of allegations of sexual abuse and sexual harassment originating within the jail to NWSCF officials was contacted via email and responded to the auditors request for an interview.

E. Listing of Allegations: The NWSCF has seventeen certified PREA investigators who conduct and are responsible for administrative investigations. Administrative cases involving staff may be conducted by the Vermont Department of Human Resources Investigative Unit (DHRIU) and Criminal investigations are conducted by the Vermont State Police (VSP) During the onsite audit phase, the facility reported the following:

Allegation Type	SUB	UNSUB	UNF	Pending
Inmate on Inmate Sexual Harassment	3	10	6	0
Inmate on Inmate Sexual Abuse	4	3	2	1
Staff on Inmate Sexual Harassment	0	0	4	0
Staff on Inmate Sexual Abuse	0	0	4	0

NWSCF provided the auditor with 67 case files for review. Upon initial review, the auditor observed that many of the cases were not sexual harassment or sexual abuse incidents, but are documentation of sexualized behavior. The auditor reached out to the PREA Coordinator for clarification. The State of Vermont commonly documents sexualized behavior to include catcalls, initial or single complaints of harassment, consensual sex,

and various other behaviors. The PREA Coordinator reached out to the PREA Compliance Manager to confirm the classification of the investigations but due to COVID-19 related duties, the facility was unable to provide clarification of the information needed before the due date of the Interim Report. The auditor attempted to review all of the cases provided but learned midstream that the list of cases provided did not mirror the spreadsheet maintained at the facility. In the 67 files reviewed, all were investigated the same as a sexual harassment or sexual abuse case would be investigated to include notification to victims, Incident Reviews, and documentation. Therefore, the auditor determined that this would be reviewed and revised when the Final Report is submitted.

Update: On May 11, 2020, the facility sent a reiteration of each of the cases previously presented. Of the cases initially provided, 37 of the cases were actual sexual harassment or sexual abuse incidents. The remaining 30 cases were tracking of sexualized behaviors such as catcall, wolf whistles, indecent exposure, sexual propositioning, sexualized comments directed at staff, or consensual sexual contact.

2. Onsite Audit Phase

The rated capacity of the facility is 247 inmates. On February 26, 2020, the first day of the onsite audit, the inmate population of the facility was 211 inmates. On February 25, 2020, it was 218. The count was 210 on February 26, 2020, the last day of the onsite audit phase.

NWSCF is made up of five buildings and houses all custody levels. There is a total of 11 housing units that are multiple occupancy cells. The facility has a designed capacity of 247 inmates.

Site Review: The auditor arrived at NWSCF on February 26, 2020, at 1:00 pm and met the PREA coordinator and PREA Compliance Manager. The public access staff verified the identification of the auditor escorted her into the facility. At 1:15 pm an in-brief meeting was held in the Asst. Superintendent's office, attended by members of the facility and the auditor. During the meeting, the auditor explained the audit process and expectations. NWSCF leadership in attendance included Superintendent Beyor, Asst. Superintendent /PREA Compliance Manager Scott Dubois, PREA Coordinator Jennifer Sprafke, CFSS Engels, Living Unit Supervisor/Caseworker Dawn Mueller, and CO Rasulo, my escort for the audit. Following the in-brief, the auditor was escorted by the NWSCF staff for an extensive site review of the facility.

The auditor toured and reviewed the following locations/areas:

- Administration
- Education
- Kitchen
- Chapel
- Laundry
- General Population units
- Gymnasium
- Counselor's Offices
- Intake
- Visitation
- Segregation PC Units
- Medical/ Mental Health
- Laundry
- Law Library
- Maintenance Facility
- Staff Training Room
- Plate Shop
- Tool Room
- Greenhouse

The auditor observed processes and talked with the staff at intake to observe the procedure for booking, intake, classification, property, searching, PREA education, and screening protocols while the inmates are being processed into the jail. She observed and reviewed camera placement, potential cross-gender viewing of shower and toilet areas, placement of PREA education materials, placement of PREA reporting options, and the functionality of those reporting options. Particular attention was given to camera placement, lines of sight, privacy for inmates in bathrooms, showers, and changing areas, PREA reporting signs, victim advocacy signage, door, and key security, inmate movement, and staff and inmate interactions. The auditor also stayed alert to blind spots and found several areas of concern, that could benefit from adding cameras and/or mirrors to assist in monitoring the area. The position was discussed with Superintendent Beyor and Chief of Operations Cormier, who joined us during the tour. Most of the blind spots or areas of concern are in the shops, including the plate shop, and the Maintenance Shop occupied by Buildings and Grounds Services (BGS). While BGS is a separate entity and operates independently, they do occupy space within the prison compound and should be held to the same PREA standards that the prison itself is held. To permit an unescorted occupant egress throughout the facility and into areas that are not monitored opens the prison up to potential gross liabilities. Interviews and observations indicate that BGS staff do interact with inmates from time to time.

The box for the receipt for grievances/requests for administrative remedies was observed by the auditor on units. Grievance forms were readily available in all units.

There are a variety of housing units in the facility. Some are single-celled, while others can hold as many as three offenders. Most of the units were double-cell units with open day room spaces. A gymnasium is available for inmates to exercise during the winter months. In most units, the toilets are in a separate area within the unit and have barrier walls for privacy as well as a partial door to the housing area affording the inmates privacy. In the shower area, doors and shower curtains were observed as having the capability to prevent cross-gender viewing from camera angles as well. The segregation unit cells have toilets within the cells. It was noted that throughout the site review cross-gender announcements were generally being made by staff. At times, the staff involved in the tour made the announcements.

PREA education materials were presented in brochures, in Resident Handbooks, and verbalized by the caseworkers when educating the inmates. There were PREA reporting posters and newsletters in the housing units. The poster displayed information on reporting sexual abuse through the phone system to an answering service. The phone number on the poster was tested. A return message was left for the auditor indicating receipt of the test phone call. The call was promptly returned.

The auditor also conducted informal interviews with staff and inmates encountered while on the site review in the various areas. She observed the audit notification in various locations throughout the facility, including the inmate housing units, programming and work areas, staff, and visitor access areas to ensure that NWSCF staff, inmates, and visitors had the opportunity to contact the auditor. The Notices of Audit were posted in English and Spanish.

The auditor asked the booking staff to walk them through the entire booking process from intake, screening, classification to housing assignment, and also discussed the grievance and mail process.

3. Interviews:

The auditor requested and was provided with rosters of staff available at the facility for the days of the audit, indicating post and shift hours. Also, rosters were received indicating which individuals filled specialized staff positions. The randomly selected staff from the facility rosters representing a diverse sampling of staff to include male and female, various job responsibilities, job assignments, levels of experience, sworn, and civilian.

A roster was received detailing all inmates housed at the facility on each day of the audit, along with rosters of some of the targeted categories of inmates that could be readily identified. These rosters were used to select the staff and inmates to participate in random, targeted, and specialized interviews. The facility did identify and provided rosters of LEP, LGBTI, and disabled inmates.

The auditor conducted a total of 22 inmate interviews out of a population of 211 inmates in population on the first day of the audit. This number consisted of 17 random inmates, being interviewed and 5 targeted inmates being interviewed. Inmates were interviewed from every housing unit and security classification, with diversity in age, race, and gender. There were 2 transgender or intersex inmates available for interviews, one of which refused to be interviewed.

The auditor conducted 12 random staff interviews out of 142 staff employed who have contact with inmates. The auditor also conducted 20 interviews with specialized staff. Some specialized staff had multiple responsibilities and provided information to interviewers from multiple specialized staff interview protocols. Staff members were interviewed from all shifts, and the auditor interviewed both sworn and civilian staff. The superintendent and Agency Head were also interviewed.

Formal interviews were conducted with inmates and staff in a private office to ensure confidentiality.

The facility does have access to a language line for interpretation services for non-English speaking inmates.

Interview Selection Methodology:

Random and Targeted Inmates:

The auditor's methodology for selecting inmates to interview was as follows: • Auditor conducted 17 interviews of random inmates, selected at random using every 3rd name on the inmate roster for each unit.

The auditor conducted 5 interviews of targeted inmates selected inmates were from the following targeted populations: (several of these inmates match multiple categories)

Category and number of inmate interviews in that category:

- Inmate with a Physical Disability- 1
- Transgender and intersex inmates- 1
- Inmates who disclosed victimization during a risk assessment- 2
- Inmates who Reported Sexual Abuse- 3

Random Staff:

The Auditor conducted 12 interviews with random staff. The auditor's random staff methodology selection was as follows:

- The auditor made random selections from staff rosters each the first day and second of the onsite week.
- The auditor was selected 12 random staff, choosing 8 from the 6:00am-2:00pm shift, 6 from the 2:00pm-10:00pm shift, and 1 from the 10:00pm-5:00am shift.

Specialized Staff:

The auditor conducted 20 interview protocols with specialized staff, with some staff members being asked questions from multiple interview protocols based on their assigned job responsibilities. The interviews conducted with specialized staff were as follows: PREA

Coordinator, Agency contract Administrator, Human Resources, Volunteers, Intermediate or higher-level, Investigators, Staff who Monitor Retaliation, Staff who supervise Segregated (Isolation), Staff who conduct screening, Medical, and Mental Health staff, Line staff who supervise Youthful Inmates, Volunteers and Contractors, Intake and Classification staff, Non-medical staff who conduct strip searches, Agency head, Education/Program staff for Youthful inmates, SANE, Incident Review Team member, First responder and Non-security First responder.

4. File Review Methodology (Staff, Volunteers, and Contractors):

The auditor's file review methodology selection was as follows:

From the 258 staff, contractors, and Volunteers identified as being assigned to the facility, 79 files were selected for review. The employee file review for hiring and promotion requirements was conducted in the human resources department. The Volunteer file review for training requirements was conducted in the training department. All staff names were selected from the roster provided that included new staff, more seasoned staff, administrators, supervisory staff, line staff, volunteers, and contractors (medical). These names were also used in reviewing their training records.

The sampling of files the auditor selected were seventeen (17) investigators, thirty-two (24) medical, two (1) civilian records clerks, fifteen (15) correctional officers and two (2) volunteers files to review.

File Review Methodology (Inmate):

The auditor's file review methodology selection was as follows:

Fifteen (15) inmate names and associated files were selected from a pool of all known victims/abusers targeted categories and some random inmates to ascertain the following documentation:

Date and time when the initial Risk Assessment and re-assessments were conducted

Applicable medical and mental health follow-up for disclosing prior victimization

Receipt of PREA information during the intake process Comprehensive education provided within 30 days of intake.

Category and number of inmate files reviewed:

Cognitive or Physical Disability- 1

Random inmates- 10

Inmates who reported SA or SH - 3

Inmates who disclosed victimization during a risk assessment- 2

Other files reviewed included:

Investigations Files - 12

Grievances - Selection from a list of all sexual abuse, sexual harassment, or PREA-related filings and any from known victim inmates

Logs of Unannounced Rounds

5. Facility Debriefing on the last day of the onsite audit:

On February 28, 2020, at 4:30 pm the auditor conducted an out-brief with the facility leadership. The auditor presented the strengths, challenges, and encountered barriers to the facility leadership, which were as follows.

1. Facility strengths:

- Booking and Intake process
- Caseworkers and mental health staff for the tremendous work being done with a transgender inmate
- Staff knowledge surrounding PREA

2. Facility challenges:

- Training of staff for responding to incidents
- Cross Gender Announcements
- Blind spots and a lack of cameras in some vital areas.
- Combining the Central Office and Local Resident Handbooks

2. **Barriers encountered:**

There were no barriers encountered during the documentation review, site review, informal interviews with random staff and inmates, formal interviews with random and specialized staff, and formal interviews with random and targeted inmates.

Conclusion:

At the end of the out brief, the facility administrative staff asked questions, sought clarity, and the auditor discussed the next steps to include additional requests for documentation and the receipt of the interim report within the next 45 days.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 NWSCF is located in St. Albans, Vermont approximately 30 miles North of Burlington, Vermont in Franklin County. The facility, originally opened in 1969. The NWSCF is a direct supervision facility with a designed capacity totaling 247 beds. The facility held 211 inmates during the on-site tour. There are five separate buildings on the property. The general population building is currently divided into eleven housing Units, two of the units are single-celled and the remaining nine are multiple cells. The Northwest State Correctional Facility is clean and well maintained, despite being 51 years old.

The facility is direct supervision and has a designed facility capacity of 247 and a current average daily population of 220. The facility houses male inmates from local, state, and federal jurisdiction. The agency does not house any youthful offenders under the age of 18. There are 11 living units. The standard unit type has cells surrounding a central Day Area where meals are served, and leisure time is spent. Most cells accommodate two offenders, but "double-celling" is determined based upon the classification. All prisoners are "classified" according to their security and program support needs and are assigned to pods based on classification within 72 hours of admission. Medical services are provided within the institution, including hospital and clinic services.

The Northwest State Correctional Facility currently employees 142 staff who have regular contact with inmates. The facility is equipped with 107 cameras located inside and out. Officers in Central Control monitor these cameras 24 hours a day, 7 days a week. There are safety and emergency communications systems to increase the safety of employees and inmates.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	2
Number of standards met:	43
Number of standards not met:	0

The on-site audit was completed February 26-February 28, 2020. The interim report was provided April 8, 2020, to the Vermont Department of Corrections Central Facility reporting the following:

Exceed Standards: 02

Meets standards: 36

Did Not Meet standards: 07

Exceeded Standards:

115.32, 115.42

Met Standard:

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.33, 115.34, 115.35, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.401, 115.403

Did not Meet Standard:

115.15, 115.41, 115.64, 115.65, 115.87, 115.88, 115.89

Critical Update on 115.51:

On or about July 31, 2020, the auditor was contacted by the PREA Coordinator regarding a conversation she had with the Prisoner's Rights Director. The Director informed the PREA Coordinator that Prisoner's Rights do not report all incidents to the agency and that as an advocate for inmates they would not provide information reported to the agency. This caused a dilemma as the agency must provide a public or private entity or office that is not part of the agency, and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. The auditor informed the PREA Coordinator that this information would alter the status of the standard to non-compliant.

The corrective action has been addressed as follows:

115.15: On May 8, 2020, the facility provided documentation of retraining of cross-gender announcements and provided proof of fixing the cameras over the toilets. The cameras now have an electronic block that covers the toilet area to block the view of the offender's genitals.

115.41: On April 20, 2020, the Information Technology Team revised some script in the system that now limits which staff members have access to viewing completed Risk Assessment Screenings. The inmates/Booking officer that completes the initial screening, supervisors, counselors and the PREA Compliance Manager have access.

115.64: On May 8, 2020, The facility provided proof that staff members have been retrained on their duties to preserve evidence when responding to a sexual abuse case. The facility provided documentation of the training as well as a copy of the curriculum presented to staff.

115.65 On April 8, 2020, the facility provided the auditor with a copy of their coordinated response plan.

115.87 On May 11, 2020, the facility sent a reiteration of each of the cases previously presented. Of the cases initially provided, 37 of the cases were actual sexual harassment or sexual abuse incidents. The remaining 30 cases were tracking of sexualized behaviors such as catcall, wolf whistles, indecent exposure, sexual propositioning, sexualized comments directed at staff, or consensual sexual contact.

115.89 On August 31, 2020, The VTDOC update their website to include PREA reports for facilities that they contract with for housing inmates.

115.88 On September 22, 2020, the agency updated the agency website to include the 2017-2018 and 2018-2019 annual reports, which 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.

115.51 On September 24, 2020, the PREA Coordinator provided a Memorandum of Understanding signed and dated September 24, 2020, between the Vermont Agency of Human Services and the Vermont Department of Corrections, agreeing to receive and forward inmate reports of sexual abuse and sexual harassment to agency officials. A minor change was needed on the MOU to clarify that the Vermont Agency of Human Services would accept all complaints of sexual harassment and sexual abuse was needed and the MOU was revised on September 28, 2020. Postings were made in the facilities and inmates were alerted of the new process. The agency updated information on posters, kiosks, and tablets to notify the inmates of the change in procedure. This concluded the corrective action required for compliance of this audit.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Organizational Chart <p>2. Interviews:</p> <ul style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager (2) <p>Findings:</p> <p>The VDOC policy 409.09 addresses the Prison Rape Elimination Act. The agency's policy mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is addressed on page one of the policy. The policy outlines, on pages 2 & 3 how the PREA standards are implemented and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is expected and does follow the department's policy. Interviews were conducted on-site with the PREA Compliance Manager and Superintendent to confirm the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. It was also apparent through the facility walk through that the facility takes sexual safety seriously through the observation of PREA posters, PREA Newsletters, informational pamphlets, and through educational programs. The policy pages 3-8 contain definitions as required by the standard. Sanctions against PREA related incidents are covered in policy 410.01, Facility Rules, and Inmate Discipline. PREA policy 409.09 addresses agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. These strategies are covered on pages 2, 3, and 10-23 of policy 409.09.</p>

The facility has a designated PREA Compliance Manager. The compliance manager indicated that he has sufficient time to coordinate the facility's efforts to comply with the PREA standards. As with most governmental agencies, staff are required to juggle a plethora of duties and are expected to complete each of the duties in a timely fashion. I observed that the PREA Compliance Manager's authority to coordinate the facility's efforts to comply with the PREA standards. Many long days were required to ensure that the PREA related tasks were completed. While the required work is being completed, often by working hours, it is suggested that some of the PREA related duties be distributed amongst other staff in the future to assist in the efficiency of the processes. The PREA Compliance Manager also serves as an Assistant Superintendent of the facility and has the requisite authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports directly to the Superintendent of the facility. It should be pointed out that the facility has two PREA Compliance Managers that split the responsibilities. One PCM handles all of the inmate allegations and tracks all cases, while the other manages all cases involving staff.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Contract with CoreCivic signed 9.17.18 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Contract Administrator <p>Findings:</p> <p>The Vermont Department of Corrections (VTDOC) has contracted with CoreCivic to house inmates on their behalf. The most recent contract was entered September 17, 2018. The term of the contract is two years. The contract requires that the contractor adopt and comply with the PREA Standards. The DOC does not have any current contracts for confinement that do not require compliance and adoption of the PREA Standards. The current contract specifies that the Contractor will comply with the PREA of 2003 (28 C.F.R. Part 115, Docket No. OAG-131. RIN 1005-Dated May 17, 2012) as noted on page 10 of the contract, and will adopt all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the Contractor's facilities that house State inmates. State staff has the right to conduct announced and/or unannounced, compliance monitoring to include "on-site" monitoring to ensure that Contractor is complying with PREA standards. This is standard verbiage for contracts for confinement as established through the Agency's PREA policy 409.09.</p> <p>The contract monitor monitors for compliance with all PREA Standards. In interviews with the contract monitor, I determined that the contract monitor regularly reviews the contractor and their work as it applied to PREA. The contract monitor did express some concern that the</p>

contractor may not be completing all investigations according to the standards and they are in the process of seeking clarification on a couple of cases of concern. The auditor reviewed the first case of concern and determined that with the information available in the investigation, it was not appropriate to indicate that the case was sexual in nature as while there was an inappropriate relationship, there was no proof that it was sexual in nature. In the other case, it appears as though CoreCivic closed an investigation when an employee left their employment rather than completing the investigation. VTDOC Contract administrators are working to get some resolve in this case.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Organizational Chart d. Visual review of camera placement <p>2. Interviews:</p> <ul style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>Findings:</p> <p>The facility has a formalized, written staffing plan that addresses the mandatory elements required by the standard. The staffing plan is reviewed annually for consideration of needs to improve sexual safety in the facility. The facility, in collaboration with the PREA Coordinator, review the staffing plan to determine if adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. A copy of the staffing analysis was secured during the pre-audit phase. The NWSCF uses overtime if needed</p>

to maintain minimum staffing levels. Daily reports are used to document any deviations from the staffing plan. An annual review is completed to determine if adjustments are needed. NWSCF officers are required to complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented on the supervisor's daily activity report. The facility has 107 cameras that are monitored by control staff to aid in supervision. There were numerous blind spots identified in the areas where inmates have access. Most of the blind spots or areas of concern are in the shops, including the plate shop, and the Maintenance Shop occupied by Buildings and General Services (BGS). While BGS is a separate entity and operates independently, they do occupy space within in prison compound and should be held to the same PREA standards that the prison itself is held. To permit an unescorted occupant egress throughout the facility and into areas that are not monitored opens the prison up to potential gross liabilities. Interviews with inmates and observations during the on-site review indicate that BGS staff do have close interaction with inmates in the facility. The facility has requested an increase in the number of cameras in its annual budget request. The facility uses a screening system to identify vulnerable inmates during the initial screening process before placement in a cell. Vulnerable inmates are placed alone in cells adjacent to the officer's desk and extra observation rounds are conducted for heightening security. To verify that intermediate or higher-level supervisors conduct unannounced rounds, I reviewed logbook entries and compared the logbook entries to video footage to verify the rounds were conducted. In interviews with the intermediate and higher-level supervisors, I determined that unannounced rounds are conducted sporadically and without warning to the staff. Supervisors vary their routes throughout the facility and never announce that they are making rounds. Rounds were verified for day and night shifts.

Best Practice Recommendation:

Eliminate all blind spots or areas where inmates and or staff could secret away out of sight. The facility has included an annual request for cameras

so they are not receiving a Do Not Meet Standard rating as the standards cannot force the agency to spend large sums of money to come into compliance. Other mechanisms can be employed to help mitigate the problem areas such as increased staffing, the addition of mirrors, and more frequent security checks by supervisors and leadership until the problem is corrected. According to senior leadership, the facility is the next facility scheduled for an upgrade in the camera system.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Vermont Department of Corrections Policy 326.01.02 dated 10.16.13 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>The Northwest State Correctional Facility does not house inmates under the age of 18 at this facility.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Vermont Department of Corrections Policy 326.01.02 dated 10.16.13 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Staff b. Random Sample of Inmates c. Transgender or Intersex Inmates <p>Policy 409.01 governs pat searches of inmates. Staff only conduct a cross-gender strip or cross-gender visual body cavity searches of inmates in exigent circumstances. In the past year, there have not been any exigent circumstances that required cross-gender strip searches. This is an all-male facility.</p> <p>Policy 409.01.01 requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches be documented. I have reviewed documentation of these searches generated from reports in the OMS system, Jail Tracker. Agency policy requires staff members of the opposite gender to announce their presence when entering an inmate-housing unit. Interviews with inmates confirm that staff members announce their presence. One inmate indicated that he does not always hear the staff member as that may be soft-spoken. About 25% of the inmates interviewed indicated that staff members do not announce themselves regularly. Inmates also confirmed that they can shower, perform bodily functions, and change clothing without a 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. During the facility tour, I observed that the showers are in a separate location in the housing unit, providing for additional privacy from staff. Staff would have to physically enter the shower area to observe inmates. There are cameras in segregation unit cells that face the toilet area. A visual review of the cameras show full views</p>

of the inmate genital area when using the toilet. The cameras are constantly monitored in the housing unit by staff, both male and female.

Agency policy prohibits the searching of transgender or intersex inmates for the sole purpose of determining their genital status. Interviews with staff and inmates verify that this is not being done. I was able to interview three transgender inmates who confirmed that were not searched for the sole purpose of determining their genital status. Each offender was asked how she identified during the intake process. If an inmate's genital status is unknown, the facility determines the genital status through conversations with the inmate, 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. I interviewed one transgender or Intersex inmate (the second one refused) that verified that they were asked about their genital status or the information was gleaned through medical. Inmates also complete a gender identity preference form that is provided to the facility at intake.

The majority of facility staff members have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates professionally and respectfully, consistent with security needs. In interviews with staff, I asked staff to explain the process of conducting a cross-gender pat search as well as a search of transgender and intersex inmates. Staff members were well versed in conducting searches professionally and respectfully.

Corrective Action Recommendation:

Ensure that staff members make cross-gender announcements when entering the housing units. Ensure inmates have privacy to use the toilet in the segregation unit. This can be accomplished with technology advanced in some camera systems or by simply installing tape on the camera lenses to obscure the toilet area but allowing full view of the rest of the cell.

Update: On May 8, 2020, the facility provided documentation of retraining of cross-gender announcements and provided proof of fixing the cameras over the toilets. The cameras now have an electronic block that covers the toilet area to block the view of the offender's genitals.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. VTDOC Policy 371.01 ADA d. ADA Handouts provided to inmates e. Interpreter Access Cards and Telecommunications for Language lines f. Telelanguage Contract dated 5.1.2016 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Inmates with Disabilities c. Random Sample of Staff <p>According to the interview with the Agency Head, the agency takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. He expounded on the resources that have been made available to inmates. PREA handouts and inmate handbooks are provided in English and Spanish languages. The agency also has a contract for other language interpretations and utilizes the services when warranted. The VTDOC contracts with Public Communication Services, Inc. for telephonic interpreters. There are some staff who speak Spanish and both inmates and staff confirmed that inmates are not used as interpreters for issues with sexual abuse and sexual harassment. The facility also has a PREA brochure in Braille if they have a blind inmate. They have also incorporated the use of Purple, a</p>

technology that provides interpretation services for the deaf in both English and Spanish. In an instance where the inmate was cognitively deficient, the PREA information was explained to the inmate by her caseworker. The information is available through a video as well. The facility has access to a language line, a TTY machine, Braille handouts and staff are available to explain and educate offenders verbally on a level that they can understand. I was unable to locate any inmates who suffer from cognitive or who are limited English proficient confirmed that the inmates are aware of the PREA Standards and were able to respond appropriately to questions asked by this auditor. The inmate indicated that her caseworker was made available to her to assist her in understanding. Agency policy 409.09, page 11, prohibits the use of inmate interpreters inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. Interviews with staff and inmates confirm that the policy is followed.

115.17	Hiring and promotion decisions
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. List of Employees Hired and Promoted 2019 d. Random selection of personnel files of individuals hired and promoted in 2019 e. VTDOC Policy 122.01 Staff Selection and Promotion f. VTDOC Policy 376.01 Volunteer Services and Management Implementation Guide g. Background Checks of Volunteers and Contractors <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Administrative HR Staff at facility b. Administrative HR Staff at Headquarters <p>Policy 122.01 addresses the hiring, promotion and discipline of staff and contains procedural guidelines that the agency must follow when considering hiring someone. The agency inquires about sexual abuse and sexual misconduct to include the questions detailed in 115.17 (a) in the written application and during the formal interviews. The applicant's responses are recorded and retained in the staff, contractor or volunteer's file. The Vermont Department of</p> <p>Corrections conducts a reasonable investigation into the background of prospective employees, contractors, and volunteers, who, by the nature of the position to be filled, will have access to sensitive information, facilities, computer systems, clients, detainees, inmates, procedures, and/or reports. In order to minimize the State's risk exposure, this policy has been established to ensure fair and consistent evaluation.</p> <p>All candidates for full and part-time employment with the VTDOC undergo a comprehensive background investigation prior to being made a final offer. A review of staff</p>	

and contractor/volunteer files indicate that thorough background checks are completed prior to hiring or contracting with individuals.

The agency inquires if the applicant has ever had an improper relationship with an inmate, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during the course of an investigation about their behavior/actions while employed as a law enforcement officer correctional officer at another location. The agency also inquires what the investigations were about and what is the status of that investigation, and if the applicant has ever been a party to a lawsuit as a result of their actions in the performance of their job. Interviews with staff indicated that they check the VCIC and NCIC III for criminal background checks and check the Sex Offender Registry as part of their background investigations. The agency imposes an affirmative duty for staff to disclose any misconduct.

The agency provides 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.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. A visual tour of facility e. Review of the video monitoring system <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Warden/Superintendent <p>Interviews with the agency head and warden/Superintendent staff indicate that consideration is afforded when modifying, expanding, or designing a facility. There have not been any major structural modifications or construction since the last PREA audit. The NWSCF has not added any cameras to the video monitoring system since the last audit. The facility has 107 cameras in the facility.</p> <p>Video footage is recorded and maintained for approximately thirty days, depending on the activity or movement within the facility. The facility uses a combination of standard digital video cameras and pan-tilt-zoom cameras to better monitor the facility. I observed cameras placed throughout the facility consistent with the schematics provided during the facility tour. I also reviewed the cameras to determine if there were any obvious blind spots while reviewing footage of unannounced rounds for standard.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. An email with Just Detention International d. MOU with Vermont State Police e. MOU with Agency of Human Services Investigation Unit, now known as Vermont Department of Human Resources f. National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition, April 2013 g. LOA with Champlain Valley Office of Economic Development/Voices against Violence signed June 17, 2019. 2. Interviews: <ol style="list-style-type: none"> a. Random Sample of Staff b. SANE/SAFE c. Just Detention International (via email) d. PREA Compliance Manager e. Inmates who reported Sexual Abuse <p>The agency is responsible for ensuring that administrative and criminal sexual abuse investigations are conducted. The agency shares responsibility for administrative investigations with DHRIU. Vermont State Police complete all criminal investigations. Facility staff may be involved in conducting some administrative investigations, but would never be responsible for conducting an administrative sexual abuse claim. The Vermont Department of Human Resources Investigative Unit (DHRIU) would investigate these cases. The uniform evidence protocol was developed from the DOJ's National Protocol. All victims of sexual abuse access to forensic medical examinations, at the Northwest Medical Center. If for some reason a SANE or SAFE is not available at Northwest Medical Center within the 72 to 96-hour window, they would transport to the next closest hospital with a trained SANE or SAFE Hospital without financial cost, where evidentiarily or medically appropriate. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency documents its efforts to provide SAFEs or SANEs. The Northwest Medical Center offers specialized emergency nursing care for both adults and child sexual assault victims. The Champlain Valley Office of Economic Development/Voices against Violence (CVOE/VAV) offers SANE nurses who work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. According to the PREA Compliance Manager, the facility</p>

contacts a victim's advocate prior to the victim leaving the facility for a sexual assault examination so they are aware that they will be needed at the hospital. The facility documents their efforts to provide a victim's advocate from the Rape Crisis Center to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The NWSCF utilizes the CVOE/VAV to provide a victim's advocate to inmates. The facility has secured an LOA with the CVOE/VAT for advocacy services signed on June 17, 2019, and expiring June 1, 2020. The agency itself is not responsible for investigating allegations of sexual abuse. The agency has requested that the investigating agencies follow the requirements of paragraphs (a) through (e) of section 115.21. The VDOC has entered an agreement with each of these agencies. Each agreement was signed in 2015.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. MOU with Vermont State Police dated February 1, 2015 e. MOU with Agency of Human Services Investigation Unit dated February 1, 2015, now known as the Vermont Department of Human Resources f. Incident Protocols for responding to incidents of Sexual Harassment and Sexual Abuse g. Investigations Flowchart h. Investigative File Review i. PREA Allegation Log 2. Interviews: <ol style="list-style-type: none"> a. Agency Head b. Investigative Staff <p>The agency ensures that an Administrative and Criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. This is required in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The publication describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Documentation was verified upon review of investigative case files. The agency has successfully entered into Memorandums of Understanding with the Vermont State Police and with the Vermont Department of Human Resources Investigative Unit for conducting investigations. The MOUs provide a clear understanding of the various roles each agency would play in an investigation, which provides an excellent foundation and guideline for staff at each facility. The auditor also interviewed an investigator from the Office of Prisoner's Rights. The Prisoners' Rights Office(PRO) addresses a wide range of issues that deal with the fact, length and conditions of confinement and community supervision for people serving sentences. These include post-conviction relief criminal appeals, furlough, parole, and supervised community sentence eligibility and violations, health care, prison discipline and sentence calculation. The</p>

investigator stated that inmates call, them for a variety of concerns. When an incident comes to the attention of the PRO, the investigator speaks with the Superintendent of the facility to pass on information or concerns.

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. PREA Refresher Test d. PREA Examination is given to all recruits in the Academy e. PREA Curriculum f. PREA Refresher Curriculum g. Sample of Training Records <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Staff <p>Findings:</p> <p>VDOC provides all employees PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. The staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plan demonstrates all of the required areas are reviewed. A review of staff training files indicates that all staff members have been trained. In addition to completing the training, staff members are required to complete an examination showing their understanding of the training presented. Interviews of staff members demonstrated an understanding of the agency's zero-tolerance policy; the agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual</p>	

abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired staff receives the initial PREA training before reporting to duty in the facility. During the interviews with a random selection of staff, I quizzed staff members on a variety of these topics, and the staff members were able to respond appropriately. The training provided is specific to the gender of inmates the staff will supervise. If a staff member is transferred from another facility, the staff member would be appropriately be retrained. There was no staff transferred from another facility in 2019. Staff members receive refresher PREA training every other year. In years in which an employee does not receive refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies. Employees also complete the training curriculum electronically to verify understanding of the training.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Sample Training Records d. Training Curriculum e. Medical Training Certificates <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Contractors and Volunteers <p>Findings:</p> <p>Contractors and volunteers at the NWSCF are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that they are familiar with the agency's zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment. All Contractors and Volunteers receive extensive training regarding PREA to include testing which far exceeds standard requirements. The agency should be commended for this high level of professionalism and regard for sexual safety in their prisons.</p>

115.33	Inmate education
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1477 365">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 488 1426 524">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 647 1313 683">a. Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="347 728 1222 763">b. Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="347 808 788 844">c. State Inmate Handbook <li data-bbox="347 889 978 925">d. Sample of Inmate Orientation Forms <li data-bbox="347 969 1147 1005">e. Northwest State Correctional Facility Handbook <li data-bbox="347 1050 1209 1086">f. Random Sample of Inmate PREA Orientation Forms <p data-bbox="248 1361 456 1397">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1529 700 1565">a. Random sample of Inmates <li data-bbox="347 1597 916 1632">b. Caseworkers who complete the training with inmates <li data-bbox="347 1673 568 1709">c. Intake Staff <p data-bbox="248 1821 400 1856">Findings:</p> <p data-bbox="248 1984 1465 2110">Offenders at the NWSCF are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment immediately upon entering the facility. Offenders are provided with a PREA brochure that details basic</p>

PREA standards as well as a list of resources available to them should they need. Offenders interviewed were familiar with the basics of PREA. The majority of offenders interviewed were able to articulate how they would report an incident to include reporting to staff, the PREA hotline, writing Prisoner's Rights, going through a third party, or in writing. Inmates are familiar with available outside resources for dealing with sexual abuse. NWSCF also provides an in-house contractor that provides these resources and those that are interested to receive assistance. Offenders have the information at their disposal in the PREA Pamphlets that are given to them at intake. Caseworkers provide more in-depth training with the offenders within 72 hours of arrival at the facility. This far exceeds the 30-day requirement imposed by this standard. The facility provides education through a variety of mechanisms to connect with a broader range of learners. All offenders receive the required training regardless of where they came from being the streets, court, or another facility. PREA education is available in Spanish, English, and Braille. For offenders with limited reading abilities, vision or hearing problems, caseworkers provide the training in a format that is easily understandable for the offender. If an offender speaks a language other than Spanish or English, a language line interpretation would be provided for the offender. The facility documents this training and copies of the training are secured in the offenders file or in the OMS. The facility does an excellent job of providing continuously available resources through the use of posters, PREA Newsletters, and Inmate Handbooks. The auditor observed posters, signage and newsletters posted in each housing unit in the facility. One area where inmates struggled with the training was in how to report anonymously or without having to give their name. In discussions with the inmates they were able to think through and verbalize a variety of processes to report anonymously. A review of the pamphlet provided to all inmates includes this material, but a few inmates still were not familiar.

Best Practice Recommendation:

The agency should reinforce the information on the variety of mechanisms for reporting anonymously if needed so all inmates are aware that it is possible to file a report without having to give their names.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Sample Training Records d. Training Curriculum e. Specialized Training Certificates 2. Interviews: <ol style="list-style-type: none"> a. Investigative Staff <p>Findings:</p> <p>While the more serious Administrative and Criminal investigations would be handled by the DHRIU or the Vermont State Police, NWSCF has seventeen investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing 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. I have reviewed both the curriculum and the certificates of completion for the training and found them to comply with the requirements of this standard. Investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor a sample of investigative files for completeness and thoroughness.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Sample Training Records d. Training Curriculum e. Specialized Training Certificates 2. Interviews: <ol style="list-style-type: none"> a. Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 409.09, page 13, I, C addresses the training of all medical and mental health staff in the PREA standards. I have reviewed a sampling of training records of medical and mental health staff that regularly work in this facility and determined that they have received the appropriate training. There are currently 2 medical and mental health practitioners at this facility and 100% of them have completed the required training. Medical staff at NWSCF do not conduct forensic medical examinations. All medical and mental health staff receive the training provided to contractors and volunteers in addition to the specialized training provided specifically for medical and mental health staff. Interviews with medical and mental health staff revealed that they have received the training and are well aware of the duties required of them if an incident of sexual abuse or sexual harassment presents itself to them.</p>

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- a. Vermont Department of Corrections (VTDOC) Policy 409.09
- b. Pre-Audit Questionnaire (PAQ) completed by VTDOC
- c. Sample Assessments and Reassessments
- d. Review of Random Sample of Inmate Files

2. Interviews:

- a. PREA Coordinator
- b. PREA Compliance Manager
- c. Staff who Perform Screening for Risk of Victimization and Abusiveness
- d. Random Sample of Inmates

Findings:

Agency 409.09, page 159, section 4 covers the completion of the Sexual Violence Screening during the booking or intake process. I interviewed intake staff, caseworkers and inmates to verify that the Sexual Violence Screening Instrument is being used effectively to determine if inmates have been designated as a victim or a predator to help ensure sexual safety of the facility. Inmates indicated that the questions required by this standard are asked upon entry into the facility. All screenings are conducted within 72 hours of intake. The agency utilizes a uniform

objective screening instrument to help determine if an inmate is vulnerable or possibly a predator. The objective-screening instrument considers each of the required components of this standard. Policy 409.09 mandates a thirty (30) day review of the Sexual Violence Screening Instrument. The auditor verified that 30-day reviews are

completed promptly. In addition to the thirty (30) day reviews, staff will reassess an inmate based on a referral, request, an incident of sexual abuse, or upon receiving additional information that may reveal additional insight into the inmate's vulnerability or likelihood of predation. Inmates are never disciplined for failure to respond to the sensitive questions included in the Sexual Violence Screening Instrument. A review of disciplinary and grievance records did not disclose any disciplinary acts for failure to respond to these questions. The agency does not currently have appropriate controls on the dissemination of responses to questions on the screening tool within the facility to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The agency has recently upgraded its use of the OMS system to include completion of the Screening Risk Assessment within the program. The agency was made aware of this issue during the on-site audits in February 2020 and is working diligently with the IT department to develop a measure to correct this problem. As part of my review of this standard, I observed a random sampling of inmate files, interviewed intake and caseworker staff, and inmates. All interviews confirmed that the screening instrument is being used and that staff is considering the responses to the instrument when considering placement of the inmates in housing. NWSCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory to house them most appropriately.

Corrective Action Recommendation:

Secure access to the Risk Assessment Screen within the OMS system to institute restrictions on which staff have access.

Update: On April 20, 2020, the Information Technology Team revised some script in the system that now limits which staff members have access to viewing completed Risk Assessment Screenings. The inmates/Booking offer that completes the initial screening, supervisors, counselors and the PREA Compliance Manager have access.

115.42	Use of screening information
	<p data-bbox="248 170 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 1374 421">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 779 1449 819">a. Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="347 864 1449 904">b. Vermont Department of Corrections (VTDOC) Policy 432.01 <li data-bbox="347 949 1353 990">c. Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="347 1034 1177 1075">d. Review of Random Sample of Inmate Files <li data-bbox="347 1120 1139 1160">e. Review of Risk-based housing decisions <li data-bbox="347 1205 1401 1299">f. Observation of Teams Meeting on-site to review housing assignments <li data-bbox="347 1344 1385 1438">g. Observation of Showers, housing units, and toilet areas within the facility <p data-bbox="248 1662 488 1697">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1836 619 1863">a. PREA Coordinator <li data-bbox="347 1908 703 1935">b. PREA Compliance Manager <li data-bbox="347 1980 1078 2007">c. Staff who Perform Screening for Risk of Victimization and Abusiveness <li data-bbox="347 2051 703 2078">d. Random Sample of Inmates <li data-bbox="347 2123 1018 2150">e. Random Sample of Transgender, Intersex, and LGBTQI Inmates

Findings:

Interviews with staff and inmates confirm that the risk screening instrument is being used and that staff members are considering the responses to the instrument when determining the placement of the inmates in housing, bed, work, programming, and education assignments. NWSCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory to house them most appropriately. This program curtails many problems and helps the different disciplinary teams understand the dynamics faced with each decision, especially regarding determining individualized housing and program assignments that help to ensure the safety of each inmate. The multi-disciplinary team meetings far exceed the standard imposed by the Prison Rape Elimination Act and the facility is commended for going the extra mile in improving sexual safety within the facility. When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates and in making other housing and programming assignments, the agency considers on a case-by-case basis whether the placement would ensure the inmate's health and safety and whether the placement would present management or security problems. The transgender/Intersex inmate's views concerning his or her safety given serious consideration when making NWSCF have housed several transgender or intersex offenders in the past 12 months. Interviews with transgender or intersex inmates reveal that their view of their safety is given consideration. They advise they are permitted to shower alone and that they have not been excluded from programming assignments based on their status. Interviews with the PREA Compliance Manager and staff stated they do conduct screenings of transgender/intersex inmates twice a year for any threats to safety experienced by the inmate. The auditor was able to review several samples of these reviews for verification of completion. The agency has a policy (409.09) that allows transgender/Intersex offenders the opportunity to shower alone. The agency does not maintain any dedicated units, wings, or facilities to house

LGBTQI offenders. They are not under any court orders, decrees, or legal settlements or judgments to maintain separate wings, facilities, or housing units.

115.43	Protective Custody
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1449 871">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1453 1014">b. Vermont Department of Corrections (VTDOC) Policy 432.01 Protective Custody <li data-bbox="349 1064 1453 1158">c. Vermont Department of Corrections (VTDOC) Policy 432.01 Administrative Segregation <li data-bbox="349 1207 1353 1243">d. Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="349 1292 1481 1386">e. Review of housing assignments of Inmate that alleged sexual abuse <li data-bbox="349 1435 1193 1471">f. Visual Review of Segregation Housing units <p data-bbox="248 1688 488 1724">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1861 600 1897">a. Warden <li data-bbox="349 1946 1342 1982">b. Staff Who Supervise Inmates in Segregation Housing <li data-bbox="349 2031 1453 2125">c. There were not inmates to interview that had been placed in segregation housing who allege to have suffered sexual

abuse.

- d. Casual interviews of inmates housed in segregated housing units.

Findings:

Agency policy 409.09, page 15, Section C, states that inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. By policy, no inmates are placed in involuntary segregation housing.

If they were, they would be permitted to attend or have access to programs, privileges, education, and work opportunities to the extent possible. Interviews with the Warden/Superintendent a staff who supervises restricted housing units indicate that if the access could not be accommodated, they would document that the opportunities that have been limited; The duration of the limitation; and the reasons for such limitations. In the past 12 months, no offenders were placed in involuntary segregation based on the facility's inability to find alternative housing, therefore no inmates were located to interview for this standard regarding involuntary segregation. Agency policy 409.09 does require that if the facility had to use involuntary segregation housing it would only be used until an alternative means of separation could be found, never to exceed 30 days. There were no cases of involuntary segregation due to victimization to review for the prior 36 months therefore there was no documentation of the facility's concern for the offender's safety or reasons why no alternative means of separation can be arranged. Policy 409.09, page 16, section 4, C allows for the reviews of status as protective custody is completed after seven days and every 30 days thereafter the initial seven-day period. Staff members interviewed that work segregation housing indicated that the reviews would be conducted according to policy.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none">a. Vermont Department of Corrections (VTDOC) Policy 409.09b. Vermont Department of Corrections (VTDOC) Policy 315.02c. Inmate PREA Brochured. Resident Handbookse. PREA Postersf. Third Party Reporting Posterg. Just Detention International Posters for Staff and Inmates <p>2. Interviews:</p> <ul style="list-style-type: none">a. Random Sample of Staffb. Random Sample of Inmatesc. PREA Compliance Managerd. Prisoner’s Rights Office Investigator

Findings:

The agency provides multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, third party reporting posters throughout the facility. I observed at least one poster in each housing unit and most units also had the PREA Hotline Poster and PREA Newsletters posted. Interviews with a sampling of inmates revealed that inmates are familiar with a variety of ways to report a PREA incident. The information is also readily available in the Resident Handbook and the PREA Pamphlets provided during intake. Inmates were familiar with the mechanisms available for privately reporting a case of sexual harassment or sexual abuse, how to report retaliation, and staff neglect. Most inmates indicated that they would tell an officer or their caseworker. The offenders feel comfortable with reporting directly to the officers in this facility. The agency has provided at least one way for an offender to privately report an incident to a public/government or private entity that is not a part of the agency. The mechanism that most offenders referred to is the use of the Prisoner's Rights. Offenders may write a letter to Prisoner's Rights. Prisoner's Rights does have a telephone number, but inmates may have their pin authorized to call Prisoner's Rights. Prisoner's Rights must authorize the call. The auditor interviewed an investigator from Prisoner's Rights. The investigator stated that the Prisoner's Rights would promptly forward information to the facility concerning a PREA complaint. Offenders may remain anonymous in the complaint. Agency policy 315.02 addresses Foreign Nationals. The policy requires that inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Interviews with intake staff reveal that they are aware of the policy and directives. Policy 409.09, Page 16, Section 5 addresses reporting. Staff members are mandatory reporters of all incidents of sexual harassment and sexual abuse. Interviews with staff reveal that they are well aware of this requirement. Staff also indicated that they are required to document all complaints in writing. When asked how staff could privately report an incident of sexual harassment or sexual abuse, most staff indicated that they would report the incident directly to their supervisor. They also advised that they could send an email, drop an

anonymous note, call or write Prisoner's Rights or call the PREA Hotline, which goes directly to the Central Office at the VTDOC.

On or about July 31, 2020, the auditor was contacted by the PREA Coordinator regarding a conversation she had with the Prisoner's Rights Director. The Director informed the PREA Coordinator that Prisoner's Rights do not report all incidents to the agency and that as an advocate for inmates they would not provide information reported to the agency. This caused a dilemma as the agency must provide a public or private entity or office that is not part of the agency, and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. The auditor informed the PREA Coordinator that this information would alter the status of this standard to non-compliant.

On September 24, 2020, the PREA Coordinator provided a Memorandum of Understanding signed and dated September 24, 2020, between the Vermont Agency of Human Services and the Vermont Department of Corrections, agreeing to receive and forward inmate reports of sexual abuse and sexual harassment to agency officials. A minor change was needed on the MOU to clarify that the Vermont Agency of Human Services would accept all complaints of sexual harassment and sexual abuse was needed and the MOU was revised on September 28, 2020. Postings were made in the facilities and inmates were alerted of the new process. The agency updated information on posters, kiosks, and tablets to notify the inmates of the change in procedure.

115.52	Exhaustion of administrative remedies
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 557 1358 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1334 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1453 1014">b. Vermont Department of Corrections (VTDOC) Policy 320.01 Grievances <li data-bbox="349 1059 858 1095">c. Inmate PREA Brochure <li data-bbox="349 1144 1038 1180">d. Central Office Resident Handbook <li data-bbox="349 1229 946 1265">e. Third Party Reporting Poster <li data-bbox="349 1314 1410 1350">f. Northwest State Correctional Facility Resident Handbook <p data-bbox="248 1574 488 1610">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1744 1147 1780">a. Inmates Who Reported Sexual Abuse <p data-bbox="248 1915 419 1951">Findings:</p> <p data-bbox="248 2089 1445 2125">Agency policy 320.01, page 5, section b, and Page 8, Section 9, governs</p>

the grievance system for sexual abuse claims and specifically emergency grievances. The memorandum that revised the Grievance policy dated 09.23.2014 clarifies that an inmate may file a grievance regarding sexual abuse without a time limitation. The offender is not required to use the formal grievance procedures or to submit a complaint to his/her alleged abuser to file a complaint or grievance. The memorandum states that the offender can give a grievance to any staff member. The staff that receives a formal grievance alleging sexual abuse are required to forward it to their supervisor or another supervisor who is not the subject of the alleged abuse. The memorandum requires staff to address the grievance and issue a final determination on the case within 90 days. A 70-day extension can extend the response if needed. The facility has received 1 grievance quasi-related to sexual misconduct in the past 12 months. The grievance indicated that a staff member was overheard calling an inmate babe. This did not rise to the level of an emergency grievance. A review of grievances indicates that all grievances are taken seriously and responded to promptly. None of the cases reviewed extended beyond the 90-day limitation.

The Central Resident Handbook, page 18, includes information notifying the inmate in writing of any such extension and provide a date by which a decision will be made, The initial response and final agency decision shall document the agency's determination whether the inmate is in a substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance, and the Resident Handbook also includes information regarding how inmates may have assistance in utilizing a third party including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies. The NWSCF Resident Handbook pages 20-21, provide inmates with detailed information regarding filing a PREA related grievance to include requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance.

Agency policy 320.01 Memo Revision in 14.b addresses the duty to provide an initial response within 48 hours, and that a final agency decision be made within five days. A review of inmate grievances and disciplinary actions for 2019 indicates that the facility does not discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

Best Practice Recommendation:

Combine the Central Handbook and the local resident handbook into one document that provides all of the PREA related information in one place. Having different bits of information in the two documents makes it difficult to grasp all of the rules governing PREA.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PAQ Completed by Northwest State Correctional Facility (NWSCF) c. MOU with Just Detention International d. LOA with Voices Against Violence e. Inmate PREA Brochure f. Inmate Education Information g. Posters and signage in the facility h. Immigration Information related to PREA <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Inmates Who Reported Sexual Abuse b. Random Selection of Inmates

Findings:

NWSCF provides a victim advocate for any inmate needing to speak with an advocate. Outside advocates are available to all offender victims of sexual abuse. Offenders are provided the names, addresses, and telephone numbers of several advocacy groups in the PREA Pamphlet and the Resident Handbook. Offenders interviewed were familiar with the availability of services and some could provide specific names of the agencies. Offenders are aware of where the information is located and how to contact them if needed. Offenders are also provided with immigrant services agencies for persons detained solely for civil immigration purposes. Offenders are afforded access to these services via mail or telephone in as confidential a manner as possible. Page 26 of the Resident Handbook states, "All telephone conversations, with the exception of privileged communications (lawyer phone), shall be recorded and may be monitored." I was unable to locate an inmate that had reported sexual abuse. I interviewed Medical and Mental Health staff to determine that they inform inmates, before giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency has entered into an LOA with the Champlain Valley Office of Economic Development Voices against Violence and Just Detention International to provide inmates with emotional support services related to sexual abuse. The LOA with the Champlain Valley Office of Economic Development Voices against Violence was signed on June 17, 2019. Just Detention International provides *An Inside Line*, is a **FREE, unrecorded, unmonitored, anonymous, and confidential** sexual abuse, and sexual harassment emotional support line for Vermont DOC prisoners. This memorandum was dated January 17, 2020.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Third Party Reporting Poster/Signage d. PREA Posters e. Agency Website <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Investigative Staff <p>Findings:</p> <p>The VTDOC has provided a mechanism for third party reporting. The policy is posted on the DOC website located at http://doc.vermont.gov/programs/prea/prison-rap</p>

[e-elimiation-actprea/](#). The website also provides a printer-friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff indicate that all third-party reports will be taken seriously and followed up on appropriately. Third-Party Reporting posters/signage were observed throughout the facility to include areas of egress where visitors and attorneys would pass through regularly.

115.61	Staff and agency reporting duties
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 779 1315 815">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 853 1324 889">b. Vermont Department of Corrections (VTDOC) Policy 405 Reporting <li data-bbox="347 927 1311 963">c. PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="347 1001 924 1037">d. Random Sample of Incident Reports <p data-bbox="596 1084 632 1115" style="text-align: center;">p></p> <p data-bbox="248 1247 488 1283">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1417 908 1453">a. Medical and Mental Health Staff <li data-bbox="347 1491 810 1527">b. Random Sample of Staff <li data-bbox="347 1565 592 1601">c. Warden <li data-bbox="347 1639 730 1675">d. PREA Coordinator <p data-bbox="248 1798 419 1834">Findings:</p> <p data-bbox="248 1968 1481 2130">Agency policy 409.09, page 9, section b requires all staff, contractors, and volunteers to immediately report 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or</p>

violation of responsibilities that may have contributed to an incident or retaliation. Interviews with a random sample of staff confirm that they are required to report and knowledge, suspicion, or information regarding sexual harassment or sexual abuse, retaliation, or staff neglect. Staff members are familiar that they should not share private information surrounding a claim or incident of sexual harassment or sexual abuse other than disclosing the information to their supervisor(s) or other staff to assist in making treatment, investigation, and other security and management decisions. Interviews with Medical and Mental Health staff revealed that apart from reporting to designated supervisors or officials, medical and mental health staff refrain 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 unless prevented by Federal, State or local law. While the facility does not house offenders under the age of 18, if they were to have a vulnerable adult in the facility that claimed sexual harassment or sexual abuse, they would be required to report the allegation, including third-party and anonymous reports, to the facility's designated investigators. A review of Investigative reports reveals that the agency investigates reports made by third-party or anonymous complainants.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. Vermont Department of Corrections (VTDOC) Policy 410.05 Protective Custody c. PAQ Completed by Northwest State Correctional Facility (NWSCF) d. Vermont Department of Corrections (VTDOC) Policy 320.01 Inmate Grievances Memo <p style="text-align: center;">p></p> <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Warden c. Random Sample of Staff <p>Findings:</p>

Agency policy 409.09, page 2, number 2 requires staff to take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse. Interviews with staff indicated that staff are cognizant of their duties to protect all inmates, especially those that are at risk of imminent sexual abuse. Staff interviewed stated they would take every precaution necessary to protect the individual by separating them from the potential abuser, maintaining a visual on the individual and contacting their supervisor in order to make more permanent arrangements in protecting the individual. In the past year, multiple inmates were identified as vulnerable upon intake into the facility and their housing assignments were based on needs assessments in the multi-disciplinary team meetings. There were no cases where inmates were identified as at substantial risk of imminent sexual abuse. I interviewed a random sample of staff as well as the Warden/Superintendent to verify that offenders at imminent risk of sexual abuse would be protected in order to prevent the abuse from happening.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Review of Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Warden c. Random Sample of Staff <p>Findings:</p> <p>Agency policy 409.09, page 17, b, ii, requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the</p>

Superintendent confirm that the standard policy would be to notify the other superintendent directly to report an incident. There was one case reported at NWSCF that required reporting to another facility in the past 12 months. In the case, the acting head of the facility notified the head of the agency where the allegation was alleged to have occurred on the day the agency was advised of the incident. If the facility is the recipient of such a claim, the case is investigated in accordance with the PREA standards. One case was reported to the NWSCF in the past 12 months from another facility. In this case, a review of the facility census revealed that the alleged victim was not incarcerated in the Vermont Department of Corrections at the time of the allegation.

115.64	Staff first responder duties
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 557 1358 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1458 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1406 1014">b. Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting <li data-bbox="349 1059 1385 1153">c. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1198 1123 1234">d. Guidance Procedures for Investigations <li data-bbox="349 1279 855 1314">e. Investigations Directive <li data-bbox="349 1359 767 1395">f. Incident Protocols <p data-bbox="248 1529 488 1574">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1709 675 1731">a. Random Sample of Staff <li data-bbox="349 1776 1426 1843">b. While there were inmates that reported sexual abuse, interviews determine that neither case rose to the level of sexual abuse. <p data-bbox="248 1955 419 2000">Findings:</p>

The agency has a policy 409.09, page 17, Section a, provides protocols for responding to allegations of sexual abuse. In fact, they have developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Inmate on Inmate Sexualized behavior (not mandated to be tracked, but the VTDOC does track this valuable information), Inmate on Inmate Sexual Harassment, Inmate on Inmate Sexual Abuse, Inmate on Inmate Sexual Abuse Penetration, Staff on Inmate Voyeurism, Indecent Exposure and Sexual Harassment, and Staff on Inmate Sexually abusive Penetration/Contact. The policy and protocols require that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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, the first security staff member to respond to the report 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. Interviews with a random sampling of staff revealed that security staff are not proficient in the requirement to have victim or abuser refrain from washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating in order to preserve any potential evidence. When prodded further during the interviews, staff did recognize the duty to preserve the evidence, but staff should be able to cite their duties in this type of incident without prompting. There were no cases reported in the past twelve months that potentially allowed for the collection of physical evidence and in each case, the victim and abuser were asked to refrain from washing, brushing, going to the restroom, showering, etc. Agency policy 409.09 requires that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify

security staff. Non-security staff (caseworkers, medical, and mental health staff) interviewed were cognizant of their duty to request the victim and abuser to not take any actions that could destroy physical evidence and to notify security staff. There were no sexual abuse cases in the past 12 months where an allegation was reported to a non-security staff member. I reviewed the investigative files for each PREA allegation reported in the past 12 months and determined that non-security and security staff responded appropriately as required.

Corrective Action Required:

Retrain staff regarding the duty to preserve evidence when responding to a sexual abuse case by asking the victim and alleged abuser to not wash, brush teeth, change clothes, urinate, defecate, smoke, drink, or eat.

Update May 8, 2020: All staff have been retrained on their duties to preserve evidence when responding to a sexual abuse case. The facility has provided documentation of the training as well as a copy of the curriculum provided to staff.

115.65	Coordinated response
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1374 423">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 555 1358 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="352 779 1458 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="352 920 1390 1016">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="352 1061 1082 1095">c. NWSCF Coordinated Response Plan <li data-bbox="252 1234 488 1267">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="352 1402 555 1435">a. Warden <p data-bbox="252 1565 421 1599">Findings:</p> <p data-bbox="252 1733 1461 2103">The facility has a written institutional response 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. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse.</p>

Interviews with the Warden/ Superintendent, investigators, medical/mental health, and PREA Manager confirm that there is a coordinated response plan for the facility.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Collective Bargaining Agreement July 1, 2019 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head <p>Findings:</p> <p>The agency has entered a collective bargaining agreement with the Vermont State Employee's Association, Inc. The contract, Effective July 1, 2018 — Expiring June 30, 2020, does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. I interviewed the Agency Head and confirmed that the agency has entered a collective bargaining agreement with the Vermont State Employee's Association, Inc. A copy of the agreement, effective July 1, 2018, and expiring June 20, 2020, was provided to the auditor for review during the pre-audit phase. Article 14, Disciplinary Action, within the agreement covers the agency's right to remove alleged staff abusers from contact with inmates pending the outcome of an investigation.</p>



115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Retaliation Monitoring Form d. Sample of Investigative Files e. OMS SVST Process Flow Chart <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Warden c. Retaliation Monitor d. While there were inmates that reported sexual abuse, interviews determine that neither case rose to the level of sexual abuse, therefore there were no interviews that were applicable.

Findings:

Agency policy 409.09, Page 2, Section 3 states that staff members are charged with protecting inmates from retaliation. Interviews with a random sample of staff ensured familiarity with this standard. The facility has designated the Living Unit Supervisor (LUS) as the Retaliation Monitor for NWSCF. The agency has also created a Retaliation Monitoring Form to use to assist the monitor in keeping track and notes of the monitoring. The agency employs multiple protective measures, to protect victims from abusers to include housing changes, transfers for inmate victim or abuser, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head/Director, Warden/Superintendent, and Retaliation Monitor all conclude that the facility will take a variety of measures to protect the victim from their abuser. I reviewed investigative files of incidents where the victims were protected from potential retaliation. Agency policy mandates that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The facility monitors inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. I have reviewed investigative files that were substantiated and determined that the facility does monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor also indicate that monitoring may continue as needed to protect the victim.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing c. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) d. Restrictive Housing Memo 410.06 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Warden b. Staff members that work in Segregation Housing c. Inmates Placed in Segregation Housing <p>Findings:</p> <p>Agency policy 409.09, page 15, section C states that Inmates that have been designated as vulnerable shall not be placed in involuntary</p>

segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four hours while completing the assessment. During the past 12 months, there were no victims placed in involuntary segregation housing. I was unable to locate any offender victims that had been placed in segregation housing unless they had requested. I did tour the facility and speak with offenders in the segregation units to confirm that they have not been placed in involuntary segregation unless an assessment of all available alternatives has been made. I reviewed the housing assignments of offender victims to ensure they were not placed in segregation or limited in participating in facility programs.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline c. Vermont Department of Corrections (VTDOC) Policy 126 d. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) e. MOU with AHSIU/KNA DHRIU f. MOU with Vermont State Police(VSP) g. Investigations Flowchart h. Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting i. Incident Protocols j. Vermont Department of Corrections (VTDOC) Policy 409.08 Crime Scene Preservation k. Vermont Department of Corrections (VTDOC) Policy 434 Investigations l. Sample of Investigative Reports

2. Interviews:

- a. Warden
- b. PREA Coordinator
- c. PREA Compliance Manager
- d. Investigative Staff

Findings:

The VTDOC has a policy to investigate all crimes related to sexual abuse and sexual harassment in their facilities. Policy 409.09, Page 1, paragraph 3, states that the DOC will respond to, investigate, and support the prosecution of sexual abuse within Vermont's correctional system and externally in partnership with law enforcement. Interviews with investigative staff indicate that all incidents are taken seriously and investigated according to policy and procedure. Investigations are conducted promptly, thoroughly, and objectively. Reports received from third parties or anonymous sources are investigated. The VDOC policies state that Administrative investigations will be conducted by the Vermont Department of Human Resources Investigative Unit (DHRIU) and all criminal cases are investigated by the Vermont State Police. In some instances, whereby the DHRIU refuses to investigate an incident, the case is referred back to the facility to investigate. NWSCF facility has seventeen trained investigators to conduct PREA investigations. These investigators have received the required specialized training for conducting investigations in a confinement setting. In order to maintain consistency in investigations, the auditor suggests that all investigations be handled by the Vermont State Police or a dedicated Investigative team that could ensure all investigations are completed promptly and timely. I interviewed a sampling of the investigators and reviewed their training records for compliance with this standard. Investigators are trained to gather and preserve direct and

circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; they can interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Once an incident appears to be criminal, the case is forwarded to the Vermont State Police (VSP) for investigation. The VSP will refer cases for prosecution. The facility will not conduct compelled interviews. These interviews would be conducted by the VSP. Investigators assess the credibility of the witness on an individual basis. Investigators use the standard preponderance of the evidence when considering or weighing the evidence in a case. The VDOC does not utilize polygraph or other truth-telling devices in PREA investigations. I conducted interviews with victims who stated they were not subjected to taking any polygraph or other truth-telling device examinations. All administrative investigations are documented and include an analysis of whether staff actions or failure to act contributed to the incident. All criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. All substantiated allegations of conduct that appears to be criminal shall be referred for prosecution by the VSP. All written reports referenced in paragraphs (f) and (g) of this section are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The VTDOC has entered an MOU with the AHSIU that provides for the retention of these files. This is documented in the MOU, Page 2, section f. Interviews with investigative staff confirmed that investigations will continue even upon the departure of the alleged abuser or victim from the employment or control of the facility or agency. Agency staff, to include the Agency Head, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all confirmed in interviews that when DHR-IU or VSP are investigating on their behalf, they will cooperate fully to ensure the investigative entity has access as needed and attempt to remain informed about the progress and status of the investigation.

Allegation Type	Substantiated	Unsubstantiated	Unfounded	Pending
Inmate on Inmate Sexual Harassment	3	10	6	0
Inmate on Inmate Sexual Abuse	4	3	2	1
Staff on Inmate Sexual Harassment			4	0
Staff on Inmate Sexual Abuse			4	0
Total	7	13	16	1

NWSCF provided the auditor with 67 case files for review. Upon initial review, the auditor observed that many of the cases were not sexual harassment or sexual abuse incidents, but are documentation of sexualized behavior. The auditor reached out to the PREA Coordinator for clarification. The State of Vermont commonly documents sexualized behavior to include catcalls, initial or single complaints of harassment, consensual sex, and various other behaviors. The PREA Coordinator reached out to the PREA Compliance Manager to confirm the classification of the investigations but due to COVID-19 related duties, the facility was unable to provide clarification of the information needed before the due date of the Interim Report. The auditor attempted to review all of the cases provided but learned midstream that the list of cases provided does not mirror the spreadsheet maintained at the facility. In the 67 files reviewed, all were investigated the same as a sexual harassment or sexual abuse case would be investigated to include notification to victims, Incident Reviews, and documentation. Therefore, the auditor determined that this would be reviewed and revised when the Final Report is submitted. Update: On May 11, 2020, the facility sent a reiteration of each of the cases previously presented. Of the cases initially provided, 37 of the cases were actual sexual harassment or sexual abuse incidents. The remaining 30 cases were tracking of sexualized behaviors such as catcalls, wolf whistles, indecent exposure, sexual propositioning, sexualized comments directed at staff, or consensual sexual contact.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1476 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 481 1428 515">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 638 1412 672">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 716 1380 806">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="347 851 702 884">c. MOU with AHSIU <li data-bbox="347 929 997 963">d. MOU with Vermont State Police(VSP) <li data-bbox="347 1008 375 1041">e. <p data-bbox="252 1164 454 1198">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1332 622 1366">a. Investigative Staff <p data-bbox="252 1478 399 1512">Findings:</p> <p data-bbox="252 1713 1460 2049">Agency policy 409.09, page 4, footnote 6, states that incidents are substantiated if it is proven by the preponderance of the evidence. This was confirmed in interviews with Investigative Staff and through the review of investigative files. Interviews with investigative employees confirm the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All 2019 investigative files were reviewed and found to be compliant.</p>

115.73	Reporting to inmates
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="248 248 523 284">Auditor Discussion</p> <hr/> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1449 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1390 1014">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1059 759 1095">c. MOU with AHSIU <li data-bbox="349 1144 1094 1180">d. MOU with Vermont State Police(VSP) <li data-bbox="349 1229 991 1265">e. Inmate Victim Notification Form <li data-bbox="349 1314 999 1350">f. Sample of Investigative Reports <li data-bbox="349 1400 1086 1435">g. Completed Inmate Notification Forms <p data-bbox="248 1664 488 1700">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1839 531 1874">a. Warden <li data-bbox="349 1910 624 1946">b. Investigative Staff <p data-bbox="248 2067 419 2103">Findings:</p>

The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are notified promptly. When the agency does not conduct the investigation themselves, they do request that the investigative agency notify them of the outcome or status of the case. A review of the case files revealed that notices in each file. When an inmate departs the facility before the completion of the investigation, the facility attempts to notify the victim of the outcome of the case.

When the agency does not investigate an inmate's allegation of sexual abuse in the facility, the agency requests relevant information from the investigative agency to inform the inmate. A review of investigative cases files indicates attempts to follow up with investigators. The agency policy 409.09 requires that inmates be notified if following an inmate's allegation that a staff member has committed sexual abuse against the inmate, (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I did review an investigative file that met this requirement and the appropriate notice was given to the inmate. Agency policy 409.09 requires that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently must inform the alleged victim whenever the agency learns that the alleged abuser has been indicted related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative files indicates that this is the practice at the facility. The facility documents in writing all notices provided to alleged sexual abuse victims.



115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF)
- c. Investigations Flowchart
- d. Memorandum regarding Staff Discipline about PREA
- e. Review of Personnel Files

2. Interviews:

- a. Warden
- b. Investigative Staff

Findings:

According to agency policy 126, page 2, paragraph 3, agency staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 126, Page 2, paragraph 3 states, "...Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." There was one disciplinary action to review of staff related to an incident of sexual abuse or sexual harassment. All disciplinary sanctions imposed 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. 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, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, no cases were staff should have been reported to law enforcement or the relevant licensing body.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Vermont Department of Corrections (VTDOC) Policy 126 Sexual Misconduct with Offenders d. Vermont Department of Corrections (VTDOC) Policy 376.01 Volunteer Services Management <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Warden <p>Findings:</p> <p>Any contractor or volunteer who engages in sexual abuse is prohibited</p>

from contact with inmates are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency Directive 376.01 treats all volunteers as employees of the state and the same rules govern the volunteers as staff. Contractors and volunteers who engage in sexual abuse are prohibited from future contact with inmates. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. There was one incident reported involving a contractor in the past 12 months. The contractor was banished from returning to the facility and reported to the licensing body. An interview with the Warden/ Superintendent revealed that it is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation related to sexual harassment or sexual abuse.

115.78	Disciplinary sanctions for inmates
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1477 365">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="248 488 1426 524">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="347 647 1426 683">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 728 1377 808">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="347 853 1209 934">c. Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing <li data-bbox="347 978 1437 1059">d. Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline <li data-bbox="248 1193 456 1229">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="347 1352 528 1384">a. Warden <li data-bbox="347 1429 740 1460">b. Medical and Mental Health Staff <p data-bbox="248 1576 400 1612">Findings:</p> <p data-bbox="248 1738 1477 2114">Agency policy 410.01 governs inmate discipline. The policy states that offenders are subject to disciplinary sanctions under a formal disciplinary process following an administrative or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the past twelve months, there were four administrative allegations of inmate-on-inmate sexual abuse. There were no criminal cases of inmate-on-inmate sexual abuse. A review of investigative and disciplinary reports indicates sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and</p>

sanctions for comparable offenses committed by other inmates with similar histories. An inmate's mental disability would be considered when determining what sanctions to impose. The facility offers a variety of therapeutic services to abusers to address and correct underlying reasons or motivations for the abuse. The facility does not mandate participation in the therapy as a prerequisite to participate in facility programming. Services offered are Mental Health and Risk Reductions courses. The facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no inmate disciplinary actions to review where inmates sexually abused staff without consent. If an offender files a report in good faith the offender will not be disciplined for falsely reporting the incident. The VDOC prohibits all sexual activity between inmates and may discipline inmates for such activity. The agency does not deem the activity to constitute sexual abuse if it determines that the activity is not coerced. This collaborated through a review of the Resident Handbook and the facility rules and Inmate Discipline policy.

NWSCF provided the auditor with 67 case files for review. Upon initial review, the auditor observed that many of the cases were not sexual harassment or sexual abuse incidents, but are documentation of sexualized behavior. The auditor reached out to the PREA Coordinator for clarification. The State of Vermont commonly documents sexualized behavior to include catcalls, initial or single complaints of harassment, consensual, sex, and various other behaviors. The PREA Coordinator reached out to the PREA Compliance Manager to confirm the classification of the investigations but due to COVID-19 related duties, the facility was unable to provide clarification of the information needed prior to the due date of the Interim Report. The auditor attempted to review all of the cases provided but learned midstream that the list of cases provided did not mirror the spreadsheet maintained at the facility. In the 67 files reviewed, all were investigated the same as a sexual harassment or sexual abuse case would be investigated to include notification to victims, Incident Reviews, and documentation. Therefore, the auditor determined that this would be reviewed and revised when the Final Report is submitted.

Best Practice Recommendation:

Recommend that the facility use the tracking mechanism and requirements provided by the PREA Office to ensure proper tracking of sexualized behavior, sexual harassment, and sexual abuse to alleviate future confusion.

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 557 1358 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1449 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1390 1014">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1059 1422 1153">c. Review of Medical and Mental Health Secondary Records that Document Compliance <p data-bbox="248 1288 488 1323">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1458 995 1494">a. Medical and Mental Health Staff <li data-bbox="349 1538 1474 1574">b. Inmates who Disclose Sexual Victimization at Risk Screening <li data-bbox="349 1619 1070 1655">c. Staff Responsible for Risk Screening <p data-bbox="248 1798 421 1834">Findings:</p> <p data-bbox="248 1973 1485 2121">The VTDOC has contracted with Centurion health care provider to review the screening instrument and to determine if an offender indicates that they have experienced prior sexual victimization, whether it occurred in an</p>

institutional setting or in the community, staff members ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. A review of offender files indicates that all follow-up meetings were offered in less than 14 days. Interviews with Medical and Mental Health providers support the limitation of fourteen days. However, in the majority of the cases, the support was offered much quicker than the 14-day window. Staff members that conduct the screening indicated that a follow-up meeting would be requested immediately. The caseworkers complete the Risk Screening Instrument at the facility. Likewise, if an offender risk screening indicates that an offender has a history of being an abuser, they are offered a follow-up meeting with mental health within 14-days. The healthcare provider reviews inmate screening instruments to determine if an offender had indicated that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. The staff ensures that inmates are provided a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Discussion around sexual violence is part of the intake process with Medical staff. Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Security staff members have access to this information on a need to know basis to assist in determining housing assignments, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with Medical and Mental Health staff confirm that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. The facility does not house inmates under the age of 18.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. PREA Incident Protocols d. Investigative Report applicable to interview mentioned below <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Medical and Mental Health Staff b. Inmates who Disclose Sexual Victimization at Risk Screening c. Staff Responsible for Risk Screening d. Inmates Who Reported a Sexual Abuse (the case was reported to the auditor that the act was consensual by the victim, but the interview revealed that sexually transmitted infections prophylaxis was provided so the interview was provided as proof for this standard.)

Findings:

According to medical and mental health practitioners, inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are according to their professional judgment determine. The VTDOC has established a working relationship with local hospitals to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. VTDOC protocols call for contacting the receiving hospitals in advance to ensure a SANE will be made available and to request a victim's advocate be provided upon arrival. Locally, the Northwest Medical Center provides a SANE as needed. The SANE nurses work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. Interviews with Medical and Mental Health staff indicate that the services provided are following their professional judgment. Facility protocols for responding to a sexual abuse incident mandate that security staff first responders immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse, while incarcerated, are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, following professionally accepted standards of care, where medically appropriate. This service is provided at the local hospital when the inmate victims go in to see the SANE. All inmate victims receive medical services without incurring any expense whether they cooperate in the investigation or not.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 557 1358 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1430 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1485 1014">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1059 847 1095">c. PREA Incident Protocols <li data-bbox="349 1144 1393 1238">d. Investigative Report applicable to the interview mentioned below <p data-bbox="248 1373 488 1408">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1547 991 1583">a. Medical and Mental Health Staff <p data-bbox="248 1718 419 1753">Findings:</p> <p data-bbox="248 1888 1481 2148">The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This collaborated through observation of facility programs that deal specifically with domestic violence and sexual abuse and a thorough review of resources made</p>

available to inmate victims. The evaluation and treatment of 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. These services are consistent with the community level of care. NWSCF is a Male only facility. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatment services are 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 facility, functioning as a prison, does conduct a mental health evaluation of all convicted known inmates-on-inmate abusers with 60 days of learning of the sexual abuse history and offer treatment when deemed appropriate. Both Medical and Mental Health professionals interviewed confirmed that inmate victims receive the care required within this standard.

115.86	Sexual abuse incident reviews
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1437 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1485 1014">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1059 1401 1104">c. Sexual Abuse Incident Review Team Report Form (SART) <li data-bbox="349 1149 967 1193">d. Sample of Investigative Reports <p data-bbox="248 1323 488 1359">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1494 991 1538">a. Medical and Mental Health Staff <li data-bbox="349 1583 595 1628">b. Warden <li data-bbox="349 1673 935 1718">c. PREA Compliance Manager <li data-bbox="349 1762 831 1807">d. Incident Review Team <p data-bbox="248 1919 419 1955">Findings:</p> <p data-bbox="248 2089 1417 2134">The agency has a policy, 409.09, on page 23, the second paragraph to</p>

conduct a sexual abuse incident review after every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Several Incident Reviews were completed within the required 30 days of the close of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. In the files reviewed, the team included upper-level management front line supervisors, investigators, and medical or mental health practitioners. The agency has created an Incident Review Form to ensure the required elements are being reviewed. The elements include (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 facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To determine compliance with this standard, I interviewed the PREA Compliance Manager, Medical, Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent. I reviewed all PREA related Investigative files and observed Incident Review Team forms and found that the Incident Reviews were completed timely.

115.87	Data collection
	<p data-bbox="248 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 1273 360">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="248 416 1230 450">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="248 528 1190 562">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="248 573 1273 607">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="248 618 1007 651">c. Vermont Department of Corrections PREA Webpage <li data-bbox="248 663 943 696">d. OMS PREA Categories for Classifying Incidents <li data-bbox="248 707 927 741">e. 2018 SSV Report to the Department of Justice <li data-bbox="248 786 424 819">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="248 875 799 909">a. Medical and Mental Health Staff <li data-bbox="248 920 488 954">b. Warden <li data-bbox="248 965 743 999">c. PREA Compliance Manager <li data-bbox="248 1010 671 1043">d. Incident Review Team <p data-bbox="248 1088 368 1122">Findings:</p> <p data-bbox="248 1178 1477 2141">The Vermont Department of Corrections, policy 409.09, details the standardized definitions one page 3-8. The agency collects uniform data of each allegation within the agency, to include contracted facilities. Page 22 of the policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VTDOC follows the SSV as guidance for the collection of appropriate data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All of the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked to answer all questions on the Survey of Sexual Violence by the Department of Justice. The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all of the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that house inmates on their behalf. The VTDOC is provided a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and monitored. The reports are then provided to the PREA Director for the VTDOC who compiles the annual reports for the agency. The contracted agency aggregated reports are posted publicly on the VTDOC webpage. I reviewed the 2018 aggregated report as well as the annual report generated by the VTDOC. The agency has also mapped out the investigative process providing clarification of the process and responsibilities of each member's role in the completion of the investigations. This level of awareness and concern far exceeds the scope of the PREA Standards and portrays the sincerity of the importance of sexual safety in the VTDOC system.</p>

Corrective Action Recommendation:

Compile aggregate data annually, the NWSCF is not able to provide the precise number of cases and classification of case types at this time due to COVID-19 related duties and strain on staff. The 2019 report has not been finalized.

Update:

On May 11, 2020, the facility sent a reiteration of each of the cases previously presented. Of the cases initially provided, 37 of the cases were actual sexual harassment or sexual abuse incidents. The remaining 30 cases were tracking of sexualized behaviors such as catcall, wolf whistles, indecent exposure, sexual propositioning, sexualized comments directed at staff, or consensual sexual contact.

115.88	Data review for corrective action
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1430 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1485 1014">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1059 1307 1104">c. Vermont Department of Corrections PREA Webpage <li data-bbox="349 1149 810 1193">d. Annual PREA Reports <p data-bbox="248 1323 488 1359">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1494 687 1538">a. Agency Head <li data-bbox="349 1583 767 1619">b. PREA Coordinator <li data-bbox="349 1664 932 1709">c. PREA Compliance Manager <p data-bbox="248 1753 419 1798">Findings:</p> <p data-bbox="248 1921 1477 2128">Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house inmates. The VTDOC has six state prisons and contracts with a private company to house some inmates out of state. The VTDOC has</p>

constructed a written analysis of the data from 2016, 2017, and 2018 comparing and analyzing if there are areas of concern that should be addressed to further improve sexual safety in the facilities. The report for 2018-2019 is not yet on the website. The data is specifically reviewed to determine if any problems areas within the facilities should be addressed to curtail abuse if corrective action is warranted, and reviewing each facility's aggregated data as well as the agency as a whole on an annual basis. Once the annual aggregated reports are complete, the agency head approved of the report by signature, and the reports are posted on the agency webpage at <http://doc.vermont.gov/programs/prea/prison-rape-eliminati> on-act-prea/. The agency has not had to redact any material from an annual report but would if necessary, to curtail any threat to the safety and security of a facility. I have reviewed all reports posed on the VTDOC webpage from 2016-2018. The 2019 report has not been posted on the website yet.

Corrective Action Recommendation:

Complete and post the 2018 and 2019 Annual reports.

On September 22, 2020, the agency updated the agency website to include the 2017-2018 and 2018-2019 annual reports, which 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.

115.89	Data storage, publication, and destruction
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1437 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1485 1014">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1059 1307 1104">c. Vermont Department of Corrections PREA Webpage <li data-bbox="349 1149 810 1193">d. Annual PREA Reports <p data-bbox="248 1491 488 1527">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1664 687 1709">a. Agency Head <li data-bbox="349 1753 770 1798">b. PREA Coordinator <li data-bbox="349 1843 933 1888">c. PREA Compliance Manager <p data-bbox="248 2007 419 2042">Findings:</p>

The VTDOC has a number of safeguards in place to securely retain PREA related data. In addition to having an information security policy that addresses access, systems, and use, the agency requires that desktop computers require a password, and all mobile devices are required to maintain a strong password. I have observed that the PREA Director's mobile laptop is fixed with a screen that cannot be observed except at a certain angle to assist in preventing others from viewing sensitive information. The agency makes available the aggregated data to the public on its website. The data from contracted facilities is not currently available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA related data will be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Corrective Action Recommendation:

Ensure that aggregated sexual abuse data, from facilities under VTDOC control and from facilities with which your contract is readily available on the website. The information from 2019 is missing.

Update: 115.89 On August 31, 2020, The VDOC update their website to include PREA reports for facilities that they contract with for housing inmates.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Vermont Department of Corrections PREA Webpage d. Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. None <p>Findings:</p> <p>The VTDOC operates six state prisons and has completed all cycle one and cycle two audits of their facilities. This is the second audit conducted in year one of the third cycle. The agency has a plan in place to ensure</p>

the standard of one-third of all facilities operated are audited annually. I have observed the PREA Final reports that were posted on the agency's webpage. The auditor was afforded full access to all areas of the audited facility. A thorough on-site review of the facility was conducted on the first day of the audit. The auditor requested and received a plethora of documents from the agency and facility to properly triangulate the data and evidence of compliance. All interviews of staff and inmates were completed in a private area. Inmate and staff interviews were conducted in an open office area which afforded great privacy. During the on-site review, the auditor observed Notices of Audit that were provided to the facility in all housing units, common areas, attorney's booths, visitation, lobby, and other locations throughout the facility. The Notices of Audit were displayed in both English and Spanish. Inmates interviewed confirmed that the notices had been displayed for a couple of months. The auditor did receive correspondence from three inmates in this facility before the audit. An attempt was made to interview each offender during the on-site audit. Each of the offenders had been released or transferred before my arrival. One inmate who had been transferred to another facility in Vermont made an outcry that he wanted to speak with me while I was in Vermont and the agency arranged for us to have a Skype interview.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Vermont Department of Corrections PREA Webpage d. Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. None <p>Findings:</p> <p>I have observed the auditors PREA Final reports that were posted on the</p>

agency's webpage.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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 inmates.)	yes
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates 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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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 inmates 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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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

115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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 victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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 inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate'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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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.	no

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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
	Does the agency always refrain from requiring an inmate 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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
	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
115.52 (d)	Exhaustion of administrative remedies	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate 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
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain 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
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	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

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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 inmate disciplinary reports?	yes
	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 inmate housing changes?	yes
	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 inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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

115.71 (e)	Criminal and administrative agency investigations	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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?	no

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate 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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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

115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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

115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes

Transmittal of External Audit Report

Instructions: Per Department of Finance & Management Policy #7.0: **External Audit Reports**, departments are required to complete and submit this **coversheet** with a copy of the external audit report to the Commissioner of Finance & Management within 30 days of issuance of the final audit report. This coversheet must be submitted by the department's business office to ensure their awareness and acknowledgment of any potential financial impact. Official department responses to the audit report, including corrective action plans (*if required*), must also be submitted to Commissioner of Finance & Management upon completion.

Department	DOC/Northern State Correctional Facility
Business Office Contact	Kristin Calver
Program/Activity Audited	Prison Rape Elimination Act (PREA)
Audit Agency	DOC Contractor/Melinda Allen
Audit Report Date	05/10/2022

1. Does the audit report contain any findings or recommendations?

YES NO

➤ If YES continue to question #2; otherwise coversheet is complete.

2. Does the report contain any repeat audit findings?

YES NO

3. Please rate the findings and/or recommendations contained in the audit report using the following scale; for reports with multiple findings, this overall rating should be based on the most critical finding:

Insignificant: Nominal violation of policies, procedures, rules, or regulations. Corrective action suggested but not required.

Notable: Minor violation of policies, procedures, rules, or regulations and/or weak internal controls; and/or opportunity to improve effectiveness and efficiency. Corrective action may be required.

Significant: Significant violation of policies, procedures, rules, regulations or laws; and/or poor internal controls; and/or significant opportunity to improve effectiveness and efficiency. Corrective action required.

Major: Major violation of policies, procedures, rules, regulations or laws; and/or unacceptable internal controls; and/or high risk for fraud, waste or abuse; and/or major opportunity to improve effectiveness and efficiency. Immediate corrective action required.

4. Is the department required to develop a corrective action plan (or similar) to address the audit findings and/or recommendations?

YES NO

➤ If YES continue to next question; otherwise skip to question #8.

Transmittal of External Audit Report

5. Has the corrective action plan been developed?

YES NO [provide status below]

❖ Status of corrective action plan: Corrective actions and recommendations completed. All Standards that originally did not meet the standard are now in compliance.

6. Does the department anticipate any inability or delay in implementing its corrective action plan?

YES NO,

➤ If YES continue to next question; otherwise skip to question #8.

7. What fiscal and programmatic impact is this inability or delay likely to have?

none

8. Does the report contain any disallowed costs¹?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise skip to question #11.

Disallowed Amount \$	Audit Report Page #

Disallowed Amount \$	Audit Report Page #

9. Has the method and timing of repayment for all disallowed costs been agreed upon with the applicable organization?

YES NO

10. Assess the impact this disallowance will have on the:

- a. Program/Activity: Major Significant Minimal None
 b. Dept Overall Budget: Major Significant Minimal None

11. Does the report contain any questioned costs²?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise form is complete.

Questioned Amount \$	Audit Report Page #

Questioned Amount \$	Audit Report Page #

12. Assess the likelihood that the questioned costs will result in disallowances and/or reductions in future revenues:

Very Likely Likely Somewhat Likely Not Likely

¹ Costs determined as unallowable under the applicable program/activity and not eligible for financial assistance; generally disallowed costs must be reimbursed to the awarding organization.

² Costs identified as potentially unallowable for financial assistance under the applicable program/activity.

PREA Facility Audit Report: Final

Name of Facility: Northern State Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/10/2021

Date Final Report Submitted: 05/10/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Melinda Allen	Date of Signature: 05/10/2022

AUDITOR INFORMATION	
Auditor name:	Allen, Melinda
Email:	preaaudit@gmail.com
Start Date of On-Site Audit:	09/29/2021
End Date of On-Site Audit:	10/01/2021

FACILITY INFORMATION	
Facility name:	Northern State Correctional Facility
Facility physical address:	2559 Glen Road, Newport, Vermont - 05855
Facility mailing address:	

Primary Contact	
Name:	Michael Koehler
Email Address:	Michael.Koehler@vermont.gov
Telephone Number:	802-498-8934

Warden/Jail Administrator/Sheriff/Director	
Name:	Scott Martin
Email Address:	Scott.Martin@vermont.gov
Telephone Number:	802-334-3353

Facility PREA Compliance Manager	
Name:	Mike Lyon
Email Address:	mike.lyon@vermont.gov
Telephone Number:	M: 802-334-8944
Name:	Mike Koehler
Email Address:	michael.koehler@vermont.gov
Telephone Number:	O: 8024874313

Facility Health Service Administrator On-site	
Name:	Vacant
Email Address:	Vacant
Telephone Number:	Vacant

Facility Characteristics	
Designed facility capacity:	433
Current population of facility:	394
Average daily population for the past 12 months:	366
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	19-71
Facility security levels/inmate custody levels:	Minimum, Medium, Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	126
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Vermont Department of Corrections
Governing authority or parent agency (if applicable):	Vermont Agency of Human Services
Physical Address:	NOB 2 South, 280 State Drive, Waterbury, Vermont - 05671
Mailing Address:	
Telephone number:	8022410000

Agency Chief Executive Officer Information:	
Name:	James Baker
Email Address:	james.baker@vermont.gov
Telephone Number:	(802) 241 - 0001

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Sprafke	Email Address:	jennifer.sprafke@vermont.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
3	<ul style="list-style-type: none"> • 115.41 - Screening for risk of victimization and abusiveness • 115.42 - Use of screening information • 115.52 - Exhaustion of administrative remedies
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-09-29
2. End date of the onsite portion of the audit:	2021-10-01

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	External organizations were contacted before the on-site audit phase including Just Detention International (JDI), and Umbrella (Community Advocate). Just Detention International reported having not received any information about sexual safety at the Northern State Correctional Facility in the last 12 months. NSCF, who has an LOA with JDI to provide emotional support services, a 24/7 crisis support line, specialized counseling, and with Umbrella to accompany victims to the hospital for forensic medical examinations. AHS is contracted to supply notification of allegations of sexual abuse and sexual harassment originating within the jail to VTDOC officials.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	433
15. Average daily population for the past 12 months:	366
16. Number of inmate/resident/detainee housing units:	12
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	383
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2

39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	3
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	3
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	126
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	4

52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No volunteers are currently allowed in the facility due to COVID-19 concerns.
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
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54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
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55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor reviewed the demographics of the facility at the time of the audit. The auditor selected inmates from every housing unit to interview. Typically, selecting the 1st person in each housing unit. The facility houses minimum, medium, and maximum incarcerated individuals. Incarcerated individuals from all demographics and classifications were selected for the interviews to ensure the sample selected was representative of the demographics of the facility at the time of the audit. When the first person in the list did not meet the criteria, the auditor selected the subsequent individual on the roster.
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56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
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Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not currently track this data in a report. The auditor interviewed staff, and incarcerated individuals, and made visual observations during the facility tour attempting to locate individuals that would meet the requirements. The department is currently exploring avenues and options to create reports that would be capable of tracking this type of data.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not currently track this data in a report. The auditor interviewed staff, and incarcerated individuals, and made visual observations during the facility tour attempting to locate individuals that would meet the requirements. The department is currently exploring avenues and options to create reports that would be capable of tracking this type of data.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not currently track this data in a report. The auditor interviewed staff, and incarcerated individuals, and made visual observations during the facility tour attempting to locate individuals that would meet the requirements. The department is currently exploring avenues and options to create reports that would be capable of tracking this type of data.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not currently track this data in a report. The auditor interviewed staff, and incarcerated individuals, and made visual observations during the facility tour attempting to locate individuals that would meet the requirements. The department is currently exploring avenues and options to create reports that would be capable of tracking this type of data.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>

69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Agency policy prevents the use of segregated/isolation housing for incarcerated individuals for the risk of sexual victimization.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The department is currently exploring avenues and options to create reports that would be capable of tracking this type of data.

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor selected staff from each shift to interview. Selections were made that were representative of each rank, work assignment, and the officer's tenure to interview.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	26
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>No text provided.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The site review also included a review of Central control where cameras are monitored to visually inspect the views of cameras placed in isolation cells and general camera placement.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor selected a plethora of documents to review to substantiate each component of the audit. All Investigations were reviewed.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	0	1	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	<p>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 410.01 • Sexual Abuse Awareness Brochure • Vermont Department of Corrections Organizational Chart • Northern State Correctional Facility Organizational Chart <p>2. Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Compliance Manager <p>Finding:</p> <p>The VDOC policy 409.09 addresses the Prison Rape Elimination Act. The agency's policy mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is addressed on page one of the policy. The policy outlines, on pages 2 & 3, how the PREA standards are implemented and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is expected and does follow the department's policy. Interviews were conducted on-site with the PREA Compliance Manager and Superintendent to confirm the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It was apparent through the facility walk-through that the facility takes sexual safety seriously through the observation of PREA posters, PREA Newsletters, informational pamphlets, and educational programs. The policy pages 3-8 contain definitions as required by the standard. Sanctions against PREA related incidents are covered in policy 410.01, Facility Rules and Inmate Discipline. PREA policy 409.09 addresses agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of incarcerated individuals. These strategies are covered on pages 2, 3, and 10-23 of policy 409.09. The facility has a designated PREA Compliance Manager. The compliance manager showed that he does not have sufficient time to coordinate the facility's efforts to comply with the PREA standards. As with most governmental agencies, staff members must juggle a plethora of duties and be expected to complete each of the duties in a prompt fashion. I saw that the PREA Compliance Manager authority to coordinate the facility's efforts to comply with the PREA standards. The required work is being completed, as some PREA-related duties are being distributed amongst other staff in the future to assist in the efficiency of the processes. The PREA Compliance Manager serves as the Assistant Superintendent of the facility and has the requisite authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports directly to the Superintendent of the facility. The agency has a PREA Coordinator and six Compliance Managers as well as backup Compliance Managers for each facility.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Agency Policy 409.09 • Northern State Correctional Facility Pre-Audit Questionnaire • Contract for Housing Inmates, Page 26, Section 4.3 2. Interviews: <ul style="list-style-type: none"> • Agency Contract Administrator <p>Finding:</p> <p>The Vermont Department of Corrections (VDOC) has contracted with CoreCivic to house incarcerated individuals on their behalf. The most recent contract was entered on September 17, 2018. The initial term of the contract was two years with the ability to renew for two additional years. The contract requires that the contractor adopt and comply with the PREA Standards, page 26, Section 4.3. The DOC does not have any current contracts for confinement that do not require compliance and adoption of the PREA Standards. The current contract specifies that the Contractor will comply with the PREA of 2003 (28 C.F.R. Part 115, Docket No. OAG-131. RIN 1005-Dated May 17, 2012) as noted on page 10 of the contract, and will adopt all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the Contractor's facilities that house State incarcerated individuals. State staff has the right to conduct announced and/or unannounced, compliance monitoring to include "on-site" monitoring to ensure that the contractor is complying with PREA standards. This is standard verbiage for contracts for confinement as established through the Agency's PREA policy 409.09. The contract monitor oversees compliance with all PREA Standards. In interviews with the contract monitor, I determined that the contract monitor regularly reviews the contractor and their work as it applied to PREA. The facility had its PREA Audit in June 2021 and is currently in the Corrective Action phase.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Northern State Correctional Facility Staffing Plan • Annual Review of Staffing Plan 2019, 2020 • Facility Camera Map <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/ Superintendent • PREA Coordinator • PREA Compliance Manager • Intermediate or Higher-level Facility Staff <p>Finding:</p> <p>The facility has a formalized, written staffing plan that addresses the mandatory elements required by the standard. The staffing plan is reviewed annually for consideration of needs to improve sexual safety in the facility. The facility, in collaboration with the PREA Coordinator, reviews the staffing plan to determine if adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. A copy of the staffing plan analysis was secured during the pre-audit phase. The Northern State Correctional Facility (NSCF) uses overtime collapses not-essential (Housing) posts or utilizes overtime if needed to maintain minimum staffing levels. Daily reports are used to document any deviations from the staffing plan. An annual review is completed to determine if adjustments are needed. NSCF officers are required to complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented in the logbooks as well. The facility has 156 cameras that are monitored by control staff to aid in supervision. The cameras record information for up to 30 days depending on the level of motion detected activity. The current storage was around 30 days. The facility has upgraded its entire camera system since the last audit. They added numerous cameras to the system to help ensure sexual safety within the facility. The facility uses a screening system to identify vulnerable incarcerated individuals during the initial screening process prior to placement in a cell. Vulnerable incarcerated individuals are placed alone in cells adjacent to the officer's desk and extra observation rounds are conducted for heightening security. To verify that intermediate or higher-level supervisors conduct unannounced rounds, I reviewed logbook entries and compared the logbook entries to video footage to verify the rounds were conducted. In interviews with the intermediate and higher-level supervisors, I determined that unannounced rounds are conducted sporadically and without warning to the staff. Supervisors vary their routes throughout the facility and never announce that they are making rounds. Rounds were verified for day and night shifts.</p>

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 329 1222 875" style="list-style-type: none"> <li data-bbox="240 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 409 1209 539" style="list-style-type: none"> <li data-bbox="280 409 887 439">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="280 443 1026 472">• Vermont Department of Corrections Youthful Offender Status Document <li data-bbox="280 477 1209 506">• Northern State Correctional Facility Procedure 326.01.02 Placement of Youthful Offenders <li data-bbox="280 510 557 539">• Daily Population Reports <li data-bbox="240 566 376 595">2. Interviews: <ul data-bbox="280 647 1222 741" style="list-style-type: none"> <li data-bbox="280 647 1010 676">• There is no Line Staff who Supervise Youthful Incarcerated Individuals <li data-bbox="280 680 1222 710">• There are no Education and Program Staff who Work with Youthful Incarcerated Individuals <li data-bbox="280 714 1150 743">• There were no Youthful Incarcerated Individuals present during the audit to interview <li data-bbox="240 770 408 799">3. Observations: <ul data-bbox="280 851 748 880" style="list-style-type: none"> <li data-bbox="280 851 748 880">• Visual Review facility during On-site Review <p data-bbox="240 904 325 934">Finding:</p> <p data-bbox="240 963 1493 1155">The facility does not house juvenile offenders. The auditor observed the facility and interviewed staff, incarcerated individuals, and reviewed daily rosters to determine that the facility does not house youthful offenders. It is the practice of the State of Vermont to avoid housing Youthful Offenders in adult facilities except in rare situations. Youthful offenders would be housed at the Marble Valley Regional Correctional Facility if one is incarcerated. The agency has developed an operational procedure for placement of an under eighteen offender in an adult correctional facility, MVRCF 12-01, which requires them to provide for sight sound separation from the adult incarcerated individuals.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 432.01 • Vermont Department of Corrections Agency Policy 409.01 • Log of Cross-gender Strip Search (none) as evidenced by OMS report and interviews • Strip Search Memo dated 3.06.2015 2. Interviews: <ul style="list-style-type: none"> • Random Sample of Staff • There were no female incarcerated individuals present to interview • Transgender Incarcerated Individuals <p>Finding:</p> <p>Policy 409.01 governs pat searches of incarcerated individuals. Staff would only conduct a cross-gender strip or cross-gender visual body cavity searches of incarcerated individuals in emergencies. In the past year, there have been no emergencies that required cross-gender strip searches. When a female staff member is not available to conduct a pat search, the female incarcerated individual is placed in intake under observation until a female staff member can be summonsed to conduct the pat search. Facilities are not permitted to conduct pat searches of female incarcerated individuals absent exigent circumstances. Policy 409.01.01 requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches be documented. I have reviewed documentation of these searches generated from reports in the OMS system, Jail Tracker. Agency policy 409.09 requires staff members of the opposite gender to announce their presence when entering an incarcerated individual-housing unit. Interviews with incarcerated individuals confirm that some staff members announce their presence. This was also observed during the on-site review. Incarcerated individuals stated they cannot shower without being viewed. The showers have curtains, but the curtains were hung low allowing for viewing from the upper tier and officer's workstation. A suggestion was made to raise the shower curtains about 6 inches to prevent viewing. Incarcerated Individuals can perform bodily functions and change clothing without a 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. Agency policy prohibits the searching of transgender or intersex incarcerated individuals for the sole purpose of determining their genital status. Interviews with staff and incarcerated individuals verify that this is not being done. I interviewed transgender individuals to confirm compliance. Staff members were well versed in this policy. The VDOC uses a Gender Identify Form that all incarcerated individuals must complete upon admission into the facility. If an individual's genital status is unknown, the facility determines the genital status through conversations with the incarcerated individual, 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. Facility staff members have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex incarcerated individuals professionally and respectfully, consistent with security needs. In interviews with staff, I asked staff to explain the process of conducting a cross-gender pat search as well as a search of transgender and intersex incarcerated individuals. Staff members were well versed in conducting searches professionally and respectfully. The facility is an intake facility that may receive female incarcerated individuals at times. The facility does have female staff to conduct the pat searches. All cross-gender pat-downs of females are documented. There were no cross-gender pat searches conducted in the previous twelve months. During the on-site review, the auditor noted several cameras that allow for observation of a toilet in a special housing cell. It was suggested that staff mitigate this by placing a block on the camera that prevents the viewing of the genital area while an incarcerated individual is using the toilet.</p> <p>Corrective Action Recommendation:</p> <ol style="list-style-type: none"> 1. Adjust shower curtains in housing units that permit viewing. 2. Retrain staff on cross-gender announcements. 3. Apply blocks over the cameras that have a view of the toilet. (H2) 4. Provide screens or curtains to cover windows in H1, H2, and H3 to prevent viewing. 5. Create a three-year camera plan to add cameras, windows, or a combination of windows and mirrors to allow viewing of caseworker offices.

6. There is a toilet in the VCI II building (114) that requires a door. The urinal is visible from outside the restroom.
7. Staff also need to be cognizant that staff restroom doors should remain secured when not in use.

Update: On May 6, 2022, the facility provided the auditor with photographic evidence of the adjustment of shower curtains, blocks over the cameras, Screens or curtains to cover H1, H2, and H3 windows, and the extension of the barrier in the VCI II building to prevent viewing into the toilet. Staff were retrained in cross-gender announcements in order to reinforce their use. They were also retrained regarding the need to secure staff restroom doors when not in use. A three-year plan was developed to address viewing of the Caseworker offices.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 371.01 • ADA Handouts • Interpreter Access Card • ADA Training Curriculum from Basic Academy • PREA Pamphlets in English and Spanish • PREA Education/Orientation Materials 2. Interviews: <ul style="list-style-type: none"> • Disabled or Limited English Proficient Incarcerated Individuals • Random Sample of Staff 3. Observations <ul style="list-style-type: none"> • Language Line • Documentation of ADA compliance to include Braille handout <p>Finding:</p> <p>According to the interview with the Agency Head, the agency takes appropriate steps to ensure incarcerated individuals with disabilities and incarcerated individuals with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. He expounded on the resources that have been made available to incarcerated individuals. PREA handouts and resident handbooks are provided in English and Spanish languages. The agency also has a contract for other language interpretations and utilizes the services when warranted. The VDOC contracts with Public Communication Services, Inc. for telephonic interpreters. There are some staff members who speak Spanish and both incarcerated individuals and staff stated incarcerated individuals are not used as interpreters for issues with sexual abuse and sexual harassment. The facility also has a PREA brochure in Braille if they have a blind incarcerated individual. PREA information is explained to the incarcerated individuals with low functioning or inability to read by a caseworker and is available through a video as well. The facility does have access to a language line, a TTY machine, Braille handouts and staff are available to explain and educate offenders verbally on a level that they can understand. There were no incarcerated individuals with disabilities or limited English proficiency to interview at the time of the audit. Agency policy 409.09, page 11, prohibits the use of incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual's safety, the performance of first-response duties under " §115.64, or the investigation of the incarcerated individual's allegations. Interviews with staff and incarcerated individuals confirm that the policy is being followed.</p>

115.17	Hiring and promotion decisions
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 304 959 333">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="282 383 1190 613" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 122.01 Staff Selection and Promotion • Vermont Department of Corrections Agency Policy 376.01 Volunteer Services • Review of Applications of newly hired employees • Review of files of newly promoted staff • Pre-Audit Questionnaire (PAQ) completed by VDOC • Background Checks of Volunteers and Contractors <p data-bbox="242 640 378 669">2. Interviews:</p> <ul data-bbox="282 719 711 748" style="list-style-type: none"> • Administrative (Human Resources) Staff <p data-bbox="242 777 325 806">Finding:</p> <p data-bbox="242 833 1490 1462">Policy 122.01 addresses the hiring, promotion, and discipline of staff and has procedural guidelines that the agency must follow when considering hiring someone. The agency inquires about sexual abuse and sexual misconduct to include the questions detailed in 115.17 (a) in the written application and during the formal interviews. The applicant's responses are recorded and kept in the staff, contractor, or volunteer's file. The Vermont Department of Corrections conducts a reasonable investigation into the background of prospective employees, contractors, and volunteers, who, by the nature of the position to be filled, will have access to sensitive information, facilities, computer systems, clients, detainees, incarcerated individuals, procedures, and/or reports. To minimize the State's risk exposure, this policy has been shown to ensure fair and consistent evaluation. All candidates for full and part-time employment with the VDOC undergo a comprehensive background investigation prior to being made a final offer. A review of staff and contractor/volunteer files shows that thorough background checks are completed prior to hiring or contracting with individuals. The agency inquires if the applicant has ever had an improper relationship with an incarcerated individual, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during an investigation about their behavior/actions while employed as a law enforcement officer correctional officer at another location. The agency also inquires what the investigations were about and what is the status of that investigation, and if the applicant has ever been a party to a lawsuit because of their actions in the performance of their job. Interviews with staff showed that they check the VCIC and NCIC III for criminal background checks and check the Sex Offender Registry as part of their background investigations. The agency imposes an affirmative duty for staff to show any misconduct. The agency supplies 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 an employee has applied to work.</p>

115.18	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Schematic of Camera system • Camera Letter • Review of additional cameras installed <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent <p>Finding:</p> <p>Interviews with the agency head and warden/Superintendent staff show that consideration is afforded when modifying, expanding, or designing a facility. There have not been any major structural modifications or construction since the last PREA audit. The NSCF has added and replaced many cameras since the last audit. The facility has documented the upgrades to the video monitoring system. The facility has 156 cameras in the facility. Video footage is recorded and kept for approximately thirty days, depending on the activity or movement within the facility. (At the time of the audit there were 30 days of footage stored). I observed cameras placed throughout the facility consistent with the schematics provided during the facility tour. I also reviewed the cameras to determine if there are obvious blind spots. There were blind spots observed in the casework offices.</p> <p>Corrective Action Recommendation:</p> <p>Create a three-year plan to address the viewing issues in the caseworker offices. This can be remedied with the addition of cameras, modification of workspace, and/or addition of mirrors to allow for observation.</p> <p>On May 4, 2022, the agency provided the auditor with a three-year plan for addressing the installation of cameras or mirrors to permit viewing in this area.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 409.08, Crime Scene Preservation • Northern State Correctional Facility Procedure 11-01, Sexual Abuse Incident Report Form • Pre-Audit Questionnaire completed by NSCF • Protocols for responding to Incidents of Sexual Harassment and Sexual Abuse • MOU with DHR IU • MOU with Vermont State Police • LOA with Umbrella • Uniform Evidence Protocol 2. Interviews: <ul style="list-style-type: none"> • SANE/SAFE • Just Detention International • Random Sample of Staff • PREA Compliance Manager • Incarcerated individuals who had reported an incident of Sexual Abuse <p>Finding:</p> <p>The agency is responsible for ensuring that administrative and criminal sexual abuse investigations are conducted. The agency shares responsibility for administrative investigations with DHR-IU. Vermont State Police complete all criminal investigations. Facility staff may be involved in conducting some administrative investigations but would never be responsible for conducting an administrative sexual abuse claim. The Department of Human Resources Investigative Unit (DHR-IU) would investigate these cases. The uniform evidence protocol was developed from the DOJ's National Protocol. All victims of sexual abuse have access to forensic medical examinations, at the Country Hospital of Newport. If for some reason a SANE or SAFE is not available at North Country Hospital within the 72 to 120-hour window, they would transport to the next closest hospital with a trained SANE or SAFE Hospital without financial cost, where evidentiarily or medically appropriate. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency documents its efforts to supply SAFEs or SANEs. The Country Hospital of Newport offers specialized emergency nursing care for both adults and child sexual assault victims. According to the PREA Compliance Manager, the facility contacts a victim's advocate prior to the victim leaving the facility for a sexual assault. The NSCF utilizes the Umbrella Center to supply a victim's advocate to incarcerated individuals. The facility has secured a Letter of Agreement with Umbrella to supply advocacy services. The letter was signed on September 14, 2021. The agency has asked that the investigative agency. The MOU with the Vermont State Police was signed in 2015. The MOU with DHR was signed in 2021.</p>

115.22	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NECC • MOU with Vermont State Police • MOU with DHR IU • Investigative Files • Protocols for responding to Sexual Harassment and Sexual Abuse incidents. • Agency Website <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Investigative Staff • VSP Investigative Staff • DHR-IU Investigative Staff <p>Finding:</p> <p>The agency ensures that an Administrative and Criminal investigation is conducted for allegations of sexual abuse and sexual harassment. This is required in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The website describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. There were four cases that required investigation during this audit cycle.</p>
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115.31	Employee training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> <li data-bbox="242 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1007 667" style="list-style-type: none"> <li data-bbox="284 409 887 439">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="284 443 756 472">• Pre-Audit Questionnaire completed by NSCF <li data-bbox="284 477 900 506">• Training Curriculum for PREA in Academy Part I and Part II <li data-bbox="284 510 667 539">• Gender, Care and Custody Training <li data-bbox="284 544 778 573">• PREA and Staff Sexual Misconduct Curriculum <li data-bbox="284 577 632 607">• Review of Staff Training Rosters <li data-bbox="284 611 1007 640">• Review of Staff Acknowledgements of having received PREA Training <li data-bbox="284 645 512 674">• PREA Examinations <li data-bbox="242 698 376 728">2. Interviews: <ul data-bbox="284 779 555 808" style="list-style-type: none"> <li data-bbox="284 779 555 808">• Random Sample of Staff <p data-bbox="242 835 325 864">Finding:</p> <p data-bbox="242 891 1485 1554">VDOC supplies all employees PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. Staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plans proves all the required areas are reviewed. A review of staff training files shows that all staff members have been trained. In addition to completing the training, staff members must complete an examination showing their understanding of the training presented. Interviews of staff members demonstrated that staff members have an understanding of the agency's zero-tolerance policy; the agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired staff receives the first PREA training prior to reporting to duty in the facility. During the interviews with a random selection of staff, I quizzed staff members on a variety of these topics and staff was able to respond appropriately. The training supplied is specific to the gender of inmates the staff will supervise. If a staff member is transferred from another facility, the staff member would appropriately be retrained. Staff members have not received refresher PREA training every other year. In years in which an employee does not receive refresher training, the agency supplies refresher information on current sexual abuse and sexual harassment policies. The facility supplied verification of training for all staff for 2021. In 2021, the facility hosted a tabletop exercise training for their staff to help reinforce staff response duties. There was no PREA-related training provided in 2019 or 2020.</p> <p data-bbox="242 1585 604 1615">Corrective Action Recommendation:</p> <p data-bbox="242 1641 1458 1738">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.</p> <p data-bbox="242 1767 1445 1827">Update: On May 1, 2022, the facility provided the auditor with an updated spreadsheet of refresher training. Ten names were drawn from the spreadsheet to verify compliance with the completion of the required training.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NSCF • Training Curriculum • PREA Training Acknowledgment Forms • Examinations <p>2. Interviews:</p> <ul style="list-style-type: none"> • Contractors and Volunteers who have contact with inmates <p>Finding:</p> <p>Contractors and volunteers at the NSCF are trained in their responsibilities about sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that they are familiar with the agency's zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment. All Contractors and Volunteers receive extensive training regarding PREA to include testing which far exceeds standard requirements. The agency should be commended for this high level of professionalism and regard for sexual safety in their prisons. The agency also included an examination as part of their testing of understanding. This exceeds the standard imposed. Since April 2020, very few contractors and no volunteers have been allowed into the facility due to the COVID-19 pandemic. Only essential contractors have been allowed into the facility.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Vermont Department of Corrections Agency Policy 409.09
- Pre-Audit Questionnaire completed by NSCF
- Review of Training Curriculum
- Resident Handbooks
- Resident Tablets
- PREA Posters
- PREA Newsletters
- PREA Pamphlets/Brochures
- Incarcerated Individuals Acknowledgements of having received training/orientation

2. Interviews:

- Random Sample of Incarcerated Individuals
- Intake Staff
- Caseworkers who conduct training with inmates

3. Observations:

- During the on-site review, the auditor observed PREA posters, signage, pamphlets, and brochures that are readily available in each housing unit.
- The auditor also observed inmate handbooks and tablets that are available to inmates.
- The tablets also have the inmate handbook and PREA information available.

Finding:

Offenders at the NSCF are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment at once upon entering the facility. Offenders are supplied a PREA brochure that details basic PREA standards, as well as a list of resources available to them should they need. Many of the offenders interviewed were familiar with the basics of PREA. Most offenders interviewed were able to articulate how they would report an incident to include reporting to staff, the PREA hotline, by writing Prisoner's Rights, going through a third party, or in writing. Incarcerated Individuals are familiar with available outside resources for dealing with sexual abuse. Offenders have the information at their disposal in the PREA Pamphlets that are given to them at intake. This information is also on the tablets that are available to inmates. Caseworkers generally provide more in-depth training with the offenders within 72 hours of arrival at the facility. This far exceeds the 30-day requirement imposed by this standard. The facility provides education through a variety of mechanisms to connect with a broader range of learners. All offenders receive the required training regardless of where they came from being the streets, court, or another facility. The PREA education is available in Spanish, English, and Braille. For offenders with limited reading abilities, vision or hearing problems, caseworkers supply the training in a format that is easily understandable for the offender. If an offender speaks a language other than Spanish or English, a language line interpretation would be supplied for the offender. The facility documents this training and copies of the training are secured in the offender's file or in the OMS. The facility does an excellent job of supplying continuously available resources using posters, PREA Newsletters, and Handbooks. The facility exceeds this standard by educating the inmates within 72-hours of entering the facility. One concern is that during the pandemic, some incarcerated individuals received abbreviated training, training through a door, or no thorough training since they had been previously incarcerated in another facility. This standard requires that all incarcerated individuals be trained.

Corrective Action Recommendation:

Ensure that all incarcerated individuals receive comprehensive, in-person, training. In-person training can be supplemented with video training, which the facility has onsite.

Update: On May 1, 2022, the facility notified the auditor that all staff that conduct training for inmates were retrained to ensure compliance. The auditor requested a new roster to select files to review for compliance. A review of the files indicates that the facility has completed the required training and has a process in place to ensure continued compliance. Individuals who had previously been given the abbreviated version of training due to COVID were retrained.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 353" style="list-style-type: none"> <li data-bbox="242 329 959 353">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 893 568" style="list-style-type: none"> <li data-bbox="284 409 893 434">• Vermont Department of Corrections (VDOC) Policy 409.09 <li data-bbox="284 439 831 463">• Pre-Audit Questionnaire (PAQ) completed by VDOC <li data-bbox="284 468 480 492">• Training Records <li data-bbox="284 497 507 521">• Training Curriculum <li data-bbox="284 526 632 551">• Specialized Training Certificates <li data-bbox="242 598 376 622">2. Interviews: <ul data-bbox="284 678 488 703" style="list-style-type: none"> <li data-bbox="284 678 488 703">• Investigative Staff <p data-bbox="242 732 336 757">Findings:</p> <p data-bbox="242 790 1477 1050">While the more serious Administrative and Criminal investigations would be handled by the DHR-IU or the Vermont State Police, NSCF has fourteen investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing 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. I have reviewed both the curriculum and the certificates of completion for the training and found them to follow the requirements of this standard. The investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor reviewed a sample of investigative files for completeness and thoroughness.</p>

115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VDOC • Sample Training Records • Training Curriculum • Specialized Training Certificates <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 409.09, page 13, I, C addresses the training of all medical and mental health staff in the PREA standards. I have reviewed the training records of medical and mental health staff that work in this facility and decided that they have received the required training. There are currently twenty-nine medical and mental health practitioners at this facility some of which are 'travelers' or not full-time staff. Out of 29 staff, I observed that 21 had completed the required PREA training. Medical staff at NSCF do not conduct forensic medical examinations. Interviews with medical and mental health staff revealed that they have received the training and are aware of the duties needed from them if an incident of sexual abuse or sexual harassment presents itself to them.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that all medical and mental health staff receive the specialized training required. Resource: https://nicic.gov/specialized-training-prea-medical-and-mental-care-standards.</p> <p>Ensure that all medical and mental health staff receive the training provided to contractors and volunteers in addition to the specialized training supplied specifically for medical and mental health staff.</p> <p>Update:</p> <p>On May 6, 2022, the facility provided certificates of completion for all medical staff for the PREA training offered through the National Institute of Corrections.</p> <p>On May 9, 2022, the facility provided copies of PREA Training Acknowledgement for all Medical and Mental Health staff.</p> <p>All Medical and Mental health staff have completed the required training for this standard.</p>

115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NSCF • Completed Risk Screening Tools • Completed Reassessment Tools • 2. Interviews: <p>Intake Staff</p> <ul style="list-style-type: none"> • Staff that complete Risk Screenings • Staff that complete Reassessments • Random Sample of Inmates • PREA Coordinator • PREA Compliance Manager <p>3. Observations:</p> <ul style="list-style-type: none"> • During the onsite review, I observed the intake area where the Risk screening tool is completed <p>Finding:</p> <p>Agency 409.09, page 11, section 4 covers the completion of the Sexual Violence Screening during the booking or intake process. I interviewed intake staff, caseworkers, and incarcerated individuals to verify that the Sexual Violence Screening Instrument is being used effectively to decide if incarcerated individuals have been designated as a victim or a predator to help ensure sexual safety of the facility. Incarcerated individuals showed that the questions required by this standard are asked upon entry into the facility. All screenings are conducted within 72 hours of intake. The agency uses a uniform objective screening instrument to help determine if an incarcerated individual is vulnerable or possibly a predator. The objective screening instrument considers each of the required components of this standard. Policy 409.09 mandates a thirty (30) day review of the Sexual Violence Screening Instrument. The auditor verified that the 30-day reviews are often completed much quicker than 28 days. In addition to the thirty (30) day reviews, staff will reassess an incarcerated individual based on a referral, request, an incident of sexual abuse, or upon receiving more information that may reveal more insight into the incarcerated individual's vulnerability or likelihood of predation. Incarcerated individuals are never disciplined for failure to respond to the sensitive questions included in the Sexual Violence Screening Instrument. A review of disciplinary and grievance records did not show any disciplinary acts for failure to respond to these questions. The agency controls the dissemination of responses to questions on the screening tool within the facility to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. CO II's and higher have access to the Risk Screening Instrument to decide housing placement and programming. As part of my review of this standard, I saw a random sampling of incarcerated individual files, interviewed intake and caseworker staff and incarcerated individuals. All interviews confirmed that the screening instrument is being used and that staff members do consider the responses to the instrument when deciding the placement of the incarcerated individuals in the facility. NSCF goes a step beyond when considering placement of the offenders in that they hold a multidisciplinary team meeting Monday-Friday to discuss the housing and placement of incarcerated individuals who they perceive to be vulnerable or predatory to house them most appropriately.</p>

115.42	Use of screening information
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1029 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 965 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="279 409 893 571" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections (VDOC) Policy 432.01 • Pre-Audit Questionnaire completed by NSCF • Documentation of Risk-based housing decisions • Documentation of Reassessments 2. Interviews: <ul data-bbox="279 678 678 840" style="list-style-type: none"> • Staff Responsible for Risk Screening • PREA Coordinator • PREA Compliance Manager • Random Sample of Inmates • Transgender or Intersex Inmate 3. Observations: <ul data-bbox="279 947 1268 1008" style="list-style-type: none"> • Auditor toured all housing units and did not find any housing units dedicated to LGBTQI inmates. • Observation of Showers, housing units, and toilet areas within the facility. <p data-bbox="242 1037 327 1066">Finding:</p> <p data-bbox="242 1095 1492 1585">Interviews with staff and incarcerated individuals confirm that the risk screening instrument is being used and that staff members are considering the responses to the instrument when deciding the placement of the incarcerated individuals in housing, bed, work, programming, and education assignments. NSCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of incarcerated individuals who they perceive to be vulnerable or predatory to house them most appropriately. This program curtails many problems and helps the different disciplinary teams understand the dynamics faced with each decision, especially about deciding individualized housing and program assignments helps to ensure the safety of each incarcerated individual. The multi-disciplinary team meetings far exceed the standard imposed by the Prison Rape Elimination Act and the facility is commended for going the extra mile in improving sexual safety within the facility. When deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female incarcerated individuals and in making other housing and programming assignments, the agency considers on a case-by-case basis whether the placement would ensure the incarcerated individual's health and safety and whether the placement would present management or security problems. The transgender/Intersex incarcerated individuals' own views with respect to their own safety is given serious consideration when making housing, and programming decisions. NSCF has housed several transgender or intersex offenders in the past 12</p> <p data-bbox="242 1597 1492 1892">months. Interviews with transgender incarcerated individuals revealed that their own view of their safety is given consideration. Transgender or intersex incarcerated individuals are allowed to shower alone and have not been excluded from programming assignments based on their status. Interviews with the PREA Compliance Manager and staff said they do conduct screenings of transgender/intersex incarcerated individuals twice a year for any threats to safety experienced by the incarcerated individual. There was one Transgender incarcerated individual in the facility at the time of the audit. That incarcerated individual had not been in the facility long enough to require another reassessment. The agency has a policy (432.01) that allows transgender/Intersex offenders the opportunity to shower alone. The agency does not keep any dedicated units, wings, or facilities to house LGBTQI offenders. They are not under any court orders, decrees, legal settlements, or judgments to maintain separate wings, facilities, or housing units.</p>

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 410.03 Placement on Administrative Segregation • Vermont Department of Corrections (VDOC) Policy 432.01 Gender, Care & Custody • Vermont Department of Corrections (VDOC) Policy 410.05 Administrative Segregation • Pre-Audit Questionnaire (PAQ) completed by VDOC 2. Interviews: <ul style="list-style-type: none"> • Warden/Superintendent • Staff Who Supervise Inmates in Segregation Housing • There were no incarcerated individuals to interview that had been placed in segregation housing who allege to have suffered sexual abuse. 3. Observations: <ul style="list-style-type: none"> • Reviewed the Segregation Housing Unit during the onsite review. <p>Findings:</p> <p>Agency policy 409.09, page 15, Section C, states that incarcerated individuals at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. By policy, no incarcerated individuals are placed in involuntary segregation housing who have reported sexual abuse. If they were, they would be allowed to attend or have access to programs, privileges, education, and work opportunities to the extent possible. Interviews with the Warden/Superintendent a staff who supervises restricted housing units show that if the access could not be accommodated, they would document the opportunities that have been limited; The duration of the limitation; and the reasons for such limitations. In the past 12 months, no offenders were placed in involuntary segregation based on the facility's inability to find alternative housing, therefore, no incarcerated individuals were found to interview for this standard about involuntary segregation. Agency policy 409.09 does require that if the facility had to use involuntary segregation housing it would only be used until an alternative means of separation could be found, never to exceed 30 days. There were no cases of involuntary segregation due to victimization to review for the prior 36 months therefore there was no documentation of the facility's concern for the offender's safety or reasons why no alternative means of separation can be arranged. Policy 409.09, page 16, section 4, C allows for the reviews of status as protective custody to be completed after seven days and every 30 days thereafter the first seven-day period. Staff members interviewed that work segregation housing showed that the reviews would be conducted according to policy.</p>

115.51	Inmate reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 893 636" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 • Vermont Department of Corrections (VDOC) Policy 315.02 • Inmate PREA Brochure • Resident Handbooks • PREA Posters • Third-Party Reporting Poster • Just Detention International Posters for Staff and Inmates 2. Interviews: <ul data-bbox="284 745 746 840" style="list-style-type: none"> • Random Sample of Staff • Random Sample of Incarcerated Individuals • PREA Compliance Manager 3. Observations: <ul data-bbox="284 947 1485 1010" style="list-style-type: none"> • The auditor observed PREA Posters, Pamphlets, JDI posters, and PREA Newsletters in all of the housing units toured and in a variety of common areas throughout the facility. <p data-bbox="242 1039 336 1068">Findings:</p> <p data-bbox="242 1095 1485 1758">The agency supplies multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, third-party reporting posters throughout the facility. I observed posters in each housing unit and the units also had the PREA Reporting line Poster and PREA Newsletters posted. Interviews with a sampling of incarcerated individuals revealed that incarcerated individuals are familiar with a variety of ways to report a PREA incident. The information is also readily available in the Resident Handbook and the PREA Pamphlets provided during intake. Incarcerated individuals were familiar with the mechanisms available for privately reporting a case of sexual harassment or sexual abuse, how to report retaliation, and staff neglect. Most incarcerated individuals said that they would tell an officer or their caseworker. The offenders feel comfortable reporting directly to the officers in this facility. The agency has supplied at least one way for an offender to privately report an incident to a public/government or private entity that is not a part of the agency. Offenders may write to the Agency of Human Services to report an incident. The mechanism that most offenders referred to is the use of the reporting line. The reporting line is checked by the Central office of the Department of Corrections. Sexual Abuse reports are then sent to facility leadership to investigate. Agency policy 315.02 addresses Foreign Nationals. The policy requires that incarcerated individuals detained solely for civil immigration purposes be supplied information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Interviews with intake staff reveal that they are aware of the policy and directives. Policy 409.09, Page 16, Section 5 addresses reporting. Staff members are mandatory reporters of all incidents of sexual harassment and sexual abuse. Interviews with staff reveal that they are aware of this requirement. Staff also showed that they must document all complaints in writing. When asked how staff could privately report an incident of sexual harassment or sexual abuse, most staff showed that they would report the incident directly to their supervisor. They also said that they could send an email, drop an anonymous note, call, or write Vermont Agency of Human Services.</p>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 320.01 Grievances • Vermont Department of Corrections (VDOC) Interim Revision Memo dated September 2014 • Inmate PREA Brochure • Resident Handbook • Third-Party Reporting Poster <p>2. Interviews:</p> <ul style="list-style-type: none"> • Incarcerated Individuals Who Reported Sexual Abuse <p>Findings:</p> <p>Agency policy 320.01, page 5, section b and Page 8, Section 9, govern the grievance system for sexual abuse claims and specifically emergency grievances. The memorandum that revised the Grievance policy dated 09.23.2014 clarifies that an incarcerated individual may file a grievance about sexual abuse without a time limitation. The offender does not have to use the formal grievance procedures or to give a complaint to their alleged abuser to file a complaint or grievance. The memorandum states that the offender can give the grievance to any staff member. Staff that receives a formal grievance alleging sexual abuse must forward it to their supervisor or another supervisor who is not the subject of the alleged abuse. The memorandum requires staff to address the grievance and issue a final determination on the case within 90 days. A 70-day extension can extend the response if needed. The facility received one grievance related to sexual misconduct in the past 12 months. A review of the grievance shows that grievances are taken seriously and responded to on time. One case was reviewed. No cases extended beyond the 90-day limitation. The Central Resident Handbook, page 18, includes information notifying the incarcerated individual in writing of any such extension and supplies a date by which a decision will be made. The initial response and final agency decision shall document the agency's determination whether the incarcerated individual is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance, and the Resident Handbook also includes information regarding how incarcerated individuals may have assistance in utilizing a third party including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist incarcerated individuals in filing requests for administrative remedies. The NSCF Resident Handbook, pages 26-28, provides incarcerated individuals with detailed information about filing a PREA related grievance to include requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance. The handbook also says that emergency grievances will receive a response within 8 hours. The standard required is 48 hours. This far exceeds the standard. Agency policy 320.01 Memo Revision 14, b addresses the duty to provide an initial response within 48 hours, and that a final agency decision be made within five days. Agency policy allows for disciplinary actions if the grievance was filed only in bad faith. The one grievance filed was unfounded and the incarcerated individual was disciplined for filing a grievance in bad faith.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NSCF • LOA with JDI • JDI Letter to Inmates • JDI Letter to Staff • JDI Posters • LOA with Umbrella • Resident Handbook • Inmate Education Materials • Immigration Information related to PREA <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Selection of Incarcerated Individuals • Incarcerated Individual that had filed a report of sexual abuse <p>Finding:</p> <p>NSCF provides a victim advocate for any incarcerated individual needing to speak with an advocate. Outside advocates are available to all offender victims of sexual abuse. Offenders are supplied with the names, addresses, and telephone numbers of several advocacy groups in the PREA Pamphlet and in the Resident Handbook. Offenders interviewed were familiar with the availability of services and some could supply specific names of the agencies. Offenders are aware of where the information is found and how to contact them if needed. Offenders are also provided with immigrant services agencies for persons detained solely for civil immigration purposes. Offenders are afforded access to these services via mail or telephone in as confidential a manner as possible. Page 26 of the Resident Handbook states, "All telephone conversations, with the exception of privileged communications (lawyer phone), shall be recorded and may be monitored." I interviewed incarcerated individuals that had reported sexual abuse to determine that they were familiar with the resources available to them. I interviewed Medical and Mental Health staff to decide that they inform incarcerated individuals, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency has entered LOAs with the Umbrella and Just Detention International to provide incarcerated individuals with emotional support services related to sexual abuse. The LOA with the Umbrella was signed (renewed) on September 14, 2021. Just Detention International supplies an Inside Line, which is a FREE, unrecorded, unmonitored, anonymous, and confidential sexual abuse and sexual harassment emotional support line for Vermont DOC incarcerated individuals. This agreement was dated January 17, 2020. JDI posters and letters are posted throughout the facility advising incarcerated individuals on how to contact the advocates. This is also reviewed during the education of the incarcerated individuals.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 819" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 409 959 568" style="list-style-type: none"> <li data-bbox="280 409 959 436">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="280 441 959 468">• PAQ Completed by Northern State Correctional Facility (NSCF) <li data-bbox="280 472 959 499">• Third-Party Reporting Poster/Signage <li data-bbox="280 504 959 530">• PREA Posters <li data-bbox="280 535 959 562">• Agency Website <li data-bbox="240 600 959 627">2. Interviews: <li data-bbox="240 656 959 683">None <li data-bbox="240 712 959 739">3. Observations: <ul data-bbox="280 790 959 817" style="list-style-type: none"> <li data-bbox="280 790 959 817">• Posting of Third-Party Reporting Signage in the facility <p data-bbox="240 848 336 875">Findings:</p> <p data-bbox="240 907 1490 1066">The VDOC has supplied a mechanism for third-party reporting. The policy is posted on the DOC website found at http://doc.vermont.gov/programs/prea/prison-rape-elimination-actprea/. The website also supplies a printer-friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff show that all third-party reports will be taken seriously and followed up on appropriately. Third-Party Reporting posters/signage were seen throughout the facility to include areas of egress where visitors and attorneys would pass through on a regular basis.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 405 Reporting • PAQ Completed by Northern State Correctional Facility (NSCF) • Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Random Sample of Staff • Warden/Superintendent • PREA Coordinator <p>Findings:</p> <p>Agency policy 409.09, page 9, section b requires all staff, contractors, and volunteers to immediately report 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; retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with a random sample of staff confirm that they must report any knowledge, suspicion, or information about sexual harassment or sexual abuse, retaliation, or staff neglect. Staff members are familiar that they should not share private information surrounding a claim or incident of sexual harassment or sexual abuse other than disclosing the information to their supervisor(s) or other staff to assist in making treatment, investigation, and other security and management decisions. Interviews with Medical and Mental Health staff revealed that apart from reporting to designated supervisors or officials, medical and mental health staff refrain 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 unless prevented by Federal, State, or local law. While the facility does not house offenders under the age of 18, if they were to have a vulnerable adult in the facility that claimed sexual harassment or sexual abuse, they would have to report the allegation, including third-party and anonymous reports, to the facility's designated investigators. A review of Investigative reports reveals that the agency investigates reports made by third-party or anonymous complainants.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Northern State Correctional Facility (NSCF) • Vermont Department of Corrections (VDOC) Policy 320.01 • Inmate Grievances Memo <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent • Random Sample of Staff <p>Findings:</p> <p>Agency policy 409.09, page 2, number 2 requires staff to take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse. Interviews with staff showed that staff members are aware of their duties to protect all inmates, especially those that are at risk of imminent sexual abuse. Staff interviewed said they would take every precaution necessary to protect the individual by separating them from the potential abuser, maintaining a visual on the individual, and contacting their supervisor in order to make more permanent arrangements in protecting the individual. I interviewed incarcerated individuals who were identified as a substantial risk of imminent sexual abuse. I interviewed a random sample of staff as well as the Warden/Superintendent to verify that offenders at imminent risk of sexual abuse would be protected to prevent the abuse from happening.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1046 539" style="list-style-type: none"> <li data-bbox="284 409 959 436">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="284 441 943 468">• PAQ Completed by Northern State Correctional Facility (NSCF) <li data-bbox="284 472 627 499">• Review of Investigative Reports <li data-bbox="284 504 1046 530">• Review of Email Correspondence documenting required timely notification <li data-bbox="242 566 378 593">2. Interviews: <ul data-bbox="284 645 555 739" style="list-style-type: none"> <li data-bbox="284 645 443 672">• Agency Head <li data-bbox="284 676 547 703">• Warden/Superintendent <li data-bbox="284 707 555 734">• Random Sample of Staff <p data-bbox="242 770 336 797">Findings:</p> <p data-bbox="242 826 1485 1086">Agency policy 409.09, page 17, b, ii, requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or proper office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the Superintendent confirm that the standard policy would be to notify the other superintendent directly to report an incident. There was one case reported at NSCF that required reporting to another facility in the past 12 months. NSCF made the required notification that day they received the initial complaint. The case was investigated following the PREA standards.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 405 Incident Reporting • PREA Incident Protocol Forms • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Guidance Procedures for Investigations • Investigations Directive <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • Security Staff and First Responders • Incarcerated Individuals who had reported sexual abuse <p>Findings:</p> <p>The agency has a policy 409.09, page 17, Section a, which supplies protocols for responding to allegations of sexual abuse. In fact, they have developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Inmate on Inmate Sexualized behavior (not mandated to be tracked, but the VDOC does track this valuable information), Inmate on Inmate Sexual Harassment, Inmate on Inmate Sexual Abuse, Inmate on Inmate Sexual Abusive Penetration, Staff on Inmate Voyeurism, Indecent Exposure, Sexual Harassment, and Staff on Inmate Sexual Abuse Penetration/Contact. The policy and protocols require that, upon learning of an allegation that an incarcerated Individual was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim 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, the first security staff member to respond to the report 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. Interviews with a random sampling of staff revealed that most security staff members are proficient with these requirements. There were no cases reported in the past twelve months that potentially allowed for the collection of physical evidence and in each case, the victim and abuser were asked to refrain from washing, brushing, going to the restroom, showering, etc. Agency policy 409.09 requires that if the first staff responder is not a security staff member, the responder must ask that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Non-security staff (caseworkers, medical and mental health staff) interviewed were aware of their duty to request the victim and abuser to not take any actions that could destroy physical evidence and notify security staff. There were no sexual abuse cases in the past 12 months where an allegation was reported to a non-security staff member.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • NSCF Coordinated Response Plan <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent <p>Findings:</p> <p>The facility has a written institutional response 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. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse. Interviews with the Warden/ Superintendent, investigators, medical/mental health, and PREA Manager confirm that there is a coordinated response plan for the facility. The Coordinate Response Plan is detailed in procedure 409.09.01.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Collective Bargaining Agreement Effective July 1, 2020-June 30,2022 2. Interviews: <ul style="list-style-type: none"> • Agency Head <p>Findings:</p> <p>The agency has entered a collective bargaining agreement with the Vermont State Employees Association, Inc. The contract, Effective July 1, 2020 — Expiring June 30, 2022, does not limit the agency's ability to remove alleged staff sexual abusers from contact with any incarcerated individuals pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. I interviewed the Agency Head and confirmed that the agency has entered a collective bargaining agreement with the Vermont State Employees Association, Inc. A copy of the agreement, effective July 1, 2020, and expiring June 20, 2022, was provided to the auditor for review during the pre-audit phase. Article 14, Disciplinary Action, within the agreement covers the agency's right to remove alleged staff abusers from contact with inmates pending the outcome of an investigation.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Retaliation Monitoring Form • Investigative Files 2. Interviews: <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent • Retaliation Monitor • There were no incarcerated individuals housed in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse). • Incarcerated individuals who had reported sexual abuse in the facility <p>Findings:</p> <p>Agency policy 409.09, Page 2, Section 3 states that staff members are charged with protecting inmates from retaliation. Interviews with a random sample of staff ensured familiarity with this standard. The facility has appointed the caseworkers as the Retaliation Monitors for NSCF. The agency has also created a Retaliation Monitoring Form to use to aid the monitor in keeping track and notes of the monitoring. The agency employs multiple protective measures, to protect victims from abusers including housing changes, transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head/Director, Warden/Superintendent, and Retaliation Monitor all conclude that the facility will take a variety of measures to protect the victim from their abuser. I reviewed investigative files of incidents where the victims were protected from potential retaliation. Agency policy mandates that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. The facility checks inmate disciplinary reports, housing, program changes, or negative performance reviews or reassignments of staff. The facility continues such monitoring beyond 90 days if the first monitoring shows a continuing need. I have reviewed investigative files and decided that the facility does monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor also indicated that monitoring may continue as needed to protect the victim. Facility leadership was able to provide the auditor with the Retaliation Monitoring Form provided to the retaliation monitors to conduct the monitoring.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 410.06 Restrictive Housing • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Restrictive Housing Memo 410.06 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Staff that work Segregation Housing • There were no Incarcerated Individuals Placed in Segregation Housing for risk of sexual abuse to interview <p>Findings:</p> <p>Agency policy 409.09, page 15, section C states that Inmates that have been designated as vulnerable shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four hours while completing the assessment. During the past 12 months, there were no victims placed in involuntary segregation housing. I was unable to find any offender victims that had been placed in segregation housing unless they had requested. I toured the facility and did not find any inmates who had been designated as vulnerable housed in segregation.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 409 1254 804" style="list-style-type: none"> <li data-bbox="280 409 959 436">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="280 441 1254 468">• Vermont Department of Corrections (VDOC) Policy 410.01 Facility Rules and Inmate Discipline <li data-bbox="280 472 863 499">• Vermont Department of Corrections (VDOC) Policy 126 <li data-bbox="280 504 1007 530">• PREA PAQ Completed by Northern State Correctional Facility (NSCF) <li data-bbox="280 535 448 562">• MOU DHR-IU <li data-bbox="280 566 692 593">• MOU with Vermont State Police (VSP) <li data-bbox="280 598 552 624">• Investigations Flowchart <li data-bbox="280 629 1050 656">• Vermont Department of Corrections (VDOC) Policy 405 Incident Reporting <li data-bbox="280 660 488 687">• Incident Protocols <li data-bbox="280 692 1161 719">• Vermont Department of Corrections (VDOC) Policy 409.08 Crime Scene Preservation <li data-bbox="280 723 1007 750">• Vermont Department of Corrections (VDOC) Policy 434 Investigations <li data-bbox="280 754 603 781">• Sample Investigative Reports <li data-bbox="240 833 376 860">2. Interviews: <ul data-bbox="280 911 592 1037" style="list-style-type: none"> <li data-bbox="280 911 549 938">• Warden/Superintendent <li data-bbox="280 943 496 969">• PREA Coordinator <li data-bbox="280 974 592 1001">• PREA Compliance Manager <li data-bbox="280 1005 488 1032">• Investigative Staff <p data-bbox="240 1070 325 1097">Finding:</p> <p data-bbox="240 1126 1497 2159">The VDOC has a policy to investigate all crimes related to sexual abuse and sexual harassment in their facilities. Policy 409.09, Page 1, paragraph 3, states that the VDOC will respond to, investigate, and support the prosecution of sexual abuse within Vermont's correctional system and externally in partnership with law enforcement. The system that has been established for conducting investigations is fairly simple in that VDOC conducts incarcerated individual-on-incarcerated individual sexual harassment investigations, DHR-IU conducts administrative investigations involving staff and the Vermont State Police conducts criminal investigations. Interviews with VDOC investigative staff show that all incidents are taken seriously and investigated according to policy and procedure. Investigations are conducted promptly, thoroughly, and objectively. Reports received from third parties or anonymous sources are investigated. The VDOC policies state that administrative investigations will be conducted by the Department of Human Services Investigative Unit (DHR IU) and all criminal cases are investigated by the Vermont State Police. In interviews with DHR-IU, I discovered that once an employee terminates they stop their investigation. They do document the investigation in a report. According to DHR IU investigators, the case is remanded to the VDOC to complete the investigation. These must be secured and preserved as quickly as possible to preserve all available evidence. NSCF facility has investigators trained to conduct sexual abuse or sexual harassment investigations. These investigators have received the required specialized training for conducting investigations in a confinement setting. I interviewed a sampling of the investigators from the VDOC, DHR IU, and VSP and reviewed their training records for compliance with this standard. Investigators are trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; they can interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. If an incident appears to be criminal in nature, the case is sent to the Vermont State Police (VSP) for investigation. The VSP will refer cases for prosecution when warranted. The facility will not conduct compelled interviews. These interviews would be conducted by the VSP. Investigators assess the credibility of the witness on an individual basis. Investigators use the standard preponderance of the evidence when considering or weighing the evidence in a case. The investigators do not use a polygraph or other truth-telling devices in sexual abuse or sexual harassment investigations. I interviewed incarcerated individuals at the facility that had reported sexual abuse. Administrative investigations are documented by DHR IU. DHR IU will stop investigating when an employee terminates. The report is remanded to the VDOC for completion. The VDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information. The VDOC entered an MOU with the DHR IU on August 3, 2021, that supports the retention of these files. Interviews with VDOC and VSP investigative staff confirmed that investigations will continue even upon the departure of the alleged abuser or victim from the employment or control of the facility or agency. All criminal investigations are documented in a written report that has a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where possible. All</p>

substantiated allegations of conduct that appear to be criminal are referred for prosecution by the VSP. All written reports referenced in paragraphs (f) and (g) of this section are kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Agency Head, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all confirmed in interviews that when DRH-IU or VSP is investigating on their behalf, they will cooperate fully to ensure the investigative entity has access as needed and attempt to remain informed about the progress and status of the investigation.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • MOU with DHR-IU • MOU with Vermont State Police(VSP) <p>2. Interviews:</p> <ul style="list-style-type: none"> • DOC Investigative Staff • DHR IU Investigative Staff • VSP Investigative Staff <p>Findings:</p> <p>Agency policy 409.09, page 4, footnote 6, states that incidents are substantiated if it is proven by the preponderance of the evidence. This was confirmed in interviews with Investigative Staff and through the review of investigative files. Interviews with investigative employees confirm the facility imposes no standard higher than a preponderance of the evidence in deciding whether allegations of sexual abuse or sexual harassment are substantiated. All 2020 and 2021 investigative files for this period were reviewed for compliance.</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • MOU with DHR-IU • MOU with Vermont State Police(VSP) • Inmate Victim Notification Form • Sample of Investigative Reports • Completed Inmate Notification Form 2. Interviews: <ul style="list-style-type: none"> • Warden/Superintendent • Investigative Staff • Incarcerated Individuals Who reported Sexual Abuse in the Facility <p>Findings:</p> <p>The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are not notified on time. When the agency does not conduct the investigation themselves, they do ask that the investigative agency let them know of the outcome or status of the case. A review of the case files revealed one notice in the investigative files reviewed. When an inmate leaves the facility before the completion of the investigation, the facility tries to notify the victim of the outcome of the case. When the agency does not investigate an inmate's allegation of sexual abuse in the facility, the agency requests the relevant information from the investigative agency to inform the inmate. A review of investigative case files shows attempts to follow up with investigators. The agency policy 409.09 requires that inmates be notified if following an inmate's allegation that a staff member has committed sexual abuse against the inmate unless the agency has determined that the allegation is unfounded, whenever the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I did review an investigative file that met this requirement, and the proper notice was given to the inmate. Agency policy 409.09 requires that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently must inform the alleged victim whenever the agency learns that the alleged abuser has been indicted related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative files shows that this is the practice at the facility. The facility documents in writing notices supplied to alleged sexual abuse victims.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that notices are provided to all incarcerated individuals who make an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The method of notice must be documented.</p> <p>Update: On April 28, 2022, the facility has created a process to ensure that incarcerated individuals who make an allegation are informed verbally, or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The agency has also incorporated notice if a staff member is no longer posted within the inmate's unit, no longer employed at the facility, indicted, and convicted of a charge. The facility has completed all notices that were found to not comply with the audit. The auditor has reviewed subsequent allegations for compliance.</p>

115.76	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="282 409 1007 602" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Investigations Flowchart • Vermont Department of Corrections(VDOC)Policy 126 Dated 2.22.15 • Review of Personnel Files • Review of Investigative File <p data-bbox="242 631 378 660">2. Interviews:</p> <ul data-bbox="282 712 549 772" style="list-style-type: none"> • Warden/Superintendent • Investigative Staff <p data-bbox="242 801 336 831">Findings:</p> <p data-bbox="242 860 1489 1254">According to agency policy 126, page 2, paragraph 3, agency staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 126, Page 2, paragraph 3 states, "...Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." There was one disciplinary action to review of staff related to an incident of sexual abuse or sexual harassment at this facility in the past three years. All disciplinary sanctions imposed for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are 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. 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, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there was one staff member who should have been reported to law enforcement or to the relevant licensing body. The staff member was reported to the Vermont State Police, however, they were not reported to the licensing body that governed the staff member's certificate.</p> <p data-bbox="242 1283 606 1312">Corrective Action Recommendation:</p> <p data-bbox="242 1341 1484 1402">Ensure that 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, are reported to relevant licensing bodies.</p> <p data-bbox="242 1431 1461 1559">Update January 3, 2022: Upon further review, the case presented was not a case that occurred at the Northern State Correctional Facility. The NSCF did not have a case that required termination for violation of sexual abuse or sexual harassment policies. The case had been provided to demonstrate compliance with another standard since an investigator from this facility was involved in the investigation.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 356" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1227 535" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Vermont Department of Corrections (VDOC) Policy 126 Sexual Misconduct with Offenders • Vermont Department of Corrections (VDOC) Policy 376.01 Volunteer Services Management 2. Interviews: <ul data-bbox="284 645 549 672" style="list-style-type: none"> • Warden/Superintendent <p data-bbox="242 701 336 728">Findings:</p> <p data-bbox="242 757 1493 1019">Any contractor or volunteer who engages in sexual abuse is prohibited from contact with an incarcerated individual is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency Directive 376.01 treats all volunteers as employees of the state and the same rules govern the volunteers as staff. Contractors and volunteers who engage in sexual abuse are prohibited from future contact with incarcerated individuals. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with incarcerated individuals. There were no incidents reported involving a contractor at NSCF in the past 12 months. An interview with the Warden/ Superintendent revealed that it is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation related to sexual harassment or sexual abuse.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Vermont Department of Corrections (VDOC) Policy 410.06 Restrictive Housing • Vermont Department of Corrections (VDOC) Policy 410.01 Facility Rules and Inmate Discipline • Investigative Files • Disciplinary Action Files <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 410.01 governs incarcerated individual discipline. The policy states that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or a criminal finding that an incarcerated individual engaged in incarcerated individual on- incarcerated individual sexual abuse. In the twelve months of the review, there were four administrative allegations of incarcerated individual-on-incarcerated individual sexual abuse. There were no criminal cases of incarcerated individual-on-incarcerated individual sexual abuse. A review of investigative and disciplinary reports shows sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and sanctions for comparable offenses committed by other incarcerated individuals with similar histories. An incarcerated individual's mental disability is considered when deciding what sanctions to impose. The facility offers a variety of therapeutic services to abusers to address and correct underlying reasons or motivations for the abuse. The facility does not mandate participation in the therapy as a prerequisite to taking part in facility programming. Services offered are Mental Health and Risk Reductions courses. The facility may discipline an incarcerated individual for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no incarcerated individual disciplinary actions to review where incarcerated individuals sexually abused staff without consent. If an offender files a report in good faith the offender will not be disciplined for falsely reporting the incident. The VDOC prohibits all sexual activity between incarcerated individuals and may discipline incarcerated individuals for such activity. The agency does not consider the activity to constitute sexual abuse if it determines that the activity is not coerced. This information collaborated a thorough review of the Resident Handbook and the facility rules and the Incarcerated individual Discipline policy. NSCF provided the auditor with investigative case files for review.</p>

115.81	<p>Medical and mental health screenings; history of sexual abuse</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Secondary Records of referrals for Mental Health <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Incarcerated Individuals who Disclose Sexual Victimization at Risk Screening on site • Staff Responsible for Risk Screening <p>Findings:</p> <p>The VDOC has contracted with Vital Core Health Strategies health care provider to review the screening instrument and if an offender says that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. A review of offender files shows that all follow-up meetings were offered in less than 14 days. Interviews with Medical and Mental Health providers support the limitation of fourteen days. There were not any Medical and Mental Health Secondary Records that Document Compliance to review. I interviewed two incarcerated individuals that had prior victimization who were admitted in the past year. The staff that conducts the screening showed that a follow-up meeting would be requested at once. The intake officers complete the Risk Screening Instrument at the facility. Likewise, if an offender risk screening shows that an offender has a history of being an abuser, they are offered a follow-up meeting with mental health within 14-days. The healthcare provider reviews inmate screening instruments to decide if an offender had indicated that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. The staff ensures that inmates are provided a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Discussion around sexual violence is part of the intake process with medical staff. Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Security staff members have access to this information on a need-to-know basis to assist in determining housing assignments, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with Medical and Mental Health staff confirm that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the incarcerated individual is under the age of 18. This facility does not house incarcerated individuals under the age of 18.</p>
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115.82	<p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • PREA Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Incarcerated Individuals who Disclosed Sexual Victimization at Risk Screening • Staff Responsible for Risk Screening/Intake Joint effort <p>Finding:</p> <p>According to medical and mental health practitioners, incarcerated individual victims of sexual abuse receive prompt, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are according to their professional judgment. The VDOC has established a working relationship with local hospitals to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. VDOC protocols call for contacting the receiving hospitals in advance to ensure a SANE will be made available and to request a victim's advocate be provided upon arrival. Locally, the North Country Hospital supplies a SANE as needed. The SANE nurses work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. Interviews with Medical and Mental Health staff show that the services provided are in accordance with their professional judgment. Facility protocols for responding to a sexual abuse incident mandate that security staff first responders immediately notify the appropriate medical and mental health practitioners. Incarcerated Individuals victims of sexual abuse, while incarcerated, are offered prompt information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This service is provided at the local hospital when the incarcerated individual victims go in to see the SANE. All incarcerated individual victims receive medical services without incurring any expense whether they cooperate in the investigation or not.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • PREA Incident Protocols • Review of Investigative Records <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Incarcerated Individuals who had reported abuse in the facility • There were no female incarcerated individuals in the facility at the time of the audit <p>Findings:</p> <p>The facility offers medical and mental health evaluation and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This collaborated through observation of facility programs that deal specifically with domestic violence and sexual abuse and thorough review of resources made available to incarcerated individual victims. The evaluation and treatment of 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. These services are consistent with the community level of care. NSCF is considered a Male only facility. However, they do occasionally hold females in intake until they can be transferred to Chittenden. Female victims of sexual abuse would be supplied prompt and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatment services are 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 facility, functioning as a prison, does conduct a mental health evaluation of all convicted known incarcerated individuals-on-incarcerated individual abusers with 60 days of learning of the sexual abuse history and offers treatment when thought appropriate. Both Medical and Mental Health professionals interviewed confirmed that incarcerated individual victims receive the care needed within this standard. I interviewed several incarcerated individuals that indicated they had been the victim of sexual abuse. None of the individuals interviewed required a SANE exam, STD prophylaxis, or pregnancy testing.</p>

115.86	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Sexual Abuse Incident Review Team Report Form (SART) • Sample of Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team <p>Findings:</p> <p>The agency has a policy, 409.09, page 23, the second paragraph to conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. In the files reviewed, the team includes include upper-level management front-line supervisors, investigators, and medical or mental health practitioners. The agency has created an Incident Review Form to ensure the required elements are being reviewed. The elements include (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 facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To determine compliance with this standard, I interviewed the PREA Compliance Manager, Medical, and Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent and reviewed investigative files. Of the investigative files reviewed that required a sexual abuse incident review, only one case contained a sexual abuse incident review form.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that a sexual abuse incident review is completed for each investigation that is substantiated or unsubstantiated.</p> <p>On May 6, 2022, the facility provided an overview of how they will ensure timely review of the Sexual Abuse Incident Reviews. I requested copies of investigations completed subsequent to the on-site audit to ensure that this protocol is being followed. The facility provided a case that was completed on April 15, 2022, and the Sexual Abuse Incident review was completed on May 2, 2022. The facility has also implemented a process to ensure that all cases are reviewed within thirty days of the closure of the case.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Vermont Department of Corrections PREA Webpage • OMS PREA Categories for Classifying Incidents • 2018 SSV Report to Department of Justice • 2019 SSV Report to Department of Justice • Aggregated Data from 2019-2020 • Aggregated Data from 2018-2019 2. Interviews: <ul style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team • Agency Contract Monitor <p>Findings:</p> <p>The Vermont Department of Corrections, policy 409.09, details the standardized definitions on pages 3-8. The agency collects uniform data of each allegation within the agency, including contracted facilities. Page 22 of the policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VDOC follows the SSV as guidance for the collection of proper data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked to answer all questions on the Survey of Sexual Violence by the Department of Justice. The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that houses inmates on their behalf. The VDOC is supplied with a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and checked. The reports are then provided to the PREA Director for the VDOC who compiles the annual reports for the agency. The report for 2020 has been completed and posted on the website. The contracted agency's aggregated reports are posted publicly on the VDOC webpage. I reviewed the 2020 and 2019 aggregated reports as well as the annual report generated by the VDOC.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="231 197 1508 257">Auditor Discussion</p> <p data-bbox="231 257 1508 324">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="231 324 1508 369" style="list-style-type: none"> <li data-bbox="231 324 1508 369">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="279 403 1508 548" style="list-style-type: none"> <li data-bbox="279 403 1508 436">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="279 436 1508 470">• PREA PAQ Completed by Northern State Correctional Facility (NSCF) <li data-bbox="279 470 1508 504">• Vermont Department of Corrections PREA Webpage (https://doc.vermont.gov/prison-rape-elimination-act-prea) <li data-bbox="279 504 1508 548">• Annual PREA Reports <ol data-bbox="231 560 1508 604" style="list-style-type: none"> <li data-bbox="231 560 1508 604">2. Interviews: <ul data-bbox="279 638 1508 772" style="list-style-type: none"> <li data-bbox="279 638 1508 672">• Agency Head <li data-bbox="279 672 1508 705">• PREA Coordinator <li data-bbox="279 705 1508 739">• PREA Compliance Manager <li data-bbox="279 739 1508 772">• Findings: <p data-bbox="231 795 1508 1144">Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house incarcerated individuals. The VDOC has six state prisons and contracts with a private company to house some incarcerated individuals out of state. The VDOC has constructed a written analysis of the data from 2016, 2017, 2018, 2019, and 2020 comparing and analyzing if there are areas of concern that should be addressed to further improve sexual safety in the facilities. The data is specifically reviewed to decide if any problem areas within the facilities should be addressed to curtail abuse if corrective action is called for and review each facility's aggregated data as well as the agency on an annual basis. Once the annual aggregated reports are complete, the agency head approved the report by signature, and the reports are posted on the agency webpage at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. The agency has not had to redact any material from an annual report but would if necessary, curtail any threat to the safety and security of a facility. I have reviewed all reports posted on the VDOC webpage from 2011-2020.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 356" style="list-style-type: none"> <li data-bbox="242 331 959 356">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1102 535" style="list-style-type: none"> <li data-bbox="284 412 959 436">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="284 441 1102 465">• PREA PAQ Completed by Northern State Regional Correctional Facility (NSCF) <li data-bbox="284 470 834 495">• Vermont Department of Corrections PREA Webpage <li data-bbox="284 499 533 524">• Annual PREA Reports <li data-bbox="242 566 376 591">2. Interviews: <ul data-bbox="284 647 592 739" style="list-style-type: none"> <li data-bbox="284 647 445 672">• Agency Head <li data-bbox="284 676 496 701">• PREA Coordinator <li data-bbox="284 705 592 730">• PREA Compliance Manager <p data-bbox="242 770 336 795">Findings:</p> <p data-bbox="242 826 1497 1019">The VDOC has several safeguards in place to securely retain PREA-related data. In addition to having an information security policy that addresses access, systems, and use, the agency requires that desktop computers require a password, and all mobile devices are needed to keep a strong password. The agency makes available the aggregated data to the public on its website. The data from contracted facilities are also available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA-related data will be kept for at least 10 years after the date of the first collection unless Federal, State, or local law requires otherwise.</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • None <p>Findings:</p> <p>The VDOC operates six state prisons and has completed all cycle one and Cycle two audits of their facilities. This is the first audit conducted in year three of the third cycle. The agency has a plan in place to ensure the standard of one-third of all facilities operated is audited annually. The entire agency was in compliance during the previous audit cycle (2). I have observed the PREA Final reports that were posted on the agency's webpage. Incarcerated individuals interviewed said that the Notices of audit had been up for at least six weeks. The auditor also received proof documentation of the posting well in advance of the deadline. The auditor was afforded full access to all areas of the audited facility. A thorough on-site review of the facility was conducted on the first day of the audit. The auditor requested and received a plethora of documents from the agency and facility to properly triangulate the data and evidence of compliance. All interviews of staff and inmates were completed in a private area. Staff interviews were conducted in a conference room, which afforded great privacy. Incarcerated individual interviews were conducted in the visitation area. There was no visitation going on at the time of the interviews. During the on-site review, the auditor observed Notices of Audit posted that was provided to the facility in all housing units, common areas, attorney's booths, visitation, lobby, and other locations throughout the facility. The Notices of Audit were displayed in both English and Spanish. Incarcerated Individuals interviewed confirmed that the notices had been displayed for a couple of months. The auditor received one correspondence from an incarcerated individual in this facility before the audit.</p>
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115.403	Audit contents and findings
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1007 537" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northern State Correctional Facility (NSCF) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports 2. Interviews: <ul data-bbox="284 645 363 674" style="list-style-type: none"> • None <p data-bbox="242 701 336 730">Findings:</p> <p data-bbox="242 757 1477 920">I have observed the PREA Final reports that were posted on the agency's webpage. The agency completed audits for all facilities in Cycle One and Cycle Two. One-third of their facilities were audited in year one of the third audit cycle. Two facilities were audited in year two, and the final facilities two were audited in year three of the audit cycle. Each completed Final Audit Report is posted on the Agency Webpage located at: https://doc.vermont.gov/prison-rape-elimination-act-prea.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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 inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates 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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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 inmates 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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	no
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	no
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	no
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	no

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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 victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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 inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate'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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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
	Does the agency always refrain from requiring an inmate 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate 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
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain 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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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 inmate disciplinary reports?	yes
	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 inmate housing changes?	yes
	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 inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes
	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 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate 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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes

Transmittal of External Audit Report

Instructions: Per Department of Finance & Management Policy #7.0: **External Audit Reports**, departments are required to complete and submit this **coversheet** with a copy of the external audit report to the Commissioner of Finance & Management within 30 days of issuance of the final audit report. This coversheet must be submitted by the department's business office to ensure their awareness and acknowledgment of any potential financial impact. Official department responses to the audit report, including corrective action plans (*if required*), must also be submitted to Commissioner of Finance & Management upon completion.

Department	DOC/Northeast Regional Correctional Complex
Business Office Contact	Kristin Calver
Program/Activity Audited	Prison Rape Elimination Act (PREA)
Audit Agency	DOC Contractor/Melinda Allen
Audit Report Date	05/06/2022

1. Does the audit report contain any findings or recommendations?

YES NO

➤ If YES continue to question #2; otherwise coversheet is complete.

2. Does the report contain any repeat audit findings?

YES NO

3. Please rate the findings and/or recommendations contained in the audit report using the following scale; for reports with multiple findings, this overall rating should be based on the most critical finding:

Insignificant: Nominal violation of policies, procedures, rules, or regulations. Corrective action suggested but not required.

Notable: Minor violation of policies, procedures, rules, or regulations and/or weak internal controls; and/or opportunity to improve effectiveness and efficiency. Corrective action may be required.

Significant: Significant violation of policies, procedures, rules, regulations or laws; and/or poor internal controls; and/or significant opportunity to improve effectiveness and efficiency. Corrective action required.

Major: Major violation of policies, procedures, rules, regulations or laws; and/or unacceptable internal controls; and/or high risk for fraud, waste or abuse; and/or major opportunity to improve effectiveness and efficiency. Immediate corrective action required.

4. Is the department required to develop a corrective action plan (or similar) to address the audit findings and/or recommendations?

YES NO

➤ If YES continue to next question; otherwise skip to question #8.

Transmittal of External Audit Report

5. Has the corrective action plan been developed?

YES NO [provide status below]

❖ Status of corrective action plan: Corrective actions and recommendations completed. All Standards that originally did not meet the standard are now in compliance.

6. Does the department anticipate any inability or delay in implementing its corrective action plan?

YES NO,

➤ If YES continue to next question; otherwise skip to question #8.

7. What fiscal and programmatic impact is this inability or delay likely to have?

none

8. Does the report contain any disallowed costs¹?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise skip to question #11.

Disallowed Amount \$	Audit Report Page #

Disallowed Amount \$	Audit Report Page #

9. Has the method and timing of repayment for all disallowed costs been agreed upon with the applicable organization?

YES NO

10. Assess the impact this disallowance will have on the:

- a. Program/Activity: Major Significant Minimal None
 b. Dept Overall Budget: Major Significant Minimal None

11. Does the report contain any questioned costs²?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise form is complete.

Questioned Amount \$	Audit Report Page #

Questioned Amount \$	Audit Report Page #

12. Assess the likelihood that the questioned costs will result in disallowances and/or reductions in future revenues:

Very Likely Likely Somewhat Likely Not Likely

¹ Costs determined as unallowable under the applicable program/activity and not eligible for financial assistance; generally disallowed costs must be reimbursed to the awarding organization.

² Costs identified as potentially unallowable for financial assistance under the applicable program/activity.

PREA Facility Audit Report: Final

Name of Facility: Northeast Regional Correctional Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/18/2021

Date Final Report Submitted: 05/06/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Melinda Allen	Date of Signature: 05/06/2022

AUDITOR INFORMATION	
Auditor name:	Allen, Melinda
Email:	preaaudit@gmail.com
Start Date of On-Site Audit:	10/04/2021
End Date of On-Site Audit:	10/06/2021

FACILITY INFORMATION	
Facility name:	Northeast Regional Correctional Complex
Facility physical address:	1266-1270 US Route 5, StreetJohnsbury, Vermont - 5819
Facility mailing address:	

Primary Contact	
Name:	Christopher Cadorette
Email Address:	Christopher.Cadorette@Vermont.gov
Telephone Number:	802-751-0683

Warden/Jail Administrator/Sheriff/Director	
Name:	Norah Quinn
Email Address:	Norah.Quinn@Vermont.gov
Telephone Number:	802-751-1405

Facility PREA Compliance Manager	
Name:	Jon Sylvia
Email Address:	jon.sylvia@vermont.gov
Telephone Number:	O: 8027511431
Name:	Chris Cadorette
Email Address:	christopher.cadorette@vermont.gov
Telephone Number:	O: 8027510683

Facility Health Service Administrator On-site	
Name:	Laine Cadorette
Email Address:	LCadorette@VitalCoreHS.com
Telephone Number:	802-424-2782

Facility Characteristics	
Designed facility capacity:	238
Current population of facility:	144
Average daily population for the past 12 months:	110
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-70
Facility security levels/inmate custody levels:	minimum, medium, close custody
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	93
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	18
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Vermont Department of Corrections
Governing authority or parent agency (if applicable):	Vermont Agency of Human Services
Physical Address:	NOB 2 South, 280 State Drive, Waterbury, Vermont - 05671
Mailing Address:	
Telephone number:	8022410000

Agency Chief Executive Officer Information:	
Name:	James Baker
Email Address:	james.baker@vermont.gov
Telephone Number:	(802) 241 - 0001

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Sprafke	Email Address:	jennifer.sprafke@vermont.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.32 - Volunteer and contractor training
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-04
2. End date of the onsite portion of the audit:	2021-10-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Umbrella and JDI we contacted for information regarding this facility.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	238
15. Average daily population for the past 12 months:	110
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	156
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	0
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	92
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	18
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	

Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I selected individuals from every housing unit to interview. I initially selected the first and fifth individuals on the housing rosters. I then reviewed the demographics of those selected to ensure it was representative of the total population. In cases where I needed additional individuals to interview, I turned to the tenth individual on the housing roster to review. If that individual met the need to balance the demographics, they were selected. If not, I continued to the 15th, 20th, etc.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers to completing the random interviews.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	9
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</p>	<p>A review of the population revealed that there were no youthful detainees in the facility at the time of the audit.</p>
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not specifically track the number of detainees with a physical disability or Limited English Proficient. However, the auditor did try to locate individuals with a physical disability or Limited English Proficient in the facility to interview. Being a work camp, the facility typically does not house individuals with a physical disability. There were no non-English speaking individuals located in the facility, despite asking detainees and staff to try to identify individuals.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not specifically track the number of detainees with a cognitive or functional disability. However, the auditor did try to locate individuals with a cognitive or functional disability to interview. Being a work camp, the facility typically does not house individuals with easily recognizable or profound cognitive or functional disabilities.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff(caseworkers) and detainees indicated that there were no blind or visually impaired individuals identified to interview.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff (caseworkers) and detainees indicated that there were no deaf or hard-of-hearing individuals identified to interview.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff (caseworkers) and detainees indicated that there were no Limited English Proficient(LEP) individuals identified at the facility to interview during the on-site audit.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Interviews with staff (caseworkers) and detainees indicated that there were Transgender or Intersex individuals incarcerated to interview.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>4</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Policy precludes staff from using segregation housing or isolation to mitigate the risk of sexual victimization. Alternate housing would be utilized.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>I oversampled the number of individuals that disclosed victimization during the risk screening in order to confirm the required referrals with Mental Health were conducted.</p> <p>I oversampled the number of individuals that reported sexual abuse as I found that many individuals who reported sexual abuse during random interviews were not actually abused. Many of those that stated they reported an abuse case did not rise to the level of sexual abuse.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>13</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
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<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Staff was selected from all three shifts, from a variety of positions within the facility, and from all ranks within the facility. I interviewed tenured, as well as new staff. There were no barriers to ensuring representation.</p>
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>28</p>
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<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>

81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Volunteers are currently restricted from entering the facility due to COVID-19 protocols.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the on-site review, the auditor asked the intake staff to demonstrate the critical functions of how to intake an individual. There were no actual intakes during the on-site due to COVID-19 protocols. The intake officers explained the intake process in detail, provided documentation that would be given to individuals, and showed the auditor where searches are conducted up to and including the actual dressing in the process if an individual was being housed in the facility. The auditor conducted casual interviews with staff and incarcerated individuals throughout the facility. Telephones were checked, hotlines were tested, the grievance dropbox was tested and the auditor viewed Inmate Handbooks in the facility as well as the Kiosk and tablets that are available.</p>

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor reviewed and secured a plethora of documents on-site to include the following:</p> <ul style="list-style-type: none"> • Employee, Contractor, and volunteer training records • Employee, Contractor, and volunteer hiring and background records • Logbooks and video footage to verify that random supervisory rounds are conducted • Incarcerated Individual's intake, screening, education, reassessments, medical, mental health, and investigative files were reviewed as required to gain samples of proof documentation to support the findings of the audit. • other miscellaneous documents.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	3	0	3	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	1	0	0	1
Total	1	0	0	1

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	2	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	1	0	1	0
Total	0	1	0	1	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	6
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>All investigative files were reviewed for the audit. The State of Vermont tracks all incidents of sexual harassment, sexual abuse, and sexualized behavior, even though tracking sexualized behavior is not required by the PREA standards. The state uses this information to try to glean a propensity to abuse or to make them aware of potential problems.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
<p>Non-certified Support Staff</p>	

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1031 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="244 362 959 389" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 443 887 600" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 410.01 • Sexual Abuse Awareness Brochure • Vermont Department of Corrections Organizational Chart • Northeast Correctional Complex Organizational Chart 2. Interviews: <ul data-bbox="284 712 592 770" style="list-style-type: none"> • PREA Coordinator • PREA Compliance Manager <p data-bbox="244 801 325 828">Finding:</p> <p data-bbox="244 891 1493 1554">The VDOC policy 409.09 addresses the Prison Rape Elimination Act. The agency's policy mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is addressed on page one of the policy. The policy outlines, on pages 2 & 3, how the PREA standards are implemented and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is expected and does follow the department's policy. Interviews were conducted on-site with the PREA Compliance Manager and Superintendent to confirm the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It was apparent through the facility walk-through that the facility takes sexual safety seriously through the observation of PREA posters, PREA Newsletters, informational pamphlets, and educational programs. The policy pages 3-8 contain definitions as required by the standard. Sanctions against PREA related incidents are covered in policy 410.01, Facility Rules and Inmate Discipline. PREA policy 409.09 addresses agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of incarcerated individuals. These strategies are covered on pages 2, 3, and 10-23 of policy 409.09. The facility has a designated PREA Compliance Manager. The compliance manager showed that he does not have sufficient time to coordinate the facility's efforts to comply with the PREA standards. As with most governmental agencies, staff members must juggle a plethora of duties and be expected to complete each of the duties in a prompt fashion. I saw that the PREA Compliance Manager authority to coordinate the facility's efforts to comply with the PREA standards. The required work is being completed, as some PREA-related duties are being distributed amongst other staff in the future to assist in the efficiency of the processes. The PREA Compliance Manager serves as the Assistant Superintendent of the facility and has the requisite authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports directly to the Superintendent of the facility. The agency has a PREA Coordinator and six Compliance Managers as well as backup Compliance Managers for each facility.</p>

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Northeast Correctional Complex Pre-Audit Questionnaire • Contract for Housing Inmates, Page 26, Section 4.3 2. Interviews: <ul style="list-style-type: none"> • Agency Contract Administrator <p>Finding:</p> <p>The Vermont Department of Corrections (VDOC) has contracted with CoreCivic to house incarcerated individuals on their behalf. The most recent contract was entered on September 17, 2018. The initial term of the contract was two years with the ability to renew for two additional years. The contract requires that the contractor adopt and comply with the PREA Standards, page 26, Section 4.3. The DOC does not have any current contracts for confinement that do not require compliance and adoption of the PREA Standards. The current contract specifies that the Contractor will comply with the PREA of 2003 (28 C.F.R. Part 115, Docket No. OAG-131. RIN 1005-Dated May 17, 2012) as noted on page 10 of the contract, and will adopt all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the Contractor's facilities that house State incarcerated individuals. State staff has the right to conduct announced and/or unannounced, compliance monitoring to include "on-site" monitoring to ensure that the contractor is complying with PREA standards. This is standard verbiage for contracts for confinement as established through the Agency's PREA policy 409.09. The contract monitor oversees compliance with all PREA Standards. In interviews with the contract monitor, I determined that the contract monitor regularly reviews the contractor and their work as it applied to PREA. The facility had its PREA Audit in June 2021 and is currently in the Corrective Action phase.</p>

115.13	<p>Supervision and monitoring</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Northeast Correctional Complex Staffing Plan • Annual Review of Staffing Plan 2019, 2020, 2021 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/ Superintendent • PREA Coordinator • PREA Compliance Manager • Intermediate or Higher-level Facility Staff <p>Finding:</p> <p>The facility has a formalized, written staffing plan that addresses the mandatory elements required by the standard. The staffing plan is reviewed annually for consideration of needs to improve sexual safety in the facility. The facility, in collaboration with the PREA Coordinator, reviews the staffing plan to determine if adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. A copy of the staffing plan analysis was secured during the pre-audit phase. The Northeast Correctional Complex (NECC) uses overtime or collapses not-essential (Housing) posts or utilizes overtime if needed to maintain minimum staffing levels. Daily reports are used to document any deviations from the staffing plan. An annual review is completed to determine if adjustments are needed. NECC officers are required to complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented in the logbooks as well. The facility has 98 cameras that are monitored by control staff to aid in supervision. The cameras record information for up to 30 days depending on the level of motion detected activity. The current storage was around 30 days. The facility has added a couple of cameras since the last audit. They added a camera to the parking lot to help ensure sexual safety within the facility. The facility uses a screening system to identify vulnerable incarcerated individuals during the initial screening process prior to placement in a cell. Vulnerable incarcerated individuals are placed alone in cells adjacent to the officer's desk and extra observation rounds are conducted for heightening security. To verify that intermediate or higher-level supervisors conduct unannounced rounds, I reviewed logbook entries and compared the logbook entries to video footage to verify the rounds were conducted. In interviews with the intermediate and higher-level supervisors, I determined that unannounced rounds are conducted sporadically and without warning to the staff. Supervisors vary their routes throughout the facility and never announce that they are making rounds. Rounds were verified for day and night shifts.</p>
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115.14	<p>Youthful inmates</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Youthful Offender Status Document • Procedure 326.01.02 Placement of Youthful Offenders • Daily Population Reports 2. Interviews: <ul style="list-style-type: none"> • There is no Line Staff who Supervise Youthful Incarcerated Individuals • There are no Education and Program Staff who Work with Youthful Incarcerated Individuals • There were no Youthful Incarcerated Individuals present during the audit to interview 3. Observations: <ul style="list-style-type: none"> • Visual Review facility during On-site Review <p>Finding:</p> <p>The facility does not typically house juvenile offenders. The auditor observed the facility and interviewed staff, and incarcerated individuals, and reviewed daily rosters to determine that the facility did house one youthful offender during the audit period. This was an unusual case exacerbated by the pandemic and was documented. The facility, designed similarly to Marble Valley, utilized the same processes that Marble Valley would use to house a youthful offender. It is the practice of the State of Vermont to avoid housing Youthful Offenders in adult facilities except in rare situations. Youthful offenders would typically be housed at the Marble Valley Correctional Facility if one is incarcerated. The agency has developed an operational procedure for placement of an under eighteen offender in an adult correctional facility, MVRFCF 12-01, which requires them to provide for sight sound separation from the adult incarcerated individuals.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 432.01 • Vermont Department of Corrections Agency Policy 409.01 • Log of Cross-gender Strip Search (none) as evidenced by OMS report • Reports of Cross-gender Pat Searches • Strip Search Memo dated 3.06.2015 • NECC Procedure 409.09.01 2. Interviews: <ul style="list-style-type: none"> • Random Sample of Staff • There were no female incarcerated individuals present to interview • There were no Transgender Incarcerated Individuals present to interview <p>Finding:</p> <p>Policy 409.01 governs pat searches of incarcerated individuals. Staff would only conduct a cross-gender strip or cross-gender visual body cavity searches of incarcerated individuals in exigent circumstances. In the past year, there have been no emergencies that required cross-gender strip searches. There have been 10 incidents where cross-gender pat searches were conducted and documented. However, the cases did not rise to the level of exigent circumstances. Not having a female officer on a particular shift is not a sufficient excuse. The facility is required to provide sufficient staffing to refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances. Policy 409.01.01 requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches be documented. I have reviewed documentation of these searches generated from reports in the OMS system, Jail Tracker. Agency policy 409.09 requires staff members of the opposite gender to announce their presence when entering an incarcerated individual-housing unit. Interviews with incarcerated individuals confirm that some staff members announce their presence but it does not seem engrained that all cross-gender announcements are required. This was also observed during the on-site review. Agency policy prohibits the searching of transgender or intersex incarcerated individuals for the sole purpose of determining their genital status. Interviews with staff and incarcerated individuals verify that this is done properly. I interviewed a transgender individual to confirm compliance. Staff members were well versed in this policy. The VDOC uses a Gender Identify Form that all incarcerated individuals must complete upon admission into the facility. If an individual's genital status is unknown, the facility determines the genital status through conversations with the incarcerated individual, 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. Some facility staff members have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex incarcerated individuals professionally and respectfully, consistent with security needs. In interviews with staff, I asked staff to explain the process of conducting a cross-gender pat search as well as a search of transgender and intersex incarcerated individuals. Some staff members were well versed in conducting searches professionally and respectfully while others did not understand the question or simply stated they would ask a supervisor. The facility is an intake facility that may receive female incarcerated individuals at times. The facility does have female staff to conduct the pat searches. All cross-gender pat-downs of females are documented. There were ten cross-gender pat searches conducted in the previous twelve months. A review of the reports indicates that cross-gender pat searches are conducted absent exigent circumstances, a violation of the PREA standards as well as agency policy. During the on-site review, the auditor noted several cameras that allow for observation of toilets in special housing cells. It was suggested that staff mitigate this by placing a block on the camera that prevents the viewing of the genital area while an incarcerated individual is using the toilet.</p> <p>Corrective Action Recommendation:</p> <ul style="list-style-type: none"> • Retrain staff on cross-gender announcements. • Refrain from conducting cross-gender pat searches absent exigent circumstances. • Provide privacy when showering, changing clothes, or toileting for all incarcerated individuals. • Ensure that all staff members are familiar with how to properly conduct a cross-gender or Transgender/Intersex pat search.

Update:

On April 19, 2022, the facility provided the auditor with proof of retraining on cross-gender announcements, provided proof of the installation of an electronic cover over the toilet in the special housing cells, and provided proof that staff members have been retained in how to conduct a cross-gender or transgender/Intersex pat search.

Update: On April 28, 2022, the facility provided the auditor with proof of installation of shower curtains that do not permit cross-gender viewing of incarcerated individuals while showering or dressing in the shower area.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 371.01 • ADA Handouts • Interpreter Access Card • ADA Training Curriculum from Basic Academy • PREA Pamphlets in English and Spanish • PREA Education/Orientation Materials 2. Interviews: <ul style="list-style-type: none"> • There were no Disabled or Limited English Proficient Incarcerated Individuals to interview during the onsite audit • Random Sample of Staff 3. Observations <ul style="list-style-type: none"> • Language Line • Documentation of ADA compliance to include Braille handout <p>Finding:</p> <p>According to the interview with the Agency Head, the agency takes appropriate steps to ensure incarcerated individuals with disabilities and incarcerated individuals with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. He expounded on the resources that have been made available to incarcerated individuals. PREA handouts and resident handbooks are provided in English and Spanish languages. The agency also has a contract for other language interpretations and utilizes the services when warranted. The VDOC contracts with Public Communication Services, Inc. for telephonic interpreters. There are some staff members who speak Spanish and both incarcerated individuals and staff stated incarcerated individuals are not used as interpreters for issues with sexual abuse and sexual harassment. The facility also has a PREA brochure in Braille if they have a blind incarcerated individual. PREA information is explained to the incarcerated individuals with low functioning or inability to read by a caseworker and is available through a video as well. The facility does have access to a language line, a TTY machine, Braille handouts and staff are available to explain and educate offenders verbally on a level that they can understand. There were no incarcerated individuals with disabilities or limited English proficiency to interview at the time of the audit. Agency policy 409.09, page 11, prohibits the use of incarcerated individual interpreters, incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual's safety, the performance of first-response duties under " §115.64, or the investigation of the incarcerated individual's allegations. Interviews with staff and incarcerated individuals confirm that the policy is being followed.</p>

115.17	Hiring and promotion decisions
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="282 409 1190 636" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 122.01 Staff Selection and Promotion • Vermont Department of Corrections Agency Policy 376.01 Volunteer Services • Review of Applications of newly hired employees • Review of files of newly promoted staff • Pre-Audit Questionnaire (PAQ) completed by VDOC • Background Checks of Volunteers and Contractors 2. Interviews: <ul data-bbox="282 745 738 775" style="list-style-type: none"> • Administrative (Human Resources) Staff(2) <p data-bbox="242 801 325 831">Finding:</p> <p data-bbox="242 860 1490 1485">Policy 122.01 addresses the hiring, promotion, and discipline of staff and has procedural guidelines that the agency must follow when considering hiring someone. The agency inquires about sexual abuse and sexual misconduct to include the questions detailed in 115.17 (a) in the written application and during the formal interviews. The applicant's responses are recorded and kept in the staff, contractor, or volunteer's file. The Vermont Department of Corrections conducts a reasonable investigation into the background of prospective employees, contractors, and volunteers, who, by the nature of the position to be filled, will have access to sensitive information, facilities, computer systems, clients, detainees, incarcerated individuals, procedures, and/or reports. To minimize the State's risk exposure, this policy has been shown to ensure fair and consistent evaluation. All candidates for full and part-time employment with the VDOC undergo a comprehensive background investigation prior to being made a final offer. A review of staff and contractor/volunteer files shows that thorough background checks are completed prior to hiring or contracting with individuals. The agency inquires if the applicant has ever had an improper relationship with an incarcerated individual, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during an investigation about their behavior/actions while employed as a law enforcement officer correctional officer at another location. The agency also inquires what the investigations were about and what is the status of that investigation, and if the applicant has ever been a party to a lawsuit because of their actions in the performance of their job. Interviews with staff showed that they check the VCIC and NCIC III for criminal background checks and check the Sex Offender Registry as part of their background investigations. The agency imposes an affirmative duty for staff to show any misconduct. The agency supplies 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 an employee has applied to work.</p>

115.18	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Schematic of upgrade to the Camera system • Camera Letter • Review of additional cameras installed <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent <p>Finding:</p> <p>Interviews with the agency head and warden/Superintendent staff show that consideration is afforded when modifying, expanding, or designing a facility. There have not been any major structural modifications or construction since the last PREA audit. The NECC has added a few cameras since the last audit. The facility has documented the upgrades to the video monitoring system. The facility has 98 cameras in the facility. Video footage is recorded and kept for approximately thirty days, depending on the activity or movement within the facility. (At the time of the audit there were 30 days of footage stored). I observed cameras placed throughout the facility consistent with the schematics provided during the facility tour. I also reviewed the cameras to determine if there are obvious blind spots.</p> <p>Corrective Action Recommendation:</p> <p>Document how technological improvements may enhance the agency's ability to protect inmates from sexual abuse. Update the three-year camera plan to include the addition of a camera near/adjacent to the exterior freezer.</p> <p>Update: On March 14, 2022, the facility provided the auditor with an amended three-year camera plan. They have documented the needed and justification to include the improvement of sexual safety.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1031 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="244 331 959 358" style="list-style-type: none"> <li data-bbox="244 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1161 672" style="list-style-type: none"> <li data-bbox="284 412 887 439">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="284 443 1161 470">• Vermont Department of Corrections Agency Policy 409.08, Crime Scene Preservation <li data-bbox="284 474 759 501">• Pre-Audit Questionnaire completed by NECC <li data-bbox="284 506 1090 533">• Protocols for responding to Incidents of Sexual Harassment and Sexual Abuse <li data-bbox="284 537 491 564">• MOU with DHR IU <li data-bbox="284 568 624 595">• MOU with Vermont State Police <li data-bbox="284 600 496 627">• LOA with Umbrella <li data-bbox="284 631 576 658">• Uniform Evidence Protocol <li data-bbox="244 698 376 725">2. Interviews: <ul data-bbox="284 779 1011 940" style="list-style-type: none"> <li data-bbox="284 779 435 806">• SANE/SAFE <li data-bbox="284 810 584 837">• Just Detention International <li data-bbox="284 842 555 869">• Random Sample of Staff <li data-bbox="284 873 592 900">• PREA Compliance Manager <li data-bbox="284 904 1011 931">• Incarcerated individuals who had reported an incident of Sexual Abuse <p data-bbox="244 972 325 999">Finding:</p> <p data-bbox="244 1025 1490 1590">The agency is responsible for ensuring that administrative and criminal sexual abuse investigations are conducted. The agency shares responsibility for administrative investigations with DHR-IU. Vermont State Police complete all criminal investigations. Facility staff may be involved in conducting some administrative investigations but would never be responsible for conducting an administrative sexual abuse claim. The Department of Human Resources Investigative Unit (DHR-IU) would investigate these cases. The uniform evidence protocol was developed from the DOJ's National Protocol. All victims of sexual abuse have access to forensic medical examinations, at the Northeastern Vermont Regional Hospital. If for some reason a SANE or SAFE is not available at Northeastern Vermont Regional Hospital within the 72 to 96-hour window, they would transport to the next closest hospital with a trained SANE or SAFE Hospital without financial cost, where evidentiary or medically appropriate. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency documents its efforts to supply SAFEs or SANEs. The Northeastern Vermont Regional Hospital offers specialized emergency nursing care for both adults and child sexual assault victims. According to the PREA Compliance Manager, the facility contacts a victim's advocate prior to the victim leaving the facility for a sexual assault. The NECC utilizes the Umbrella Center to supply a victim's advocate to incarcerated individuals. The facility has secured a Letter of Agreement with Umbrella to supply advocacy services. The last letter was signed in 2019. There is a draft LOA pending signature. The agency has asked that the investigative agency. The MOU with the Vermont State Police was signed in 2015. The MOU with DHR was signed in 2021.</p> <p data-bbox="244 1621 608 1648">Correction Action Recommendation:</p> <p data-bbox="244 1680 683 1706">Secure signature on the LOA with Umbrella.</p> <p data-bbox="244 1738 1126 1765">Update: On March 2, 2022, the facility provided a signed copy of the LOA with Umbrella.</p>

115.22	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NECC • MOU with Vermont State Police • MOU with DHR IU • Investigative Files • Protocols for responding to Sexual Harassment and Sexual Abuse incidents. • Agency Website <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Investigative Staff • VSP Investigative Staff • DHR-IU Investigative Staff <p>Finding:</p> <p>The agency ensures that an Administrative and Criminal investigation is conducted for allegations of sexual abuse and sexual harassment. This is required in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The website describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-pr ea/. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. There were nine cases that needed documentation during this audit cycle. Each case was sexual harassment or did not rise to a criminal act. None of the cases required referral for criminal investigation.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NECC • Training Curriculum for PREA in Academy Part I and Part II • Gender, Care, and Custody Training • PREA and Staff Sexual Misconduct Curriculum • Review of Staff Training Rosters • Review of Staff Acknowledgements of having received PREA Training • PREA Examinations • Documentation of Refresher Training <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff <p>Finding:</p> <p>VDOC supplies all employees with PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. Staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plans proves all the required areas are reviewed. A review of staff training files shows that all staff members have been trained. Some of the acknowledgment forms were not completed at the time of the training. The forms were subsequently completed to satisfy this requirement before the auditor completed this report. In addition to completing the training, staff members must complete an examination showing their understanding of the training presented. Interviews of staff members demonstrated that staff members have an understanding of the agency's zero-tolerance policy; the agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired staff receives the first PREA training before reporting to duty in the facility. During the interviews with a random selection of staff, I quizzed staff members on a variety of these topics and the staff was able to respond appropriately. The training supplied is specific to the gender of inmates the staff will supervise. If a staff member is transferred from another facility, the staff member would appropriately be retrained. Staff members have not received refresher PREA training every other year. In years in which an employee does not receive refresher training, the agency supplies refresher information on current sexual abuse and sexual harassment policies. The facility supplied verification of training for all staff for 2021. Refresher training was provided in 2020.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that staff complete the acknowledgment form after PREA training. Requested assurance that all staff members have signed an acknowledgment and randomly selected staff for verification of completeness.</p> <p>Update: On April 20, 2022, the PCM advised that all training was up to date. The auditor asked for a staff roster to draw selections from, selecting nine staff members to review. The PCM provided an acknowledgment form for each of the staff selected.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NSCF • Training Curriculum • PREA Training Acknowledgment Forms • Examinations <p>2. Interviews:</p> <ul style="list-style-type: none"> • Contractors and Volunteers who have contact with inmates <p>Finding:</p> <p>Contractors and volunteers at the NECC are trained in their responsibilities about sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that they are familiar with the agency's zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment. All Contractors and Volunteers receive extensive training regarding PREA to include testing which far exceeds standard requirements. The agency should be commended for this high level of professionalism and regard for sexual safety in their prisons. The agency also included an examination as part of their testing of understanding. This exceeds the standard imposed. Since April 2020, very few contractors and no volunteers have been allowed into the facility due to the COVID-19 pandemic. Only essential contractors have been allowed into the facility.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Vermont Department of Corrections Agency Policy 409.09
- Pre-Audit Questionnaire completed by NECC
- Review of Training Curriculum
- Resident Handbooks
- Resident Tablets
- PREA Posters
- PREA Newsletters
- PREA Pamphlets/Brochures
- Incarcerated Individuals Acknowledgements of having received training/orientation

2. Interviews:

- Random Sample of Incarcerated Individuals
- Intake Staff
- Caseworkers who conduct training with inmates

3. Observations:

- During the on-site review, the auditor observed PREA posters, signage, pamphlets, and brochures that are readily available in each housing unit.
- The auditor did not have the opportunity to observe an education session as there weren't any new inmates in the facility to be educated. She did discuss the process and reviewed materials used for the education sessions.
- The auditor observed inmate handbooks and tablets that are available to inmates.
- The tablets also have the inmate handbook and PREA information available.

Finding:

Offenders at the NECC are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment at once upon entering the facility. Offenders are told that they have a right to be free from sexual abuse and how to report an incident of sexual abuse. Offenders are also supplied a PREA brochure that details basic PREA standards, as well as a list of resources available to them should they need them. Most of the offenders interviewed were familiar with the basics of PREA. Offenders interviewed were able to articulate how they would report an incident including reporting to staff, the PREA hotline, by writing Prisoner's Rights, going through a third party, or in writing. Incarcerated Individuals are familiar with available outside resources for dealing with sexual abuse. Inmates are given a pamphlet with the contact information for the resources and told how to contact them if needed. There are also posters in every housing unit with information on how to contact advocates, how to report an incident, and other information to assist should they need help. Offenders have the information at their disposal in the PREA Pamphlets that are given to them at intake. This information is also on the tablets that are available to inmates. Caseworkers generally provide more in-depth training to the offenders within 72 hours of arrival at the facility. This far exceeds the 30-day requirement imposed by this standard. The facility provides education through a variety of mechanisms to connect with a broader range of learners. All offenders receive the required training regardless of where they came from being the streets, court, or another facility. The PREA education is available in Spanish, English, and Braille. For offenders with limited reading abilities, vision or hearing problems, caseworkers supply the training in a format that is easily understandable for the offender. If an offender speaks a language other than Spanish or English, a language line interpretation would be supplied for the offender. The facility documents this training and copies of the training are secured in the offender's file or in the OMS. The facility does an excellent job of supplying continuously available resources using posters, PREA Newsletters, and Handbooks. The facility exceeds this standard by educating the inmates within 72-hours of entering the facility. In several interviews, incarcerated individuals stated that they were asked if they remembered PREA training from other facilities and if they stated they did, the material was not reviewed.

Corrective Action Recommendation:

Ensure that all incarcerated individuals receive training in your facility, even if they have received the training elsewhere.

Update: On March 14, 2022, the facility provided the auditor with an email that was sent to staff to ensure all inmates receive orientation, even when they transfer from another facility. The auditor sampled files of individuals that recently transferred into the facility for compliance. The auditor also required the facility to ensure that previously transferred individuals had been properly oriented.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 353" style="list-style-type: none"> <li data-bbox="242 329 959 353">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 893 568" style="list-style-type: none"> <li data-bbox="284 409 893 434">• Vermont Department of Corrections (VDOC) Policy 409.09 <li data-bbox="284 441 831 465">• Pre-Audit Questionnaire (PAQ) completed by NECC <li data-bbox="284 472 480 497">• Training Records <li data-bbox="284 504 507 528">• Training Curriculum <li data-bbox="284 535 632 560">• Specialized Training Certificates <li data-bbox="242 598 376 622">2. Interviews: <ul data-bbox="284 678 488 703" style="list-style-type: none"> <li data-bbox="284 678 488 703">• Investigative Staff <p data-bbox="242 732 336 757">Findings:</p> <p data-bbox="242 790 1473 1050">While the more serious Administrative and Criminal investigations would be handled by the DHR-IU or the Vermont State Police, NECC has nine investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing 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. I have reviewed both the curriculum and the certificates of completion for the training and found them to follow the requirements of this standard. The investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor reviewed a sample of investigative files for completeness and thoroughness.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VDOC • Sample Training Records • Training Curriculum • Specialized Training Certificates <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 409.09, page 13, I, C addresses the training of all medical and mental health staff in the PREA standards. I have reviewed the training records of medical and mental health staff that work in this facility and decided that they have received the required training. There are currently seventeen medical and mental health practitioners at this facility some of which are 'travelers' or not full-time staff. All of the staff have completed the required PREA training. Medical staff at NECC do not conduct forensic medical examinations. Interviews with medical and mental health staff revealed that they have received the training and are aware of the duties needed from them if an incident of sexual abuse or sexual harassment presents itself to them. Medical and mental health staff also receive the specialized training required. Resource: https://nicic.gov/specialized-training-prea-medical-and-mental-care-standards.</p>

115.41	Screening for risk of victimization and abusiveness
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="282 412 887 537" style="list-style-type: none"> <li data-bbox="282 412 887 439">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="282 443 759 470">• Pre-Audit Questionnaire completed by NECC <li data-bbox="282 474 639 501">• Completed Risk Screening Tools <li data-bbox="282 506 636 533">• Completed Reassessment Tools <li data-bbox="240 568 376 595">2. Interviews: <ul data-bbox="282 645 746 842" style="list-style-type: none"> <li data-bbox="282 645 424 672">• Intake Staff <li data-bbox="282 676 667 703">• Staff that complete Risk Screenings <li data-bbox="282 707 663 734">• Staff that complete Reassessments <li data-bbox="282 739 746 766">• Random Sample of Incarcerated Individuals <li data-bbox="282 770 496 797">• PREA Coordinator <li data-bbox="282 801 592 828">• PREA Compliance Manager <li data-bbox="240 869 408 896">3. Observations: <ul data-bbox="282 949 1257 976" style="list-style-type: none"> <li data-bbox="282 949 1257 976">• During the onsite review, I observed the intake area where the Risk screening tool is completed <p data-bbox="240 1008 325 1034">Finding:</p> <p data-bbox="240 1066 1485 1890">Agency 409.09, page 11, section 4 covers the completion of the Sexual Violence Screening during the booking or intake process. I interviewed intake staff, caseworkers, and incarcerated individuals to verify that the Sexual Violence Screening Instrument is being used effectively to decide if incarcerated individuals have been designated as a victim or a predator to help ensure the sexual safety of the facility. Incarcerated individuals showed that the questions required by this standard are asked upon entry into the facility. All screenings are conducted within 72 hours of intake. The agency uses a uniform objective screening instrument to help determine if an incarcerated individual is vulnerable or possibly a predator. The objective screening instrument considers each of the required components of this standard. Policy 409.09 mandates a thirty (30) day review of the Sexual Violence Screening Instrument. The auditor verified that the 30-day reviews are often completed much quicker than 28 days. In fact, many of the reassessments were done the first week. While this could be perceived as a positive, we need to think of the incarcerated individual and how they adjust to living in confinement. Many individuals are anxious, afraid, or uncertain as to what they are experiencing and need some time to acclimate before they are willing to discuss private matters openly. I would suggest waiting at least two weeks before completing the reassessment. In addition to the thirty (30) day reviews, staff will reassess an incarcerated individual based on a referral, request, an incident of sexual abuse, or upon receiving more information that may reveal more insight into the incarcerated individual's vulnerability or likelihood of predation. Incarcerated individuals are never disciplined for failure to respond to the sensitive questions included in the Sexual Violence Screening Instrument. A review of disciplinary and grievance records did not show any disciplinary acts for failure to respond to these questions. The agency controls the dissemination of responses to questions on the screening tool within the facility to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. CO II's and higher have access to the Risk Screening Instrument to decide housing placement and programming. As part of my review of this standard, I saw a random sampling of incarcerated individual files, interviewed intake and caseworker staff and incarcerated individuals. All interviews confirmed that the screening instrument is being used and that staff members do consider the responses to the instrument when deciding the placement of the incarcerated individuals in the facility. NECC goes a step beyond when considering placement of the offenders in that they hold a multidisciplinary team meeting Monday-Friday to discuss the housing and placement of incarcerated individuals who they perceive to be vulnerable or predatory to house them most appropriately.</p> <p data-bbox="240 1921 568 1948">Best Practice Recommendation:</p> <p data-bbox="240 1980 1485 2105">Some incarcerated individuals interviewed indicated that some of the required questions were not asked or they simply didn't recall being asked the question(s). This would have been exacerbated by the volume of interviews and information being thrown at them in a short period of time. Documentation indicates the questions were posed as there were responses documented. Complete Reassessments no sooner than 14 days after the initial incarceration.</p>

115.42	Use of screening information
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 306 959 336">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="284 385 963 577" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections (VDOC) Policy 432.01 • NECC Procedure 435.00.01 Gender Responsivity Dated 11.29.20 • Pre-Audit Questionnaire completed by NECC • Documentation of Risk-based housing decisions • Documentation of Reassessments <p data-bbox="242 607 379 636">2. Interviews:</p> <ul data-bbox="284 687 1326 846" style="list-style-type: none"> • Staff Responsible for Risk Screening • PREA Coordinator • PREA Compliance Manager • Random Sample of Incarcerated Individuals • There were no Transgender or Intersex Incarcerated Individuals incarcerated during the one site audit. <p data-bbox="242 875 408 904">3. Observations:</p> <ul data-bbox="284 956 1428 1016" style="list-style-type: none"> • Auditor toured all housing units and did not find any housing units dedicated to LGBTQI Incarcerated Individuals. • Observation of Showers, housing units, and toilet areas within the facility. <p data-bbox="242 1046 325 1075">Finding:</p> <p data-bbox="242 1104 1485 1865">Interviews with staff and incarcerated individuals confirm that the risk screening instrument is being used and that staff members are considering the responses to the instrument when deciding the placement of the incarcerated individuals in housing, bed, work, programming, and education assignments. NECC goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of incarcerated individuals who they perceive to be vulnerable or predatory to house them most appropriately. This program curtails many problems and helps the different disciplinary teams understand the dynamics faced with each decision, especially about deciding individualized housing and program assignments helps to ensure the safety of each incarcerated individual. The multi-disciplinary team meetings far exceed the standard imposed by the Prison Rape Elimination Act and the facility is commended for going the extra mile in improving sexual safety within the facility. When deciding whether to assign a transgender or intersex incarcerated individual to a facility for male or female incarcerated individuals and in making other housing and programming assignments, the agency considers on a case-by-case basis whether the placement would ensure the incarcerated individual's health and safety and whether the placement would present management or security problems. The transgender/Intersex incarcerated individual's own views with respect to their own safety given serious consideration when making NECC has housed a couple of transgender or intersex offenders in the past 12 months. There were no transgender/Intersex incarcerated individuals available to interview at the time of the audit. Transgender incarcerated individuals' own view of their safety is given consideration. Transgender or intersex incarcerated individuals are allowed to shower alone and have not been excluded from programming assignments based on their status. Interviews with the PREA Compliance Manager and staff said they do conduct screenings of transgender/intersex incarcerated individuals twice a year for any threats to safety experienced by the incarcerated individual. No transgender individuals have been in the facility long enough to require another reassessment. The agency has a policy (409.09) that allows transgender/Intersex offenders the opportunity to shower alone. The agency does not keep any dedicated units, wings, or facilities to house LGBTQI offenders. They are not under any court orders, decrees, or legal settlements, or judgments to maintain separate wings, facilities, or housing units.</p>

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 1461 909" style="list-style-type: none"> <li data-bbox="240 331 1461 539">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1166 539" style="list-style-type: none"> <li data-bbox="284 412 959 439">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="284 443 1086 470">• Vermont Department of Corrections (VDOC) Policy 432.01 Protective Custody <li data-bbox="284 474 1166 501">• Vermont Department of Corrections (VDOC) Policy 432.01 Administrative Segregation <li data-bbox="284 506 831 533">• Pre-Audit Questionnaire (PAQ) completed by VDOC <li data-bbox="240 566 1461 775">2. Interviews: <ul data-bbox="284 647 1461 775" style="list-style-type: none"> <li data-bbox="284 647 549 674">• Warden/Superintendent <li data-bbox="284 678 999 705">• Staff Who Supervise Incarcerated Individuals in Segregation Housing <li data-bbox="284 710 1461 775">• There were no incarcerated individuals to interview that had been placed in segregation housing who allege to have suffered sexual abuse. <li data-bbox="240 801 1461 909">3. Observations: <ul data-bbox="284 882 959 909" style="list-style-type: none"> <li data-bbox="284 882 959 909">• Reviewed the Segregation Housing Unit during the onsite review. <p data-bbox="240 936 336 963">Findings:</p> <p data-bbox="240 994 1485 1525">Agency policy 409.09, page 15, Section C, states that incarcerated individuals at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. By policy, no incarcerated individuals are placed in involuntary segregation housing who have reported sexual abuse. If they were, they would be allowed to attend or have access to programs, privileges, education, and work opportunities to the extent possible. Interviews with the Warden/Superintendent a staff who supervises restricted housing units show that if the access could not be accommodated, they would document that the opportunities that have been limited; The duration of the limitation; and the reasons for such limitations. In the past 12 months, no offenders were placed in involuntary segregation based on the facility's inability to find alternative housing, therefore, no incarcerated individuals were found to interview for this standard about involuntary segregation. Agency policy 409.09 does require that if the facility had to use involuntary segregation housing it would only be used until an alternative means of separation could be found, never to exceed 30 days. There were no cases of involuntary segregation due to victimization to review for the prior 36 months therefore there was no documentation of the facility's concern for the offender's safety or reasons why no alternative means of separation can be arranged. Policy 409.09, page 16, section 4, C allows for the reviews of status as protective custody are completed after seven days and every 30 days thereafter the first seven-day period. Staff members interviewed that work segregation housing showed that the reviews would be conducted according to policy.</p>

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 • Vermont Department of Corrections (VDOC) Policy 315.02 • Inmate PREA Brochure • Resident Handbooks • PREA Posters • Third-Party Reporting Poster • Just Detention International Posters for Staff and Inmates 2. Interviews: <ul style="list-style-type: none"> • Random Sample of Staff • Random Sample of Inmates • PREA Compliance Manager 3. Observations: <ul style="list-style-type: none"> • The auditor observed PREA Posters, Pamphlets, JDI posters, and PREA Newsletters in all of the housing units toured and in a variety of common areas throughout the facility. <p>Findings:</p> <p>The agency supplies multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, third-party reporting posters throughout the facility. I saw at least one poster in each housing unit and most units also had the PREA Reporting line Poster and PREA Newsletters posted. Interviews with a sampling of inmates revealed that inmates are familiar with a variety of ways to report a PREA incident. The information is also readily available in the Resident Handbook and the PREA Pamphlets provided during intake. Inmates were familiar with the mechanisms available for privately reporting a case of sexual harassment or sexual abuse, how to report retaliation, and staff neglect. Most inmates said that they would tell an officer or their caseworker. The offenders feel comfortable reporting directly to the officers in this facility. The agency has supplied at least one way for an offender to privately report an incident to a public/government or private entity that is not a part of the agency. Offenders may write to the Agency of Human Services to report an incident. The mechanism that most offenders referred to is the use of the reporting line. The reporting line is checked by the Central office of the Department of Corrections. Sexual Abuse reports are then sent to facility leadership to investigate. The reporting line was tested at the facility during the on-site and the auditor received a response within a couple of hours. Agency policy 315.02 addresses Foreign Nationals. The policy requires that inmates detained solely for civil immigration purposes be supplied information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Interviews with intake staff reveal that they are aware of the policy and directives. Policy 409.09, Page 16, Section 5 addresses reporting. Staff members are mandatory reporters of all incidents of sexual harassment and sexual abuse. Interviews with staff reveal that they are aware of this requirement. Staff also showed that they must document all complaints in writing. When asked how staff could privately report an incident of sexual harassment or sexual abuse, most staff showed that they would report the incident directly to their supervisor. They also said that they could send an email, drop an anonymous note, call, or write Vermont Agency of Human Services.</p>

115.52	Exhaustion of administrative remedies
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1222 604" style="list-style-type: none"> <li data-bbox="284 412 959 439">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="284 443 1011 470">• Vermont Department of Corrections (VDOC) Policy 320.01 Grievances <li data-bbox="284 474 1222 501">• Vermont Department of Corrections (VDOC) Interim Revision Memo dated September 2014 <li data-bbox="284 506 700 533">• Incarcerated Individual PREA Brochure <li data-bbox="284 537 507 564">• Resident Handbook <li data-bbox="284 568 596 595">• Third-Party Reporting Poster <li data-bbox="240 631 376 658">2. Interviews: <ul data-bbox="284 712 842 739" style="list-style-type: none"> <li data-bbox="284 712 842 739">• Incarcerated Individuals Who Reported Sexual Abuse <p data-bbox="240 770 336 797">Findings:</p> <p data-bbox="240 828 1489 1688">Agency policy 320.01, page 5, section b and Page 8, Section 9, govern the grievance system for sexual abuse claims and specifically emergency grievances. The memorandum that revised the Grievance policy dated 09.23.2014 clarifies that an incarcerated individual may file a grievance about sexual abuse without a time limitation. The offender does not have to use the formal grievance procedures or to give a complaint to their alleged abuser to file a complaint or grievance. The memorandum states that the offender can give the grievance to any staff member. Staff that receives a formal grievance alleging sexual abuse must forward it to their supervisor or another supervisor who is not the subject of the alleged abuse. The memorandum requires staff to address the grievance and issue a final determination on the case within 90 days. A 70-day extension can extend the response if needed. The facility received one grievance related to sexual misconduct in the past 12 months. A review of the grievance shows that grievances are taken seriously and responded to on time. One case was reviewed. No cases extended beyond the 90-day limitation. The Central Resident Handbook, page 18, includes information notifying the incarcerated individual in writing of any such extension and supplies a date by which a decision will be made. The initial response and final agency decision shall document the agency's determination whether the incarcerated individual is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance, and the Resident Handbook also includes information regarding how incarcerated individuals may have assistance in utilizing a third party including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist incarcerated individuals in filing requests for administrative remedies. The NECC Resident Handbook does not provide incarcerated individuals with detailed information about filing a PREA related grievance to include requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance. Agency policy 320.01 Memo Revision 14, b addresses the duty to provide an initial response within 48 hours, and that a final agency decision be made within five days. Agency policy allows for disciplinary actions if the grievance was filed only in bad faith. The one grievance filed was unfounded and the incarcerated individual was disciplined for filing a grievance in bad faith. While the agency has the policy to meet this standard, the facility has not updated its Resident Handbook to include information pertinent to an Emergency Grievance. The NECC Resident Handbook does not provide incarcerated individuals with detailed information about filing a PREA related grievance to include requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance.</p> <p data-bbox="240 1720 606 1747">Corrective Action Recommendation:</p> <p data-bbox="240 1778 1489 1872">Update the Resident Handbook to provide incarcerated individuals with detailed information about filing a PREA related grievance to include requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance.</p> <p data-bbox="240 1904 1489 1998">Update: On February 18, 2022, the facility provided me with an updated Handbook for Incarcerated Individuals. In the interim of publishing the handbook, the facility posted the grievance information in the housing units and posted the same on the tablets used by the incarcerated individuals.</p>

115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NECC • LOA with JDI • JDI Letter to Incarcerated Individuals • JDI Letter to Staff • JDI Posters • LOA with Umbrella • Resident Handbook • Incarcerated Individual Education Materials • Immigration Information related to PREA <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Selection of Incarcerated Individuals • Incarcerated Individuals that have filed a report of sexual abuse <p>Finding:</p> <p>NECC provides a victim advocate for any incarcerated individual needing to speak with an advocate. Outside advocates are available to all offender victims of sexual abuse. Offenders are supplied with the names, addresses, and telephone numbers of several advocacy groups in the PREA Pamphlet, the Resident Handbook, and Posters from JDI posted throughout the facility. Offenders interviewed were familiar with the availability of services and some could supply specific names of the agencies. Offenders are aware of where the information is found and how to contact them if needed. Offenders are also provided with immigrant services agencies for persons detained solely for civil immigration purposes. Offenders are afforded access to these services via mail or telephone in as confidential a manner as possible. Page 26 of the Resident Handbook states, "All telephone conversations, with the exception of privileged communications (lawyer phone), shall be recorded and may be monitored." I interviewed incarcerated individuals that had reported sexual abuse to determine that they were familiar with the resources available to them. I interviewed Medical and Mental Health staff to decide that they inform incarcerated individuals, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency has entered LOAs with the Umbrella and Just Detention International to provide incarcerated individuals with emotional support services related to sexual abuse. The LOA with the Umbrella was signed October 9, 2019, and expired June 1, 2020. A new draft LOA has been created but not yet signed by either party. Just Detention International supplies an Inside Line, which is a FREE, unrecorded, unmonitored, anonymous, and confidential sexual abuse and sexual harassment emotional support line for Vermont DOC incarcerated individuals. This agreement was dated January 17, 2020. JDI posters and letters are posted throughout the facility advising incarcerated individuals on how to contact the advocates. This is also reviewed during the education of the incarcerated individuals.</p> <p>Corrective Action Recommendation:</p> <p>Finalize the draft LOA with Umbrella to ensure continuity of services.</p> <p>Update: On March 2, 2022, the facility provided the auditor a signed copy of the Letter of Agreement(LOA) with Umbrella.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1034 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 306 959 336" style="list-style-type: none"> <li data-bbox="240 306 959 336">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 387 959 577" style="list-style-type: none"> <li data-bbox="280 387 959 416">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="280 421 959 450">• PAQ Completed by Northeast Correctional Complex (NECC) <li data-bbox="280 454 959 483">• Third-Party Reporting Poster/Signage <li data-bbox="280 488 959 517">• PREA Posters <li data-bbox="280 521 959 551">• Agency Website <li data-bbox="280 555 959 584">• Resident Handbook <li data-bbox="240 611 959 640">2. Interviews: <ul data-bbox="280 689 959 719" style="list-style-type: none"> <li data-bbox="280 689 959 719">• None <li data-bbox="240 745 959 775">3. Observations: <ul data-bbox="280 824 959 853" style="list-style-type: none"> <li data-bbox="280 824 959 853">• Posting of Third-Party Reporting Signage in the facility <p data-bbox="240 880 336 909">Findings:</p> <p data-bbox="240 936 1490 1099">The VDOC has supplied a mechanism for third-party reporting. The policy is posted on the DOC website found at http://doc.vermont.gov/programs/prea/prison-rape-elimination-actprea/. The website also supplies a printer-friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff show that all third-party reports will be taken seriously and followed up on appropriately. Third-Party Reporting posters/signage were seen throughout the facility to include areas of egress where visitors and attorneys would pass through on a regular basis.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 405 Reporting • PAQ Completed by Northeast Correctional Complex (NECC) • Investigative Reports 2. Interviews: <ul style="list-style-type: none"> • Medical and Mental Health Staff(2) • Random Sample of Staff • Warden/Superintendent • PREA Coordinator <p>Findings:</p> <p>Agency policy 409.09, page 9, section b requires all staff, contractors, and volunteers to immediately report 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; retaliation against incarcerated individuals or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with a random sample of staff confirm that they must report any knowledge, suspicion, or information about sexual harassment or sexual abuse, retaliation, or staff neglect. Staff members are familiar that they should not share private information surrounding a claim or incident of sexual harassment or sexual abuse other than disclosing the information to their supervisor(s) or other staff to assist in making treatment, investigation, and other security and management decisions. Interviews with Medical and Mental Health staff revealed that apart from reporting to designated supervisors or officials, medical and mental health staff refrain 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 unless prevented by Federal, State, or local law. While the facility does not house offenders under the age of 18, if they were to have a vulnerable adult in the facility that claimed sexual harassment or sexual abuse, they would have to report the allegation, including third-party and anonymous reports, to the facility's designated investigators. A review of Investigative reports reveals that the agency investigates reports made by third-party or anonymous complainants.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1075 504" style="list-style-type: none"> <li data-bbox="284 409 1075 436">• Vermont Department of Corrections Northeast Correctional Complex (NECC) <li data-bbox="284 441 892 468">• Vermont Department of Corrections (VDOC) Policy 320.01 <li data-bbox="284 472 724 499">• Incarcerated Individual Grievances Memo <li data-bbox="242 533 378 560">2. Interviews: <ul data-bbox="284 611 919 739" style="list-style-type: none"> <li data-bbox="284 611 443 638">• Agency Head <li data-bbox="284 642 549 669">• Warden/Superintendent <li data-bbox="284 674 555 701">• Random Sample of Staff <li data-bbox="284 705 919 732">• Incarcerated Individuals Identified as at Risk of Sexual Abuse <p data-bbox="242 768 336 795">Findings:</p> <p data-bbox="242 824 1489 1086">Agency policy 409.09, page 2, number 2 requires staff to take immediate action to protect Incarcerated Individuals that are subject to a substantial risk of imminent sexual abuse. Interviews with staff showed that staff members are aware of their duties to protect all Incarcerated Individuals, especially those that are at risk of imminent sexual abuse. Staff interviewed said they would take every precaution necessary to protect the individual by separating them from the potential abuser, maintaining a visual on the individual, and contacting their supervisor in order to make more permanent arrangements in protecting the individual. I interviewed incarcerated individuals who were identified as a substantial risk of imminent sexual abuse. I interviewed a random sample of staff as well as the Warden/Superintendent to verify that offenders at imminent risk of sexual abuse would be protected to prevent the abuse from happening.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1046 539" style="list-style-type: none"> <li data-bbox="284 409 959 436">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="284 441 914 468">• PAQ Completed by Northeast Correctional Complex (NECC) <li data-bbox="284 472 627 499">• Review of Investigative Reports <li data-bbox="284 504 1046 530">• Review of Email Correspondence documenting required timely notification <li data-bbox="242 566 379 593">2. Interviews: <ul data-bbox="284 645 555 739" style="list-style-type: none"> <li data-bbox="284 645 443 672">• Agency Head <li data-bbox="284 676 547 703">• Warden/Superintendent <li data-bbox="284 707 555 734">• Random Sample of Staff <p data-bbox="242 768 336 795">Findings:</p> <p data-bbox="242 824 1469 1153">Agency policy 409.09, page 17, b, ii, requires that upon receiving an allegation that an Incarcerated Individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or proper office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the Superintendent confirm that the standard policy would be to notify the other superintendent directly to report an incident. There were no cases reported at NECC that required reporting to another facility in the past 12 months. NECC would make the required notification the day they receive the initial complaint. There was one case where NECC notified another facility of an incident of Sexual Harassment that had occurred in their own facility, but the incarcerated individual had been transferred to another facility. The notification was made to alert the facility that was housing the individual. An investigation was started by the agency.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="280 409 1050 602" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 405 Incident Reporting • PREA Incident Protocol Forms • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Guidance Procedures for Investigations • Investigations Directive <p data-bbox="240 631 379 660">2. Interviews:</p> <ul data-bbox="280 712 866 806" style="list-style-type: none"> • Random Sample of Staff • Security Staff and First Responders • Incarcerated Individuals who had reported sexual abuse <p data-bbox="240 835 336 864">Findings:</p> <p data-bbox="240 893 1493 1688">The agency has a policy 409.09, page 17, Section a, which supplies protocols for responding to allegations of sexual abuse. In fact, they have developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Incarcerated Individual on Incarcerated Individual Sexualized behavior (not mandated to be tracked, but the VDOC does track this valuable information), Incarcerated Individual on Incarcerated Individual Sexual Harassment, Incarcerated Individual on Incarcerated Individual Sexual Abuse, Incarcerated Individual on Incarcerated Individual Sexual Abusive Penetration, Staff on Incarcerated Individual Voyeurism, Indecent Exposure, Sexual Harassment, and Staff on Incarcerated Individual Sexual Abuse Penetration/Contact. The policy and protocols require that, upon learning of an allegation that an incarcerated Individual was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim 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, the first security staff member to respond to the report 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. Interviews with a random sampling of staff revealed that most security staff members are proficient with these requirements. There were no cases reported in the past twelve months that potentially allowed for the collection of physical evidence and in each case, the victim and abuser were asked to refrain from washing, brushing, going to the restroom, showering, etc. Agency policy 409.09 requires that if the first staff responder is not a security staff member, the responder must ask that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Non-security staff (caseworkers, medical and mental health staff) interviewed were aware of their duty to request the victim and abuser to not take any actions that could destroy physical evidence and notify security staff. There were no sexual abuse cases in the past 12 months where an allegation was reported to a non-security staff member.</p>

115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • NECC Coordinated Response Plan 2. Interviews: <ul style="list-style-type: none"> • Warden/Superintendent <p>Findings:</p> <p>The facility has a written institutional response 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. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse. Interviews with the Warden/ Superintendent, investigators, medical/mental health, and PREA Manager confirm that there is a coordinated response plan for the facility. The Coordinate Response Plan is detailed in procedure 409.09.01.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Collective Bargaining Agreement Effective July 1, 2020-June 30,2022 2. Interviews: <ul style="list-style-type: none"> • Agency Head <p>Findings:</p> <p>The agency has entered a collective bargaining agreement with the Vermont State Employees Association, Inc. The contract, Effective July 1, 2020 — Expiring June 30, 2022, does not limit the agency's ability to remove alleged staff sexual abusers from contact with any incarcerated individuals pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. I interviewed the Agency Head and confirmed that the agency has entered a collective bargaining agreement with the Vermont State Employees Association, Inc. A copy of the agreement, effective July 1, 2020, and expiring June 20, 2022, was provided to the auditor for review during the pre-audit phase. Article 14, Disciplinary Action, within the agreement covers the agency's right to remove alleged staff abusers from contact with Incarcerated Individuals pending the outcome of an investigation.</p>

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Vermont Department of Corrections (VDOC) Policy 409.09 PREA
- PREA PAQ Completed by Northeast Correctional Complex (NECC)
- Retaliation Monitoring Samples
- Investigative Files

2. Interviews:

- Agency Head
- Warden/Superintendent
- Retaliation Monitor
- There were no incarcerated individuals in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse).
- Incarcerated individuals who had reported sexual abuse in the facility

Findings:

Agency policy 409.09, Page 2, Section 3 states that staff members are charged with protecting Incarcerated Individuals from retaliation. Interviews with the Warden, PREA Compliance Manager, and the Retaliation Monitor ensured familiarity with this standard. The facility has appointed the caseworkers as the Retaliation Monitors for NECC. The agency has also created a Retaliation Monitoring Form to use to aid the monitor in keeping track and notes of the monitoring. The agency employs multiple protective measures, to protect victims from abusers to include housing changes, transfers for Incarcerated Individual victims or abusers, removal of alleged staff or Incarcerated Individual abusers from contact with victims, and emotional support services for Incarcerated Individuals or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head/Director, Warden/Superintendent, and Retaliation Monitor all conclude that the facility will take a variety of measures to protect the victim from their abuser. I reviewed investigative files of incidents where the victims were protected from potential retaliation. Agency policy mandates that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of Incarcerated Individuals or staff who reported the sexual abuse and of Incarcerated Individuals who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by Incarcerated Individuals or staff and shall act promptly to remedy any such retaliation. The facility checks Incarcerated Individual disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues such monitoring beyond 90 days if the first monitoring shows a continuing need. I have reviewed investigative files and decided that the facility does monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor also indicated that monitoring may continue as needed to protect the victim. Facility leadership was able to provide the auditor with the Retaliation Monitoring Form provided to the retaliation monitors to conduct the monitoring. While reviewing investigative files, I observed that staff do not consistently monitor for retaliation. In some cases, a retaliation monitor did monitor the incarcerated individual, while in other cases, no one monitored the case.

Corrective Action Recommendation:

Ensure that all cases of sexual abuse are monitored for retaliation as required under this standard.

Update: On February 17, 2022, the facility has implemented a process to review cases on a bi-weekly basis, to ensure that retaliation monitoring is being completed and that cases are being followed up with the investigating body. The facility also provided proof of documentation of retaliation monitoring of an ongoing case. The auditor did ask the facility to record specific information regarding the review of housing, disciplinary, etc of the individuals rather than simply indicating they spoke with the individuals, as required by the standards. Retaliation Monitoring requires the monitor to also review the following and to document the review:

- Monitor any inmate disciplinary reports
- Monitor inmate housing changes
- Monitor inmate program changes
- Monitor negative performance reviews of staff

- Monitor reassignments of staff
- Continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?

Update: On March 14, 2022, the facility provide more extensive notes of the Retaliation monitoring that detail additional information as required by the standard.

Best Practice Recommendation:

Continue to monitor the completion of Retaliation Monitoring tracking to ensure the standards are being met.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 410.06 Restrictive Housing • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Restrictive Housing Memo 410.06 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Staff that work Segregation Housing • There were no Incarcerated Individuals Placed in Segregation Housing for risk of sexual abuse to interview <p>Findings:</p> <p>Agency policy 409.09, page 15, section C states that Incarcerated Individuals that have been designated as vulnerable shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the Incarcerated Individual in involuntary segregated housing for less than twenty-four hours while completing the assessment. During the past 12 months, there were no victims placed in involuntary segregation housing. I was unable to find any offender victims that had been placed in segregation housing unless they had requested. I toured the facility and did not find any Incarcerated Individuals who had been designated as vulnerable housed in segregation.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 329 959 358" style="list-style-type: none"> <li data-bbox="240 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 409 1414 804" style="list-style-type: none"> <li data-bbox="280 409 959 439">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="280 441 1414 470">• Vermont Department of Corrections (VDOC) Policy 410.01 Facility Rules and Incarcerated Individual Discipline <li data-bbox="280 472 983 537">• Vermont Department of Corrections (VDOC) Policy 126 PREA PAQ Completed by Northeast Correctional Complex (NECC) <li data-bbox="280 539 448 568">• MOU DHR-IU <li data-bbox="280 571 692 600">• MOU with Vermont State Police (VSP) <li data-bbox="280 602 552 631">• Investigations Flowchart <li data-bbox="280 633 1050 663">• Vermont Department of Corrections (VDOC) Policy 405 Incident Reporting <li data-bbox="280 665 488 694">• Incident Protocols <li data-bbox="280 696 1161 725">• Vermont Department of Corrections (VDOC) Policy 409.08 Crime Scene Preservation <li data-bbox="280 728 1007 757">• Vermont Department of Corrections (VDOC) Policy 434 Investigations <li data-bbox="280 759 603 788">• Sample Investigative Reports <li data-bbox="240 831 379 860">2. Interviews: <ul data-bbox="280 911 592 1039" style="list-style-type: none"> <li data-bbox="280 911 549 940">• Warden/Superintendent <li data-bbox="280 943 496 972">• PREA Coordinator <li data-bbox="280 974 592 1003">• PREA Compliance Manager <li data-bbox="280 1005 520 1034">• Investigative Staff (5) <p data-bbox="240 1068 325 1097">Finding:</p> <p data-bbox="240 1126 1497 2159">The VDOC has the policy to investigate all crimes related to sexual abuse and sexual harassment in their facilities. Policy 409.09, Page 1, paragraph 3, states that the VDOC will respond to, investigate, and support the prosecution of sexual abuse within Vermont's correctional system and externally in partnership with law enforcement. The system that has been established for conducting investigations is fairly simple in that VDOC conducts incarcerated individual-on-incarcerated individual sexual harassment investigations, DHR-IU conducts administrative investigations involving staff and the Vermont State Police conducts criminal investigations. Interviews with VDOC investigative staff show that all incidents are taken seriously and investigated according to policy and procedure. Investigations are conducted promptly, thoroughly, and objectively. Reports received from third parties or anonymous sources are investigated. The VDOC policies state that administrative investigations will be conducted by the Department of Human Services Investigative Unit (DHR IU) and all criminal cases are investigated by the Vermont State Police. In interviews with DHR-IU, I discovered that once an employee terminates they stop their investigation. They do document the investigation in a report. According to DHR IU investigators, the case is remanded to the VDOC to complete the investigation. These must be secured and preserved as quickly as possible to preserve all available evidence. NECC facility has investigators trained to conduct sexual abuse or sexual harassment investigations. These investigators have received the required specialized training for conducting investigations in a confinement setting. I interviewed a sampling of the investigators from the VDOC, DHR IU, and VSP and reviewed their training records for compliance with this standard. Investigators are trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; they can interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. If an incident appears to be criminal in nature, the case is sent to the Vermont State Police (VSP) for investigation. The VSP will refer cases for prosecution when warranted. The facility will not conduct compelled interviews. These interviews would be conducted by the VSP. Investigators assess the credibility of the witness on an individual basis. Investigators use the standard preponderance of the evidence when considering or weighing the evidence in a case. The investigators do not use a polygraph or other truth-telling devices in sexual abuse or sexual harassment investigations. I interviewed incarcerated individuals at the facility that had reported sexual abuse. Administrative investigations are documented by DHR IU. DHR IU will stop investigating when an employee terminates. The report is remanded to the VDOC for completion. The VDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information. The VDOC entered an MOU with the DHR IU on August 3, 2021, that supports the retention of these files. Interviews with VDOC and VSP investigative staff confirmed that investigations will continue even upon the departure of the alleged abuser or victim from the employment or control of the facility or agency. All criminal investigations are documented in a written report that has a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where possible. All</p>

substantiated allegations of conduct that appear to be criminal are referred for prosecution by the VSP. All written reports referenced in paragraphs (f) and (g) of this section are kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Agency Head, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all confirmed in interviews that when DRH-IU or VSP is investigating on their behalf, they will cooperate fully to ensure the investigative entity has access as needed and attempt to remain informed about the progress and status of the investigation.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • MOU with DHR-IU • MOU with Vermont State Police(VSP) 2. Interviews: <ul style="list-style-type: none"> • DOC Investigative Staff • DHR IU Investigative Staff • VSP Investigative Staff <p>Findings:</p> <p>Agency policy 409.09, page 4, footnote 6, states that incidents are substantiated if it is proven by the preponderance of the evidence. This was confirmed in interviews with Investigative Staff and through the review of investigative files. Interviews with investigative employees confirm the facility imposes no standard higher than a preponderance of the evidence in deciding whether allegations of sexual abuse or sexual harassment are substantiated. All 2020 and 2021 investigative files for this period were reviewed for compliance.</p>

115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • MOU with DHR-IU • MOU with Vermont State Police(VSP) • Incarcerated Individual Victim Notification Form • Sample of Investigative Reports • Completed Incarcerated Individual Notification Forms <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Investigative Staff • Incarcerated Individuals Who reported Sexual Abuse in the Facility <p>Findings:</p> <p>The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are not notified on time. When the agency does not conduct the investigation themselves, they do ask that the investigative agency let them know of the outcome or status of the case. A review of the case files revealed one notice in the investigative files reviewed. When an incarcerated Individual leaves the facility prior to the completion of the investigation, the facility tries to notify the victim of the outcome of the case. When the agency does not conduct the investigation into an incarcerated Individual's allegation of sexual abuse in the facility, the agency requests the relevant information from the investigative agency to inform the incarcerated Individual. A review of investigative case files shows attempts to follow up with investigators. The agency policy 409.09 requires that incarcerated Individuals be notified if following an incarcerated Individual's allegation that a staff member has committed sexual abuse against the incarcerated Individual unless the agency has determined that the allegation is unfounded, whenever the staff member is no longer posted within the incarcerated Individual's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I did review an investigative file that met this requirement, and the proper notice was given to the incarcerated Individual. Agency policy 409.09 requires that following an incarcerated Individual's allegation that he or she has been sexually abused by another incarcerated Individual in an agency facility, the agency subsequently must 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative files shows that has not been the practice at the facility. The facility has not documented all notices supplied to alleged sexual abuse victims in writing.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that notices are provided to all incarcerated individuals who make an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The method of notice must be documented.</p> <p>Update: On February 17, 2022, the facility provided the auditor with a completed investigative report and proof notification. The notification was submitted on day 31. This does not meet the standard of 30 days.</p> <p>Update: On February 28, 2022, additional samples were selected to review and the auditor determined that the agency did appropriately notify the victims in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p>

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Investigations Flowchart • Vermont Department of Corrections (VDOC) Policy 126 Dated 2.22.15 • Review of Personnel Files • Review of Investigative Files <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent <p>Findings:</p> <p>According to agency policy 126, page 2, paragraph 3, agency staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 126, Page 2, paragraph 3 states, "...Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." There was one disciplinary action to review of staff related to an incident of sexual abuse or sexual harassment at this facility in the past three years. All disciplinary sanctions imposed for violations of agency policies relating to sexual abuse or sexual harassment (other than 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. 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, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there no staff members who required reporting to law enforcement or the relevant licensing body.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="245 210 453 237">Auditor Discussion</p> <p data-bbox="245 273 1034 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="245 331 960 358" style="list-style-type: none"> <li data-bbox="245 331 960 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1228 537" style="list-style-type: none"> <li data-bbox="284 412 960 439">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="284 443 976 470">• PREA PAQ Completed by Northeast Correctional Complex(NECC) <li data-bbox="284 474 1209 501">• Vermont Department of Corrections (VDOC) Policy 126 Sexual Misconduct with Offenders <li data-bbox="284 506 1228 533">• Vermont Department of Corrections (VDOC) Policy 376.01 Volunteer Services Management <li data-bbox="245 564 379 591">2. Interviews: <ul data-bbox="284 645 549 672" style="list-style-type: none"> <li data-bbox="284 645 549 672">• Warden/Superintendent <p data-bbox="245 703 338 730">Findings:</p> <p data-bbox="245 761 1487 1088">Any contractor or volunteer who engages in sexual abuse is prohibited from contact with an incarcerated individual is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency Directive 376.01 treats all volunteers as employees of the state and the same rules govern the volunteers as staff. Contractors and volunteers who engage in sexual abuse are prohibited from future contact with incarcerated individuals. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with incarcerated individuals. There was an incident of misconduct that was reported involving a contractor at NECC in the past 12 months. An interview with the Warden/ Superintendent revealed that it is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation related to sexual harassment or sexual abuse. In the case mentioned, law enforcement was requested to handle the investigation but there was no proof of sexual abuse in the case, therefore the case was not prosecuted as a criminal offense.</p>

115.78	<p>Disciplinary sanctions for inmates</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections (VDOC) Policy 410.06 Restrictive Housing • Vermont Department of Corrections (VDOC) Policy 410.01 Facility Rules and Inmate Discipline • Investigative Files • Disciplinary Action Files <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 410.01 governs incarcerated individual discipline. The policy states that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or a criminal finding that an incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. In the twelve months of the review, there were four administrative allegations of incarcerated individual-on-incarcerated individual sexual abuse. There were no criminal cases of incarcerated individual-on-incarcerated individual sexual abuse. A review of investigative and disciplinary reports shows sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and sanctions for comparable offenses committed by other incarcerated individuals with similar histories. An incarcerated individual's mental disability is considered when deciding what sanctions to impose. The facility offers a variety of therapeutic services to abusers to address and correct underlying reasons or motivations for the abuse. The facility does not mandate participation in the therapy as a prerequisite to taking part in facility programming. Services offered are Mental Health and Risk Reductions courses. The facility may discipline an incarcerated individual for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no incarcerated individual disciplinary actions to review where incarcerated individuals sexually abused staff without consent. If an offender files a report in good faith the offender will not be disciplined for falsely reporting the incident. The VDOC prohibits all sexual activity between incarcerated individuals and may discipline incarcerated individuals for such activity. The agency does not consider the activity to constitute sexual abuse if it determines that the activity is not coerced. This information collaborated a thorough review of the Resident Handbook, the facility rules, and the Incarcerated individual Discipline policy. NECC provided the auditor with investigative case files for review.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Secondary Records of referrals for Mental Health 2. Interviews: <ul style="list-style-type: none"> • Medical and Mental Health Staff • Incarcerated Individuals who Disclose Sexual Victimization at Risk Screening on site • Staff Responsible for Risk Screening <p>Findings:</p> <p>The VDOC has contracted with VitalCore Health Strategies health care provider to review the screening instrument and if an offender says that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the incarcerated Individual is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. A review of offender files shows that all follow-up meetings were offered in less than 14 days. Interviews with Medical and Mental Health providers support the limitation of fourteen days. There were not any Medical and Mental Health Secondary Records that Document Compliance to review. I interviewed two incarcerated individuals that had prior victimization and were admitted in the past year. The staff that conducts the screening showed that a follow-up meeting would be requested at once. The intake officers complete the Risk Screening Instrument at the facility. Likewise, if an offender risk screening shows that an offender has a history of being an abuser, they are offered a follow-up meeting with mental health within 14-days. The healthcare provider reviews incarcerated Individual screening instruments to decide if an offender had indicated that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. The staff ensures that incarcerated Individuals are provided a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Discussion around sexual violence is part of the intake process with medical staff. Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Security staff members have access to this information on a need-to-know basis to assist in determining housing assignments, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with Medical and Mental Health staff confirm that they obtain informed consent from incarcerated Individuals before reporting information about prior sexual victimization that did not occur in an institutional setting unless the incarcerated individual is under the age of 18. This facility does not house incarcerated individuals under the age of 18.</p>

115.82	<p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • PREA Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Incarcerated Individuals who Disclosed Sexual Victimization at Risk Screening • Staff Responsible for Risk Screening/Intake Joint effort <p>Finding:</p> <p>According to medical and mental health practitioners, incarcerated individual victims of sexual abuse receive prompt, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are according to their professional judgment. The VDOC has established a working relationship with local hospitals to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. VDOC protocols call for contacting the receiving hospitals in advance to ensure a SANE will be made available and to request a victim's advocate be provided upon arrival. Locally, Trinity Hospital supplies a SANE as needed. The SANE nurses work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. Interviews with Medical and Mental Health staff show that the services provided are in accordance with their professional judgment. Facility protocols for responding to a sexual abuse incident mandate that security staff first responders immediately notify the appropriate medical and mental health practitioners. Incarcerated Individuals victims of sexual abuse, while incarcerated, are offered prompt information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This service is provided at the local hospital when the incarcerated individual victims go in to see the SANE. All incarcerated individual victims receive medical services without incurring any expense whether they cooperate in the investigation or not.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 979 537" style="list-style-type: none"> <li data-bbox="284 409 959 436">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="284 441 979 468">• PREA PAQ Completed by Northeast Correctional Complex (NECC) <li data-bbox="284 472 555 499">• PREA Incident Protocols <li data-bbox="284 504 628 530">• Review of Investigative Records <li data-bbox="242 566 376 593">2. Interviews: <ul data-bbox="284 645 927 705" style="list-style-type: none"> <li data-bbox="284 645 628 672">• Medical and Mental Health Staff <li data-bbox="284 676 927 703">• Incarcerated Individuals who had reported abuse in the facility <p data-bbox="308 745 400 772">Findings:</p> <p data-bbox="242 801 1485 1330">The facility offers medical and mental health evaluation and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This collaborated through observation of facility programs that deal specifically with domestic violence and sexual abuse and thorough review of resources made available to incarcerated individual victims. The evaluation and treatment of 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. These services are consistent with the community level of care. NECC is considered a Male only facility. However, they do occasionally hold females in intake until they can be transferred to Chittenden. Female victims of sexual abuse would be supplied prompt and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatment services are 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 facility, functioning as a prison, does conduct a mental health evaluation of all convicted known incarcerated individuals-on-incarcerated individual abusers with 60 days of learning of the sexual abuse history and offers treatment when thought appropriate. Both Medical and Mental Health professionals interviewed confirmed that incarcerated individual victims receive the care needed within this standard. I interviewed several incarcerated individuals that indicated they had been the victim of sexual abuse. None of the individuals interviewed required a SANE exam, STD prophylaxis, or pregnancy testing.</p>

115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="282 409 979 537" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Sexual Abuse Incident Review Team Report Form (SART) • Sample of Investigative Reports <p data-bbox="240 566 376 593">2. Interviews:</p> <ul data-bbox="282 645 628 772" style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team <p data-bbox="240 801 336 828">Findings:</p> <p data-bbox="240 860 1490 1487">The agency has a policy, 409.09, page 23, the second paragraph to conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. In the files reviewed, the team includes include upper-level management front-line supervisors, investigators, and medical or mental health practitioners. The agency has created an Incident Review Form to ensure the required elements are being reviewed. The elements include (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 facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To determine compliance with this standard, I interviewed the PREA Compliance Manager, Medical, Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent and reviewed investigative files. Of the investigative files reviewed that required a sexual abuse incident review, only two cases contained a sexual abuse incident review form.</p> <p data-bbox="240 1518 606 1545">Corrective Action Recommendation:</p> <p data-bbox="240 1576 1430 1603">Ensure that a sexual abuse incident review is completed for each investigation that is substantiated or unsubstantiated.</p> <p data-bbox="240 1635 1477 1796">On March 2, 2022, the facility provided the auditor with their plan to ensure sexual abuse incident reviews are completed for each investigation that is substantiated or unsubstantiated. The auditor replied with a request for additional documentation of the completion of sexual abuse incident reviews of cases completed during the correction action period. Additional documents were reviewed for compliance. The facility has also established a weekly standing appointment to discuss sexual abuse incident reviews as well as other treatment-related reviews.</p>

115.87	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 979 636" style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections PREA Webpage • OMS PREA Categories for Classifying Incidents • 2018 SSV Report to Department of Justice • 2019 SSV Report to Department of Justice • Aggregated Data from 2014-2020 2. Interviews: <ul data-bbox="284 745 630 904" style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team • Agency Contract Monitor <p data-bbox="242 936 336 965">Findings:</p> <p data-bbox="242 994 1485 1487">The Vermont Department of Corrections, policy 409.09, details the standardized definitions on pages 3-8. The agency collects uniform data of each allegation within the agency, including contracted facilities. Page 22 of the policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VDOC follows the SSV as guidance for the collection of proper data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked to answer all questions on the Survey of Sexual Violence by the Department of Justice. The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that houses incarcerated Individuals on their behalf. The VDOC is supplied with a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and checked. The reports are then provided to the PREA Director for the VTDOC who compiles the annual reports for the agency. The report for 2020 has been completed and posted on the website. The contracted agency's aggregated reports are posted publicly on the VDOC webpage. I reviewed the 2020 and 2019 aggregated reports as well as the annual report generated by the VDOC.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1417 539" style="list-style-type: none"> <li data-bbox="284 409 959 436">• Vermont Department of Corrections (VDOC) Policy 409.09 PREA <li data-bbox="284 439 979 465">• PREA PAQ Completed by Northeast Correctional Complex (NECC) <li data-bbox="284 468 1417 495">• Vermont Department of Corrections PREA Webpage (https://doc.vermont.gov/prison-rape-elimination-act-prea) <li data-bbox="284 497 533 524">• Annual PREA Reports <li data-bbox="242 566 376 593">2. Interviews: <ul data-bbox="284 645 592 739" style="list-style-type: none"> <li data-bbox="284 645 443 672">• Agency Head <li data-bbox="284 674 496 701">• PREA Coordinator <li data-bbox="284 703 592 730">• PREA Compliance Manager <p data-bbox="242 768 336 795">Findings:</p> <p data-bbox="242 824 1490 1153">Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house incarcerated individuals. The VDOC has six state prisons and contracts with a private company to house some incarcerated individuals out of state. The VDOC has constructed a written analysis of the data from 2016, 2017, 2018, 2019, and 2020 comparing and analyzing if there are areas of concern that should be addressed to further improve sexual safety in the facilities. The data is specifically reviewed to decide if any problem areas within the facilities should be addressed to curtail abuse if corrective action is called for and review each facility's aggregated data as well as the agency on an annual basis. Once the annual aggregated reports are complete, the agency head approved the report by signature, and the reports are posted on the agency webpage at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. The agency has not had to redact any material from an annual report but would if necessary, curtail any threat to the safety and security of a facility. I have reviewed all reports posted on the VDOC webpage from 2011-2020.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • PREA Coordinator • PREA Compliance Manager <p>Findings:</p> <p>The VDOC has several safeguards in place to securely retain PREA-related data. In addition to having an information security policy that addresses access, systems, and use, the agency requires that desktop computers require a password, and all mobile devices are needed to keep a strong password. The agency makes available the aggregated data to the public on its website. The data from contracted facilities are also available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA-related data will be kept for at least 10 years after the date of the first collection unless Federal, State, or local law requires otherwise.</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>2. Interviews:</p> <p>None</p> <p>Findings:</p> <p>The VDOC operates six state prisons and has completed all cycle one and Cycle two audits of their facilities. This is the first audit conducted in year three of the third cycle. The agency has a plan in place to ensure the standard of one-third of all facilities operated is audited annually. The entire agency was in compliance during the previous audit cycle (2). I have observed the PREA Final reports that were posted on the agency's webpage. Incarcerated individuals interviewed said that the Notices of audit had been up for at least six weeks. The auditor also received proof documentation of the posting well in advance of the deadline. The auditor was afforded full access to all areas of the audited facility. A thorough on-site review of the facility was conducted on the first day of the audit. The auditor requested and received a plethora of documents from the agency and facility to properly triangulate the data and evidence of compliance. All interviews of staff and incarcerated Individuals were completed in a private area. Staff interviews were conducted in a conference room, which afforded great privacy. Incarcerated individual interviews were conducted in the visitation area. There was no visitation going on at the time of the interviews. During the on-site review, the auditor observed Notices of Audit posted that was provided to the facility in all housing units, common areas, attorney's booths, visitation, lobby, and other locations throughout the facility. The Notices of Audit were displayed in both English and Spanish. Incarcerated Individuals interviewed confirmed that the notices had been displayed for a couple of months. The facility also provided photographic evidence of postings on September 8, 2021. The auditor did not receive any correspondence from an incarcerated individual in this facility before the audit.</p>
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115.403	Audit contents and findings
	<p data-bbox="240 147 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="284 409 1075 539" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1075 468">• PREA PAQ Completed by Northeast Regional Correctional Complex (NECC) <li data-bbox="284 472 836 499">• Vermont Department of Corrections PREA Webpage <li data-bbox="284 504 533 530">• Annual PREA Reports <p data-bbox="240 566 379 593">2. Interviews:</p> <ul data-bbox="284 645 363 672" style="list-style-type: none"> <li data-bbox="284 645 363 672">• None <p data-bbox="240 703 336 730">Findings:</p> <p data-bbox="240 761 1461 891">I have observed the PREA Final reports that were posted on the agency's webpage. The agency completed audits for all facilities in Cycle One and Cycle Two. One-third of their facilities were audited in year one of the third audit cycle. Two facilities were audited in year two, and the final facilities two were audited in year three of the audit cycle. Each completed Final Audit Report is posted on the Agency Webpage located at: https://doc.vermont.gov/prison-rape-elimination-act-prea.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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 inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates 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
115.18 (b)	Upgrades to facilities and technologies	
	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 inmates 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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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.)	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	no
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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 victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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 inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate'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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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
	Does the agency always refrain from requiring an inmate 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate 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
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain 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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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 inmate disciplinary reports?	yes
	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 inmate housing changes?	yes
	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 inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes
	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 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate 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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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
	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes

Transmittal of External Audit Report

Instructions: Per Department of Finance & Management Policy #7.0: **External Audit Reports**, departments are required to complete and submit this **coversheet** with a copy of the external audit report to the Commissioner of Finance & Management within 30 days of issuance of the final audit report. This coversheet must be submitted by the department's business office to ensure their awareness and acknowledgment of any potential financial impact. Official department responses to the audit report, including corrective action plans (*if required*), must also be submitted to Commissioner of Finance & Management upon completion.

Department	DOC/Marble Valley Regional Correctional Facility
Business Office Contact	Kristin Calver
Program/Activity Audited	Prison Rape Elimination Act (PREA)
Audit Agency	DOC Contractor/Melinda Allen
Audit Report Date	08/17/2021

1. Does the audit report contain any findings or recommendations?

YES
 NO

➤ If YES continue to question #2; otherwise coversheet is complete.

2. Does the report contain any repeat audit findings?

YES
 NO

3. Please rate the findings and/or recommendations contained in the audit report using the following scale; for reports with multiple findings, this overall rating should be based on the most critical finding:

Insignificant: Nominal violation of policies, procedures, rules, or regulations. Corrective action suggested but not required.

Notable: Minor violation of policies, procedures, rules, or regulations and/or weak internal controls; and/or opportunity to improve effectiveness and efficiency. Corrective action may be required.

Significant: Significant violation of policies, procedures, rules, regulations or laws; and/or poor internal controls; and/or significant opportunity to improve effectiveness and efficiency. Corrective action required.

Major: Major violation of policies, procedures, rules, regulations or laws; and/or unacceptable internal controls; and/or high risk for fraud, waste or abuse; and/or major opportunity to improve effectiveness and efficiency. Immediate corrective action required.

4. Is the department required to develop a corrective action plan (or similar) to address the audit findings and/or recommendations?

YES
 NO

➤ If YES continue to next question; otherwise skip to question #8.

Transmittal of External Audit Report

5. Has the corrective action plan been developed?

YES NO [provide status below]

❖ Status of corrective action plan: Corrective action completed August 12, 2021. 4 Standards that originally did not meet the standard are now in compliance.

6. Does the department anticipate any inability or delay in implementing its corrective action plan?

YES NO,

➤ If YES continue to next question; otherwise skip to question #8.

7. What fiscal and programmatic impact is this inability or delay likely to have?

none

8. Does the report contain any disallowed costs¹?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise skip to question #11.

Disallowed Amount \$	Audit Report Page #

Disallowed Amount \$	Audit Report Page #

9. Has the method and timing of repayment for all disallowed costs been agreed upon with the applicable organization?

YES NO

10. Assess the impact this disallowance will have on the:

- a. Program/Activity: Major Significant Minimal None
 b. Dept Overall Budget: Major Significant Minimal None

11. Does the report contain any questioned costs²?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise form is complete.

Questioned Amount \$	Audit Report Page #

Questioned Amount \$	Audit Report Page #

12. Assess the likelihood that the questioned costs will result in disallowances and/or reductions in future revenues:

Very Likely Likely Somewhat Likely Not Likely

¹ Costs determined as unallowable under the applicable program/activity and not eligible for financial assistance; generally disallowed costs must be reimbursed to the awarding organization.

² Costs identified as potentially unallowable for financial assistance under the applicable program/activity.

PREA Facility Audit Report: Final

Name of Facility: Marble Valley Regional Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/15/2021

Date Final Report Submitted: 08/17/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Melinda Allen	Date of Signature: 08/17/2021

AUDITOR INFORMATION	
Auditor name:	Allen, Melinda
Email:	preaaudit@gmail.com
Start Date of On-Site Audit:	06/03/2021
End Date of On-Site Audit:	06/04/2021

FACILITY INFORMATION	
Facility name:	Marble Valley Regional Correctional Facility
Facility physical address:	167 State Street, Rutland, Vermont - 05701
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Sharon Nykiel
Email Address:	sharon.nykiel@vermont.gov
Telephone Number:	802-585-6132

Warden/Jail Administrator/Sheriff/Director	
Name:	Susan Ransom-Kelley
Email Address:	sue.ransom-kelley@vermont.gov
Telephone Number:	802-786-5835

Facility PREA Compliance Manager	
Name:	Sharon Nykiel
Email Address:	sharon.nykiel@vermont.gov
Telephone Number:	M: 802-747-4605

Facility Health Service Administrator On-site	
Name:	Luanna Tredwell
Email Address:	ltredwell@vitalcorehs.com
Telephone Number:	802-779-9261

Facility Characteristics	
Designed facility capacity:	118
Current population of facility:	95
Average daily population for the past 12 months:	101
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	37.7
Facility security levels/inmate custody levels:	Minimum/Medium
Does the facility hold youthful inmates?	Yes
Number of staff currently employed at the facility who may have contact with inmates:	88
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	2
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Vermont Department of Corrections
Governing authority or parent agency (if applicable):	Vermont Agency of Human Services
Physical Address:	NOB 2 South, 280 State Drive, Waterbury, Vermont - 05671
Mailing Address:	
Telephone number:	8022410000

Agency Chief Executive Officer Information:	
Name:	James Baker
Email Address:	james.baker@vermont.gov
Telephone Number:	(802) 241 - 0001

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Sprafke	Email Address:	jennifer.sprafke@vermont.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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 auditor, Melinda Allen, is an independent contractor that contracted directly with the Vermont Department of Corrections (VTDOC) to audit the Marble Valley Regional Correctional Facility (MVRCF). The facility is in Rutland, Vermont. The audit was scheduled to take place June 3-7, 2021. Several interviews were handled off-site to include the SANE, Agency Contract Administrator, and the Agency Head.

MVRCF has been audited twice before, in 2015 and 2018. The contract for this audit was signed on November 8, 2019. There were no barriers to the completion of the audit.

1. Pre-Onsite Audit Phase

During the pre-audit phase, the auditor conducted a review of the Pre-Audit Questionnaire (PAQ) as well as other documentation provided by the facility through June 2, 2021. The auditor also reviewed MVRCF's Annual PREA Reports for 2015 and 2018, their public website, and other related PREA information. During the pre-onsite audit phase, the auditor took part in multiple telephone calls and exchange of emails with the agency's PREA Coordinator. The calls and email discussions centered around the auditor's unimpeded access to every area of the facility, document and record review, and interviews with the staff, volunteers, contractors, and inmates. Additionally, an overview of the audit process, the audit goals, audit expectations and were discussed. The calls and emails also supplied an opportunity to discuss points of contact, communications, coordination, and timelines. The Process Map was provided to the Agency on May 4, 2021.

Notice of Audit Posting:

The Notice of the audit posting was in both English and Spanish and posted on April 16, 2021. The facility supplied a sampling of pictures of the audit posting throughout the facility. The English version said:

The Marble Valley Regional Correctional Facility will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for jails during the following period,

June 3 – June 7, 2021.

Any person with information relevant to this compliance audit may confidentially* correspond with the auditor via the following address:

Melinda Allen

P.O. Box 703

Braselton, GA 30517

*CONFIDENTIALITY – All written and verbal correspondence and disclosures provided to the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally breached. Exceptions include, but are not limited to the following:

- "If the person is an immediate danger to her/himself or others (e.g., suicide or homicide).
- "Allegations of suspected of child abuse, neglect, or maltreatment.
- "in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

This statement was translated into Spanish and posted also throughout the facility. MVRCF sent the auditor photographic proof of the posting of the Notices of Audit. The facility was advised to treat any mail addressed to the auditor as legal mail to ensure confidentiality. The auditor did not receive any letters of correspondence before the audit as a result of the audit notice postings as of the start of the onsite audit.

B. Timeline:

A kickoff meeting was held with the VTDOC on January 6, 2021. The kickoff meeting included a discussion of logistics for access to the facility and involved the need for unimpeded access to all areas of the facility and access to documents and staff for an interview. A review of the in-brief purpose and process was discussed during the kickoff meeting. A scheduled review of the audit was completed with the PREA Coordinator and included scheduling, the process and timelines for the interim report, corrective action, and recommendations. The agency and auditor decided to use the online audit system (OAS) to complete the audit. The facility initiated the online audit on April 27, 2021. The process map was sent to VTDOC on May 4, 2021, to use as a guideline in the process. The PAQ was completed by the facility

on May 27, 2021. The auditor reviewed the PAQ, and the supporting documents provided before the on-site audit. The MVRCF supplied a tremendous amount of information in the Pre-Audit Questionnaire, going well beyond the norm. The auditor requested a variety of lists from the facility in advance of the audit to include the following:

- Housing Roster
- Youthful inmates
- An inmate with disabilities or Limited English Proficient Inmates
- LGBTQI Inmates
- Inmates in Segregation Housing
- Residents in Isolation
- Inmates who reported Sexual Abuse
- Inmates who reported sexual victimization during Risk Screening
- Staff Rosters
- Medical Roster
- Specialized Staff Identified
- Contractors and Volunteers that have contact with Inmates
- Grievances from the prior 12 months
- Incident reports from the prior 12 months
- All allegations of sexual abuse or sexual harassment in the 12 months preceding the audit
- List of inmates determined to be at risk of sexual abuse
- A list of hotline calls
- List of inmates determined to be at heightened risk of sexual abusiveness
- A reiteration of all Sexual Abuse or Sexual Harassment incidents for the prior 12 months. (Detailed below).

C. Research:

On May 4, 2021, the auditor researched MVRCF to learn if there were articles and information regarding PREA-related news or events and accomplishments. The auditor did not find any articles, about alleged sexual misconduct at the facility.

The facility's 2020 annual report is posted to its public website were reviewed as well as the agency's PREA information on their website to include how to file a third-party report.

The auditor reviewed the mandatory reporting laws for Vermont to find who is mandated to report abuse or neglect of a vulnerable adult. This publication organizes the information in a user-friendly format and expressly proves all staff members of the MVRCF are mandatory reporters in the state of Vermont: dlp.vermont.gov/aps/mandatoryreporting.

D. External Contacts:

External organizations were contacted before the on-site audit phase including Just Detention International (JDI), New Story Center (Community Advocate). Just Detention International reported having not received any information about sexual safety at the Marble Valley Regional Correctional Facility in the last 12 months. MVRCF, who has an LOA with JDI to provide emotional support services, a 24/7 crisis support line, specialized counseling, and with New Story Center to accompany victims to the hospital for forensic medical examinations. AHS is contracted to supply notification of allegations of sexual abuse and sexual harassment originating within the jail to VTDOC officials.

E. List of Allegations:

The MVRCF has thirteen certified PREA investigators who conduct and handle administrative investigations. Administrative cases involving staff may be conducted by the Department of Human Resources Investigative Unit (DHR-IU) or MVRCF Investigators. Criminal investigations are conducted by the Vermont State Police (VSP). During the onsite audit phase, the facility reported the following:

Allegation Type	Substantiated	Unsubstantiated	Unfounded	Pending
Inmate-On-Inmate Sexual Harassment	1	1	0	0
Inmate-on-Inmate Sexual Abuse	0	0	0	0
Staff-on-Inmate Sexual Harassment	0	0	0	0
Staff-on-Inmate Sexual Abuse	0	0	1	0

2. Onsite Audit Phase

The rated capacity of the facility is 118 inmates. On June 3, 2021, the first day of the onsite audit, the inmate population of the facility was 91 inmates. MVRCF is made up of two buildings and houses all custody levels. There are a total of seven housing units that are multiple

occupancy cells. The facility has a designed capacity of 118 inmates.

Site Review:

The auditor arrived at MVRCF on June 3, 2021, at 07:30 am and met the Assistant Superintendent, PREA Coordinator. The PREA Coordinator verified the identification of the auditor escorted her into the facility. At 7:45 am an in-brief meeting was held in the conference area, attended by the facility Superintendent, PREA Coordinator, PREA Compliance Manager, PREA Compliance Manager for Northeast Regional Correctional Complex (Another facility run by VTDOC), the Security and Operations Supervisor, and the auditor. During the meeting, the auditor explained the audit process and expectations. Following the in-brief, the auditor was escorted by the MVRCF staff for an extensive site review of the facility. The facility is made up of two buildings. There are a variety of housing units in the facility. There are two buildings comprised of seven housing units. There are 63 multi-occupancy cells, and 12 segregation cells. The secondary building houses the Education Unit. A gymnasium is available for inmates to exercise. In most units, the toilets are in the cells with a separate area for showers. In the shower areas, doors or shower curtains were seen as having the capability to prevent cross-gender viewing from camera angles as well. The ISO/segregation unit cells have toilets within the cells. It was noted that throughout the site review cross-gender announcements were being made by staff. The auditor toured and reviewed the following locations/areas:

- Administration
- Intake- no inmates were being processed at the time. The auditor asked the intake staff to walk her through the booking process from intake, screening, classification to housing assignment and discussed the grievance and mail process. A language line is available for interpretation services.
- Central Control
- Kitchen
- Program Areas
- Laundry Areas (Multiple)
- Gymnasium
- Visitation
- Attorney's Visitation
- Segregation ISO Units
- Law Library

Caseworkers were interviewed to discuss the classification process and how they use the risk screening assessment in deciding housing placement.

Housing units. The facility has seven housing units. There are 63 multiple occupancy cells, and 12 segregation cells in the facility. In a typical housing area, inmates have private toilets and showers. The facility has a video monitoring system made up of 34 cameras that record up to twenty-eight days of history depending on the activity in the area. A three-year plan to supplement cameras is in place at the facility. Privacy issues were seen in the facility. Each of these issues was discussed with the facility and has already been addressed in the facility's three-year camera plan. The three-year camera plan has been in place since 2015 but was updated again in January 2021. The auditor observed PREA Posters, Notice of Audit, PREA Newsletters, and other PREA information in each housing unit. The facility has access to a language line for interpretation services for non-English speaking inmates.

The auditor observed processes and spoke with the staff at intake to see the procedure for booking, intake, classification, property, searching, PREA education, and screening protocols while the inmates are being processed into the jail. She observed and reviewed camera placement, potential cross-gender viewing of shower and toilet areas, placement of PREA education materials, placement of PREA reporting options, and the functionality of those reporting options. Particular attention was given to camera placement, lines of sight, privacy for inmates in bathrooms, showers, and changing areas, PREA reporting signs, victim advocacy signage, door, and key security, inmate movement, and staff and inmate interactions. Grievance forms were readily available in all units. Inmates interviewed said the grievance system works. PREA education materials were presented in brochures, in Inmate Handbooks, tablets, and verbalized by the staff when educating the inmates. There were PREA reporting posters and information in the housing units. The posters displayed information on reporting sexual abuse through the phone system to an answering service. The phone number on the poster was tested. The auditor received a response to the call within two hours of leaving a message.

The auditor also conducted informal interviews with staff and inmates encountered while on the site review in the various areas. She saw the audit notification in various locations throughout the facility, including each inmate housing unit, programming and work areas, staff, and visitor access areas to ensure that MVRCF staff, inmates, and visitors had the opportunity to contact the auditor. The Notices of Audit were posted in English and Spanish on colored paper, so they stood out.

3. Interviews:

The auditor requested and was provided with rosters of staff available at the facility for the days of the audit, showing post and shift hours. Also, rosters were received showing which individuals filled specialized staff positions to include the agency head, Superintendent/Warden, PREA Coordinator, and PREA Compliance Manager, and Health Services Administrator. The randomly selected staff from the facility rosters being a diverse sampling of staff to include male and female, various job responsibilities, job assignments, levels of experience, sworn, and civilian. The staff interviews were held in the conference area of the facility. Inmate interviews were held in the visitation area of the jail. Inmate Housing rosters were received detailing all inmates housed at the facility. The facility only had two inmates in the targeted

interview categories of inmates. The auditor interviewed a transgender inmate and an inmate with disabilities. The auditor supplemented the number of interviews needed with more randomly selected inmates. The interviews were held in private and without staff intervention or oversight.

The auditor conducted a total of 17 inmate interviews out of a population of 91 inmates in population on the first day of the audit. This number consisted of 15 random inmates, being interviewed. Inmates were interviewed from every housing unit and security classification, with diversity in age, race, and gender.

The auditor conducted 12 random staff interviews out of 88 staff employed who have contact with inmates. The auditor also conducted 28 interviews with specialized staff. Some specialized staff had multiple responsibilities and supplied information to interviewers from multiple specialized staff interview protocols. Staff members were interviewed from all shifts, and the auditor interviewed sworn staff and contractors. There are currently no volunteers in the facility due to COVID-19 protocols. The Superintendent and Agency Head (2) were interviewed. Formal interviews were conducted with inmates and staff in a private office to ensure confidentiality.

Two contracts allow contractors to enter the facility. The auditor interviewed one contractor. There were no volunteers in the facility.

Interview Selection Methodology:

Random and Targeted Inmates:

The auditor's method for selecting inmates to interview was as follows:

The auditor conducted 15 interviews of random inmates, selected randomly from the various housing units. The auditor selected inmates from every housing unit to interview. Typically, selecting the 1st, 10th, and 20th person in each housing unit. The facility houses minimum, medium, and maximum inmates. Inmates from all demographics and classifications were selected for the interviews.

The auditor conducted two interviews of targeted inmates selected inmates were from the following targeted populations:

- Transgender or Intersex
- Physically Disabled or Limited English Proficient

Random staff:

The Auditor conducted 12 interviews with random staff. Staff members were interviewed, choosing staff from Day, Evening, and Midnight shifts.

Specialized Staff:

The auditor conducted 28 interview protocols with specialized staff, with some staff members being asked questions from multiple interview protocols based on their assigned job responsibilities. The interviews conducted with specialized staff were as follows:

- Agency Head
- Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Agency contract Administrator
- Human Resources staff (2)
- Intermediate or higher-level staff
- Investigative staff (5)
- Staff who Monitor Retaliation
- Staff who supervise Segregated (Isolation)
- Staff who conduct Risk screening
- Medical staff
- Mental Health staff
- Contractor
- Intake
- Classification staff
- SANE
- JDI
- Incident Review Team member
- First responder

- Education and Program Staff
- Line Staff who Supervise Youthful Offenders

4. File Review Methodology (Staff, Volunteers, and Contractors):

The auditor's file review methodology selection was as follows:

The auditor selected 12 staff, and contractors' files for review. The employee file review for hiring and promotion requirements was conducted in the jail. The contractor files also were reviewed for training requirements. All staff names were selected from the roster provided that included new staff, more seasoned staff, administrators, supervisory staff, line staff, and contractors (Medical and Building Maintenance). These names were also used in reviewing their training records.

The sampling of files the auditor selected was twelve (12) staff to include Correctional Officers, Supervisors, two (2) contractors files to review.

File Review Methodology (Inmate):

The auditor's inmate file review methodology selection was as follows:

Sixteen (16) inmate names and associated files were randomly selected to ascertain the following documentation:

- Date and time entered the facility
- Date and time Risk Screening Assessment was conducted
- Date and time Reassessments were conducted
- Applicable medical and mental health follow-up for disclosing prior victimization
- Receipt of PREA information during the intake process
- Comprehensive education is provided within 30 days of intake.

Other files reviewed included:

- Investigative files (4) One of the files reviewed did not fall within the audit period but the auditor requested to review the file.
- Grievance list
- Logs of Unannounced Rounds
- Hotline call list

Facility Debriefing:

On June 4, 2021, the auditor conducted an out-brief with the facility leadership. The auditor discussed the next steps to include additional requests for documentation and the receipt of the interim report within the next 45 days.

Barriers encountered: There were no barriers met during the documentation review, site review, informal interviews with random staff and inmates, formal interviews with random and specialized staff, and formal interviews with random inmates.

Conclusion:

The auditor certifies that no conflict of interest exists concerning her ability to conduct an audit of the agency under review. (28 C.F.R. "€ 115.403(a)). Agency-wide policies and procedures follow relevant PREA standards. (28 C.F.R. §115.403(b)).

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 MVRCF is in Rutland, Vermont approximately 70 miles South of Burlington, Vermont in Rutland County. The facility, originally opened in 1980, is a sister facility to Northeast Correctional Complex found in St. Johnsbury. The Marble Valley Regional Correctional Facility is a medium-sized direct supervision facility consisting of 118 hard beds. The population at the time of the audit was 91 inmates. The MVRCF campus offers the offenders Life Skills, Budgeting 101, and Renter's Skills courses. There is a separate education building on campus. On June 3, 2021, the on-site audit was completed at MVRCF. The facility's first PREA audit was conducted in 2015 and a subsequent audit was conducted in 2018. The facility has two buildings, one for housing and the other for education. The facility is run with direct supervision. Both the facility design and technology applications installed in the jail have inmate safety in mind. There are seven housing units, The designed capacity is 118 inmates. The facility intake area consists of a vehicle entrance (sally port) and a booking area for the intake of inmates. The booking area includes a search area, holding cells, the main booking desk with excellent visibility of holding cells, and processing areas. There is a medical area that consists of an examination room, storage room, and restroom. There are indoor and outdoor recreation areas. The larger housing units consist of cells on a lower tier and an upper tier, a dayroom, and a separate shower area. The toilets are contained within the cells. These cells have double bunks and a toilet and sink within the cell. The segregation housing unit is single level. There is one cell with a camera placed over the toilet, but the auditor verified that the video system software allows for a black box to be placed strategically on the view of the toilet for privacy.

Inmates are housed based upon needs and their respective levels of classification. All inmates are supervised by trained Corrections Officers. The main control room observes all housing units in the facility.

The MVRCF employs 88 staff members who have regular contact with inmates. The facility is equipped with 34 cameras found inside and out. Officers in Central Control monitor these cameras 24 hours a day, 7 days a week. There is a three-year camera plan, updated in January of 2021, to enhance the monitoring system. There are safety and emergency communications systems to increase the safety of employees and inmates.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	5
Number of standards met:	40
Number of standards not met:	0

The on-site audit was completed June 3-June 4, 2021. The interim report was provided July 15, 2021, to the Marble Valley Regional Correctional Facility reporting the following:

Exceed Standards: 05

Meets standards: 36

Did Not Meet standards: 04

Exceeded Standards:

§115.31, §115.32, §115.33, §115.42, §115.52

Meets Standard:

§115.11, §115.12, §115.13, §115.14, §115.16, §115.17, §115.18, §115.21, §115.22, §115.34, §115.35, §115.41, §115.43, §115.51, §115.53, §115.54, §115.61, §115.62, §115.63, §115.64, §115.65, §115.66, §115.68, §115.72, §115.73, §115.76, §115.77, §115.78, §115.81, §115.82, §115.83, §115.86, §115.88, §115.89, §115.401, §115.403

Did not Meet Standard:

§115.15, §115.67, §115.71, §115.87

Corrective Action Recommendations:

§115.15

Install Shower Curtains in Housing Units that are missing Shower Curtains.

§115.67

Ensure that all retaliation monitoring is documented and preserved.

§115.71

All cases must be investigated and documented. It appears as though DHR-IU does not follow the MOU originally signed in 2015 with AHS-IU. This needs to be rewritten, modified, or abandoned in order for the VTDOC to ensure all incidents of sexual abuse or sexual harassment are thoroughly investigated and documented to the standard imposed by the Prison Rape Elimination Act. The VTDOC could try to preserve all video footage that they have knowledge of being evidence, but there is no guarantee that all areas are being preserved unless they are more involved in the investigation itself.

§115.87

Complete and publish the 2019-2020 Aggregated Data.

Corrective Action Completed:

§115.67 On July 21, 2021, a memorandum was created instructing retaliation monitors to document all retaliation monitoring in the OMS systems and to email backup copies to leadership.

§115.71 On August 3, 2021, the agency provided a new MOU signed with DHR governing how cases will be resolved when an employee terminates before the investigation has been completed. The VTDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information.

§115.15 On August 1, 2021, the facility provided photographs of temporary shower curtains that have been installed. They have a higher grade of the curtain ordered that will allow for additional safety and security.

§115.87 On August 12, 2021, the agency complete and publish the 2019-2020 Aggregated Data on the agency website.

This concludes all corrective action and Marble Valley Regional Correctional Facility.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 979 568" style="list-style-type: none"> <li data-bbox="284 409 887 436">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="284 441 887 468">• Vermont Department of Corrections Agency Policy 410.01 <li data-bbox="284 472 979 499">• Marble Valley Regional Correctional Facility Local Procedure 11-01 <li data-bbox="284 504 879 530">• Vermont Department of Corrections Organizational Chart <li data-bbox="284 535 959 562">• Marble Valley Regional Correctional Facility Organizational Chart <li data-bbox="242 600 376 627">2. Interviews: <ul data-bbox="284 678 592 741" style="list-style-type: none"> <li data-bbox="284 678 496 705">• PREA Coordinator <li data-bbox="284 710 592 736">• PREA Compliance Manager <p data-bbox="242 770 325 797">Finding:</p> <p data-bbox="242 826 1493 1487">The VDOC policy 409.09 addresses the Prison Rape Elimination Act. The agency's policy mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is addressed on page one of the policy. The policy outlines, on pages 2 & 3, how the PREA standards are implemented and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is expected and does follow the department's policy. Interviews were conducted on-site with the PREA Compliance Manager and Superintendent to confirm the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It was apparent through the facility walk-through that the facility takes sexual safety seriously through the observation of PREA posters, PREA Newsletters, informational pamphlets, and educational programs. The policy pages 3-8 contain definitions as required by the standard. Sanctions against PREA related incidents are covered in policy 410.01, Facility Rules and Inmate Discipline. PREA policy 409.09 addresses agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. These strategies are covered on pages 2, 3, and 10-23 of policy 409.09. The facility has a designated PREA Compliance Manager. The compliance manager showed that she does not have sufficient time to coordinate the facility's efforts to comply with the PREA standards. As with most governmental agencies, staff members must juggle a plethora of duties and be expected to complete each of the duties in a prompt fashion. I saw that the PREA Compliance Manager authority to coordinate the facility's efforts to comply with the PREA standards. The required work is being completed, as some PREA related duties are being distributed amongst other staff in the future to assist in the efficiency of the processes. The PREA Compliance Manager serves as the Assistant Superintendent of the facility and has the requisite authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports directly to the Superintendent of the facility. The agency has a PREA Coordinator and six Compliance Managers as well as a backup Compliance Manager for each facility.</p>

115.12	<p>Contracting with other entities for the confinement of inmates</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Marble Valley Regional Correctional Facility Pre-Audit Questionnaire • Contract for Housing Inmates, Page 26, Section 4.3 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Contract Administrator <p>Finding:</p> <p>The Vermont Department of Corrections (VTDOC) has contracted with CoreCivic to house inmates on their behalf. The most recent contract was entered on September 17, 2018. The initial term of the contract was two years with the ability to renew for two additional years. The contract requires that the contractor adopt and comply with the PREA Standards, page 26, Section 4.3. The DOC does not have any current contracts for confinement that do not require compliance and adoption of the PREA Standards. The current contract specifies that the Contractor will comply with the PREA of 2003 (28 C.F.R. Part 115, Docket No. OAG-131. RIN 1005-Dated May 17, 2012) as noted on page 10 of the contract, and will adopt all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the Contractor's facilities that house State inmates. State staff has the right to conduct announced and/or unannounced, compliance monitoring to include "on-site" monitoring to ensure that the contractor is complying with PREA standards. This is standard verbiage for contracts for confinement as established through the Agency's PREA policy 409.09 The contract monitor monitors for compliance with all PREA Standards. In interviews with the contract monitor, I determined that the contract monitor regularly reviews the contractor and their work as it applied to PREA. The facility had its PREA Audit in June 2021.</p>
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115.13	Supervision and monitoring
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 887 537" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Marble Valley Regional Correctional Facility Staffing Plan • Annual Review of Staffing Plan • Three-Year Camera Plan Revised 1.07.2021 2. Interviews: <ul data-bbox="284 645 716 772" style="list-style-type: none"> • Warden/ Superintendent • PREA Coordinator • PREA Compliance Manager • Intermediate or Higher-level Facility Staff <p data-bbox="242 801 325 831">Finding:</p> <p data-bbox="242 860 1490 1585">The facility has a formalized, written staffing plan that addresses the mandatory elements required by the standard. The staffing plan is reviewed annually for consideration of needs to improve sexual safety in the facility. The facility, in collaboration with the PREA Coordinator, reviews the staffing plan to determine if adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. A copy of the staffing plan analysis was secured during the pre-audit phase. The Marble Valley Regional Correctional Facility (MVRCF) uses overtime collapses not-essential (Housing) posts or utilizes overtime if needed to maintain minimum staffing levels. Daily reports are used to document any deviations from the staffing plan. An annual review is completed to determine if adjustments are needed. MVRCF officers are required to complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented in the logbooks as well. The facility has 34 cameras that are monitored by control staff to aid in supervision. The cameras record information for up to 30 days depending on the level of motion detected activity. The current storage was around 26 days. There were numerous blind spots identified in the areas where inmates have access. The facility has a revised three-year camera plan to remedy the blind spots. Each area of concern was pointed out and identified to the Chief of Security who had already identified each area of concern in the plan. The facility has requested an increase in the number of cameras in their annual budget request. The facility uses a screening system to identify vulnerable inmates during the initial screening process prior to placement in a cell. Vulnerable inmates are placed alone in cells adjacent to the officer's desk and extra observation rounds are conducted for heightening security. In order to verify that intermediate or higher-level supervisors conduct unannounced rounds, I reviewed logbook entries and compared the logbook entries to video footage in order to verify the rounds were conducted. In interviews with the intermediate and higher-level supervisors, I determined that unannounced rounds are conducted sporadically and without warning to the staff. Supervisors vary their routes throughout the facility and never announce that they are making rounds. Rounds were verified for day and night shifts.</p> <p data-bbox="242 1619 568 1648"><u>Best Practice Recommendation:</u></p> <p data-bbox="242 1709 1481 1769">Eliminate all blind spots or areas where inmates and or staff could secret away out of sight. The facility has included a three-year plan for additional cameras.</p>

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 356" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="282 409 1294 535" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Marble Valley Regional Correctional Facility Procedure 12.01 dated 1.24.2020 • Marble Valley Regional Correctional Facility Procedure 326.01.02 Placement of Youthful Offenders • Daily Population Report 2. Interviews: <ul data-bbox="282 645 991 739" style="list-style-type: none"> • Line Staff who Supervise Youthful Inmates • Education and Program Staff who Work with Youthful Inmates • There were no Youthful Inmates present during the audit to interview 3. Observations: <ul data-bbox="282 846 1461 907" style="list-style-type: none"> • Visual Review of the Unit where Youthful Inmates would be assigned to include showers, toilet, and dayroom areas. • Visual Review of Recreation Area where Youthful Inmates would have access to large muscle exercise. <p data-bbox="242 936 325 963">Finding:</p> <p data-bbox="242 994 1493 1621">The facility does house juvenile offenders on rare occasions. The auditor observed the housing unit that would be used for Youthful Offenders should one be brought to the facility. There were no Youthful Offenders housed at Marble Valley Regional Correctional Facility in the past year. It is the practice of the State of Vermont to avoid housing Youthful Offenders in adult facilities except in rare situations. MVRCF has a procedure in place for securing sight and sound separation for any youthful offenders that may be housed in the facility. Should the facility receive a YO the facility will move close custody inmate(s) to another unit and house the YO separately. The facility has developed an operational procedure for placement of an under eighteen offender in an adult correctional facility, MVRCF 12-01, which requires them to provide for sight sound separation from the adult inmates. All adults housed in unit F would be removed, the windows "snowed" in units E & F, and juveniles or YO placed in F unit. Recreation occurs throughout the day as staff and resources allow. The RHU officer will ensure that recreation will be offered in the RHU dayroom/bullpen when staffing allows for direct supervision. The Recreation Coordinator or a Correctional Officer accompanies the under eighteen offender(s) to outside recreation, open gym, movie night, and other recreation opportunities as time permits. The facility housed did not house any YO in the past 12 months. Staff assigned to this unit were interviewed who stated sight and sound separation would be provided while YOs are present. The facility does provide for direct staff supervision in areas outside housing units where youthful inmates have sight, sound, or physical contact with adult inmates. If there is a suicide watch inmate that needs to be housed in the same unit, Cell 1 & 2 are the facility suicide cells with cameras, they will place the juvenile offender(s) on constant observations as sound separation would be an issue. While this is not an ideal solution, it is the best solution the facility currently has for housing Youthful Offenders. One consideration may be to swap the inmates from E to F and use E-unit as the Youthful Offender unit, thereby allowing the constant use of the suicide cells as needed.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 432.01 • Vermont Department of Corrections Agency Policy 409.01 • Marble Valley Regional Correctional Facility Procedure 04-05 Searches • Marble Valley Regional Correctional Facility Post Order 04 • Marble Valley Regional Correctional Facility Post Order 05 • Marble Valley Regional Correctional Facility Post Order 06 • Marble Valley Regional Correctional Facility Post Order 07 • Marble Valley Regional Correctional Facility Post Order 08 • Log of Cross-gender Strip Search (none) • Strip Search Memo dated 3.06.2015 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • There were no female inmates present to interview • Transgender Inmate <p>Finding:</p> <p>Policy 409.01 governs pat searches of inmates. Staff would only conduct a cross-gender strip or cross-gender visual body cavity searches of inmates in emergency situations. In the past year, there have been no emergency situations that required cross-gender strip searches. When a female staff member is not available to conduct a pat search, the female inmate is placed in intake under observation until a female staff member can be summonsed to conduct the pat search. Facilities are not permitted to conduct pat searches of female inmates absent exigent circumstances. Policy 409.01.01 requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches are documented. I have reviewed documentation of these searches generated from reports in the OMS system, Jail Tracker. Agency policy 409.09 requires staff members of the opposite gender to announce their presence when entering an inmate-housing unit. Interviews with inmates confirm that staff members announce their presence. This was also observed during the on-site review. Inmates confirmed that they can shower, perform bodily functions, and change clothing without a 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. During the facility tour, I observed some showers were missing shower curtains. In some units, there are half doors covering the showers allowing for visibility of the feet and head. Agency policy prohibits the searching of transgender or intersex inmates for the sole purpose of determining their genital status. Interviews with staff and inmates verify that this is not being done. I interviewed transgender inmates to confirm compliance. Staff members were well versed in this policy. The VDOC uses a Gender Identify Form that all inmates must complete upon admission into the facility. If an inmate's genital status is unknown, the facility determines the genital status through conversations with the inmate, 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. Facility staff members have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. In interviews with staff, I asked staff to explain the process of conducting a cross-gender pat search as well as a search of transgender and intersex inmates. Staff members were well versed in conducting searches in a professional and respectful manner. All cross-gender pat-downs of females are documented. There were no cross-gender pat searches conducted in the previous twelve months. During the on-site review, the auditor noted that one camera observed a toilet in a special housing cell. This was mitigated during the on-site by placing a block on the camera that prevents the viewing of the genital area while an inmate is using the toilet.</p> <p>Corrective Action Recommendation:</p> <p>Install Shower Curtains in Housing Units that are missing Shower Curtains.</p> <p>Update:</p>

On August 1, 2021, the facility provided photographs of temporary shower curtains that have been installed. They have a higher grade of the curtain ordered that will allow for additional safety and security.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 371.01 • ADA Handouts • Interpreter Access Card • ADA Training Curriculum from Basic Academy 2. Interviews: <ul style="list-style-type: none"> • There were no disabled or Limited English Proficient Inmates available to interview at the time of the audit. • Random Sample of Staff • PREA Pamphlets in English and Spanish • PREA Inmate Education/Orientation Materials 3. Observations <ul style="list-style-type: none"> • Language Line • Documentation of ADA compliance to include Braille handout <p>Finding:</p> <p>According to the interview with the Agency Head, the agency takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She expounded on the resources that have been made available to inmates. PREA handouts and inmate handbooks are provided in English and Spanish languages. The agency also has a contract for other language interpretations and utilizes the services when warranted. The VDOC contracts with Public Communication Services, Inc. for telephonic interpreters. There are some staff members who speak Spanish and both inmates and staff stated inmates are not used as interpreters for issues with sexual abuse and sexual harassment. The facility also has a PREA brochure in Braille if they have a blind inmate. PREA information would be explained to the inmates with low functioning or inability to read by a caseworker and is available through a video as well. The facility does have access to a language line, a TTY machine, Braille handouts and staff are available to explain and educate offenders verbally on a level that they can understand. There were no inmates with disabilities or limited English proficiency to interview at the time of the audit. Agency policy 409.09, page 11, prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under " §115.64, or the investigation of the inmate's allegations. Interviews with staff and inmates confirm that the policy is being followed.</p>

115.17	<p>Hiring and promotion decisions</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 122.01 Staff Selection and Promotion • Vermont Department of Corrections Agency Policy 376.01 Volunteer Services • Review of Applications of newly hired employees • Review of files of newly promoted staff • Pre-Audit Questionnaire (PAQ) completed by VTDOC • Background Checks of Volunteers and Contractors <p>2. Interviews:</p> <ul style="list-style-type: none"> • Administrative (Human Resources) Staff at Facility • Administrative (Human Resources) Staff at Agency Level <p>Finding:</p> <p>Policy 122.01 addresses the hiring, promotion, and discipline of staff and has procedural guidelines that the agency must follow when considering hiring someone. The agency inquires about sexual abuse and sexual misconduct to include the questions detailed in 115.17 (a) in the written application and during the formal interviews. The applicant's responses are recorded and kept in the staff, contractor, or volunteer's file. The Vermont Department of Corrections conducts a reasonable investigation into the background of prospective employees, contractors, and volunteers, who, by the nature of the position to be filled, will have access to sensitive information, facilities, computer systems, clients, detainees, inmates, procedures, and/or reports. To minimize the State's risk exposure, this policy has been shown to ensure fair and consistent evaluation. All candidates for full and part-time employment with the VTDOC undergo a comprehensive background investigation prior to being made a final offer. A review of staff and contractor/volunteer files shows that thorough background checks are completed prior to hiring or contracting with individuals. The agency inquires if the applicant has ever had an improper relationship with an inmate, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during an investigation about their behavior/actions while employed as a law enforcement officer correctional officer at another location. The agency also inquires what the investigations were about and what is the status of that investigation, and if the applicant has ever been a party to a lawsuit because of their actions in the performance of their job. Interviews with staff showed that they check the VCIC and NCIC III for criminal background checks and check the Sex Offender Registry as part of their background investigations. The agency imposes an affirmative duty for staff to show any misconduct. The agency supplies 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 an employee has applied to work.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 887 501" style="list-style-type: none"> <li data-bbox="284 412 887 439">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="284 443 603 470">• Schematic of Camera system <li data-bbox="284 474 560 501">• Camera Three-Year Plan <li data-bbox="240 535 376 562">2. Interviews: <ul data-bbox="284 616 549 674" style="list-style-type: none"> <li data-bbox="284 616 443 642">• Agency Head <li data-bbox="284 647 549 674">• Warden/Superintendent <p data-bbox="240 707 325 734">Finding:</p> <p data-bbox="240 768 1493 1055">Interviews with the agency head and warden/Superintendent staff show that consideration is afforded when modifying, expanding, or designing a facility. There have not been any major structural modifications or construction since the last PREA audit. The MVRFCF has not added any cameras to the video monitoring system since the last audit. The facility has 34 cameras in the facility. Video footage is recorded and kept for approximately thirty days, depending on the activity or movement within the facility. (At the time of the audit there were 26 days of footage stored). The facility uses a combination of standard digital video cameras and pan-tilt-zoom cameras to better monitor the facility. I saw cameras placed throughout the facility consistent with the schematics provided during the facility tour. I also reviewed the cameras to find that there are some obvious blind spots. These blind spots have been documented and cameras requested in a three-year camera plan which was revised on January 07, 2021.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 409.08, Crime Scene Preservation • Marble Valley Regional Correctional Facility Procedure 11-01, Sexual Abuse Incident Report Form • Pre-Audit Questionnaire completed by MVRCF • Protocols for responding to Incidents of Sexual Harassment and Sexual Abuse • MOU with AHS IU, now known as DHR IU • MOU with Vermont State Police • LOA with New Story • Uniform Evidence Protocol <p>2. Interviews:</p> <ul style="list-style-type: none"> • SANE/SAFE • Just Detention International • Random Sample of Staff • PREA Compliance Manager • There were no inmates who had reported an incident of Sexual Abuse available to interview during the audit <p>Finding:</p> <p>The agency is responsible for ensuring that administrative and criminal sexual abuse investigations are conducted. The agency shares responsibility for administrative investigations with DHR-IU. Vermont State Police complete all criminal investigations. Facility staff may be involved in conducting some administrative investigations but would never be responsible for conducting an administrative sexual abuse claim. The Department of Human Resources Investigative Unit (DHR-IU) would investigate these cases. The uniform evidence protocol was developed from the DOJ's National Protocol. All victims of sexual abuse have access to forensic medical examinations, at the Rutland Regional Medical Center. If for some reason a SANE or SAFE is not available at Rutland Regional Medical Center within the 72 to 96-hour window, they would transport to the next closest hospital with a trained SANE or SAFE Hospital without financial cost, where evidentiarily or medically appropriate. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency documents its efforts to supply SAFEs or SANEs. The Rutland Regional Medical Center offers specialized emergency nursing care for both adults and child sexual assault victims. According to the PREA Compliance Manager, the facility contacts a victim's advocate prior to the victim leaving the facility for a sexual assault. The MVRCF utilizes the New Story Center to supply a victim's advocate to inmates. The facility has secured a Letter of Agreement with New Story Center to supply advocacy services. The letter was signed on April 21, 2021. The agency has asked that the investigating agencies follow the requirements of paragraphs (a) through (e) of section 115.21. The VDOC has entered an MOU with each of these agencies. Each MOU was signed in 2015.</p>

115.22	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRCF • MOU with Vermont State Police • MOU with DHR IU • Investigative Files • Protocols for responding to Sexual Harassment and Sexual Abuse incidents. • Agency Website <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Investigative Staff <p>Finding:</p> <p>The agency ensures that an Administrative and Criminal investigation is conducted for allegations of sexual abuse and sexual harassment. This is required in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The website describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. There were three cases that needed documentation during this audit cycle. Each case was sexual harassment. None of the cases required referral for criminal investigation.</p>
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115.31	Employee training
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1029 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 965 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="279 409 1013 672" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRFCF • Training Curriculum for PREA in Academy Part I and Part II • Gender, Care and Custody Training • PREA and Staff Sexual Misconduct Curriculum • Review of Staff Training Rosters • Review of Staff Acknowledgements of having received PREA Training • PREA Examinations 2. Interviews: <ul data-bbox="279 779 558 808" style="list-style-type: none"> • Random Sample of Staff <p data-bbox="242 835 327 864">Finding:</p> <p data-bbox="242 891 1492 1525">VDOC supplies all employees PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. Staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plans proves all the required areas are reviewed. A review of staff training files shows that all staff members have been trained. In addition to completing the training, staff members must complete an examination showing their understanding of the training presented. Interviews of staff members demonstrated an understanding of the agency's zero-tolerance policy; the agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired staff receives the first PREA training prior to reporting to duty in the facility. During the interviews with a random selection of staff, I quizzed staff members on a variety of these topics and staff was able to respond appropriately. The training supplied is specific to the gender of inmates the staff will supervise. If a staff member is transferred from another facility, the staff member would appropriately be retrained. There were no staff members transferred from another facility in 2020. Staff receives refresher PREA training every other year. In years in which an employee does not receive refresher training, the agency supplies refresher information on current sexual abuse and sexual harassment policies. The facility supplied verification of training for all staff during the Pre-audit phase. The use of the examinations to determine the staff knowledge exceeds the standards imposed.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRCF • Training Curriculum • PREA Training Acknowledgment Forms • Examinations <p>2. Interviews:</p> <ul style="list-style-type: none"> • Contractors and Volunteers who have contact with inmates <p>Finding:</p> <p>Contractors and volunteers at the MVRCF are trained in their responsibilities about sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that they are familiar with the agency's zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment. All Contractors and Volunteers receive extensive training regarding PREA to include testing which far exceeds standard requirements. The agency should be commended for this high level of professionalism and regard for sexual safety in their prisons. The agency also included an examination as part of their testing of understanding. This exceeds the standard imposed. During 2020, very few contractors or volunteers have been allowed into the facility due to the COVID-19 pandemic. Only essential contractors have been allowed into the facility.</p>

115.33	Inmate education
	<p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRCF • Review of Training Curriculum • Inmate Handbooks • Inmate Tablets • PREA Posters • PREA Newsletters • PREA Pamphlets/Brochures • Inmate Acknowledgements of having received training/orientation 2. Interviews: <ul style="list-style-type: none"> • Random Sample of Inmates • Intake Staff • Caseworkers who conduct training with inmates 3. Observations: <ul style="list-style-type: none"> • During the on-site review, the auditor observed PREA posters, signage, pamphlets, and brochures that are readily available in each housing unit. The auditor also observed inmate handbooks and tablets that are available to inmates. The tablets also have the inmate handbook and PREA information available. <p>Finding:</p> <p>Offenders at the MVRCF are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment at once upon entering the facility. Offenders are supplied a PREA brochure that details basic PREA standards, as well as a list of resources available to them should they need. Offenders interviewed were familiar with the basics of PREA. Most offenders interviewed were able to articulate how they would report an incident to include reporting to staff, the PREA hotline, by writing Prisoner's Rights, going through a third party, or in writing. Inmates are familiar with available outside resources for dealing with sexual abuse. Offenders have the information at their disposal in the PREA Pamphlets that are given to them at intake. This information is also on the tablets that are available to inmates. Caseworkers provide more in-depth training with the offenders within 72 hours of arrival at the facility. This far exceeds the 30-day requirement imposed by this standard. The facility provides education through a variety of mechanisms to connect with a broader range of learners. All offenders receive the required training regardless of where they came from being the streets, court, or another facility. The PREA education is available in Spanish, English, and Braille. For offenders with limited reading abilities, vision or hearing problems, caseworkers supply the training in a format that is easily understandable for the offender. If an offender speaks a language other than Spanish or English, a language line interpretation would be supplied for the offender. The facility documents this training and copies of the training are secured in the offender's file or in the OMS. The facility does an excellent job of supplying continuously available resources using posters, PREA Newsletters, and Inmate Handbooks. The facility exceeds this standard by educating the inmates within 72-hours of entering the facility.</p>

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 353" style="list-style-type: none"> <li data-bbox="242 329 959 353">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 906 568" style="list-style-type: none"> <li data-bbox="284 409 906 434">• Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="284 439 906 463">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="284 468 906 492">• Training Records <li data-bbox="284 497 906 521">• Training Curriculum <li data-bbox="284 526 906 551">• Specialized Training Certificates <li data-bbox="242 600 376 624">2. Interviews: <ol data-bbox="242 658 448 683" style="list-style-type: none"> <li data-bbox="242 658 448 683">a. Investigative Staff <p data-bbox="242 716 336 741">Findings:</p> <p data-bbox="242 775 1474 1032">While the more serious Administrative and Criminal investigations would be handled by the DHR-IU or the Vermont State Police, MVRFCF has thirteen investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing 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. I have reviewed both the curriculum and the certificates of completion for the training and found them to follow the requirements of this standard. The investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor reviewed a sample of investigative files for completeness and thoroughness.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 906 568" style="list-style-type: none"> <li data-bbox="284 409 906 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="284 441 906 468">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="284 472 906 499">• Sample Training Records <li data-bbox="284 504 906 530">• Training Curriculum <li data-bbox="284 535 906 562">• Specialized Training Certificates <li data-bbox="242 600 376 627">2. Interviews: <ul data-bbox="284 678 632 705" style="list-style-type: none"> <li data-bbox="284 678 632 705">• Medical and Mental Health Staff <p data-bbox="242 734 336 761">Findings:</p> <p data-bbox="242 790 1485 1055">Agency policy 409.09, page 13, I, C addresses the training of all medical and mental health staff in the PREA standards. I have reviewed the training records of medical and mental health staff that work in this facility and decided that they have received the required training. There are currently sixteen medical and mental health practitioners at this facility and 100% of them have completed the required training. Medical staff at MVRCF do not conduct forensic medical examinations. All medical and mental health staff receive the training provided to contractors and volunteers in addition to the specialized training supplied specifically for medical and mental health staff. Interviews with medical and mental health staff revealed that they have received the training and are aware of the duties needed from them if an incident of sexual abuse or sexual harassment presents itself to them.</p>

115.41	Screening for risk of victimization and abusiveness
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 887 537" style="list-style-type: none"> <li data-bbox="284 412 887 439">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="284 443 775 470">• Pre-Audit Questionnaire completed by MVRFCF <li data-bbox="284 474 639 501">• Completed Risk Screening Tools <li data-bbox="284 506 635 533">• Completed Reassessment Tools <li data-bbox="240 568 376 595">2. Interviews: <ul data-bbox="284 645 667 842" style="list-style-type: none"> <li data-bbox="284 645 424 672">• Intake Staff <li data-bbox="284 676 667 703">• Staff that complete Risk Screenings <li data-bbox="284 707 667 734">• Staff that complete Reassessments <li data-bbox="284 739 587 766">• Random Sample of Inmates <li data-bbox="284 770 496 797">• PREA Coordinator <li data-bbox="284 801 592 828">• PREA Compliance Manager <li data-bbox="240 869 408 896">3. Observations: <ul data-bbox="284 949 1257 976" style="list-style-type: none"> <li data-bbox="284 949 1257 976">• During the onsite review, I observed the intake area where the Risk screening tool is completed <p data-bbox="240 1008 328 1034">Finding:</p> <p data-bbox="240 1066 1493 1724">Agency 409.09, page 11, section 4 covers the completion of the Sexual Violence Screening during the booking or intake process. I interviewed intake staff, caseworkers, and inmates to verify that the Sexual Violence Screening Instrument is being used effectively to decide if inmates have been designated as a victim or a predator in order to help ensure sexual safety of the facility. Inmates showed that the questions required by this standard are asked upon entry into the facility. All screenings are conducted within 72 hours of intake. The agency uses a uniform objective screening instrument to help determine if an inmate is vulnerable or possibly a predator. The objective screening instrument considers each of the required components of this standard. Policy 409.09 mandates a thirty (30) day review of the Sexual Violence Screening Instrument. The auditor verified that the 30-day reviews are often completed much quicker than 28 days. In addition to the thirty (30) day reviews, staff will reassess an inmate based on a referral, request, an incident of sexual abuse, or upon receiving more information that may reveal more insight into the inmate's vulnerability or likelihood of predation. Inmates are never disciplined for failure to respond to the sensitive questions included in the Sexual Violence Screening Instrument. A review of disciplinary and grievance records did not show any disciplinary acts for failure to respond to these questions. The agency controls the dissemination of responses to questions on the screening tool within the facility to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. CO II's and higher have access to the Risk Screening Instrument to decide housing placement and programming. As part of my review of this standard, I saw a random sampling of inmate files, interviewed intake and caseworker staff and inmates. All interviews confirmed that the screening instrument is being used and that staff members do consider the responses to the instrument when deciding the placement of the inmates in the facility. MVRFCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory to house them most appropriately.</p> <p data-bbox="240 1756 568 1783"><u>Best Practice Recommendation:</u></p> <p data-bbox="240 1814 1493 1939">I would suggest installing a partition that affords privacy to the inmate. This has not been an issue since the number of intakes has been limited during the pandemic but once operations return to normal rates it would be problematic. Many of the questions in the Screening tool are sensitive in nature. Inmates are generally more forthcoming with sensitive information when they are afforded more privacy.</p>

115.42	Use of screening information
	<p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1029 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 965 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="279 409 901 571" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections (VTDOC) Policy 432.01 • Pre-Audit Questionnaire completed by MVRFCF • Documentation of Risk-based housing decisions • Documentation of Reassessments 2. Interviews: <ul data-bbox="279 678 678 840" style="list-style-type: none"> • Staff Responsible for Risk Screening • PREA Coordinator • PREA Compliance Manager • Random Sample of Inmates • Transgender or Intersex Inmate 3. Observations: <ul data-bbox="279 947 1364 1041" style="list-style-type: none"> • Auditor toured all housing units and did not find any housing units dedicated to LGBTQI inmates. • Observation of a Teams Meeting during the on-site to review housing assignments or risk-based housing. • Observation of Showers, housing units, and toilet areas within the facility. <p data-bbox="242 1070 327 1099">Finding:</p> <p data-bbox="242 1128 1492 1859">Interviews with staff and inmates confirm that the risk screening instrument is being used and that staff members are considering the responses to the instrument when deciding the placement of the inmates in housing, bed, work, programming, and education assignments. MVRFCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory to house them most appropriately. This program curtails many problems and helps the different disciplinary teams understand the dynamics faced with each decision, especially about deciding individualized housing and program assignments helps to ensure the safety of each inmate. The auditor was able to observe a Teams meeting held via video conferencing to experience how risk-based housing decisions are made. The multi-disciplinary team meetings far exceed the standard imposed by the Prison Rape Elimination Act and the facility is commended for going the extra mile in improving sexual safety within the facility. When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates and in making other housing and programming assignments, the agency considers on a case-by-case basis whether the placement would ensure the inmate's health and safety and whether the placement would present management or security problems. The transgender/Intersex inmate's own views with respect to their own safety given serious consideration when making MVRFCF has housed several transgender or intersex offenders in the past 12 months. Interviews with transgender inmates revealed that their own view of their safety is given consideration. Transgender or intersex inmates are allowed to shower alone and have not been excluded from programming assignments based on their status. Interviews with the PREA Compliance Manager and staff said they do conduct screenings of transgender/intersex inmates twice a year for any threats to safety experienced by the inmate. There was one Transgender inmate in the facility at the time of the audit. That inmate had not been in the facility long enough to require another reassessment. The agency has a policy (409.09) that allows transgender/Intersex offenders the opportunity to shower alone. The agency does not keep any dedicated units, wings, or facilities to house LGBTQI offenders. They are not under any court orders, decrees, or legal settlements, or judgments to maintain separate wings, facilities, or housing units.</p>

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 329 1469 909" style="list-style-type: none"> <li data-bbox="240 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 409 1182 539" style="list-style-type: none"> <li data-bbox="280 409 975 439">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="280 441 1094 470">• Vermont Department of Corrections (VTDOC) Policy 432.01 Protective Custody <li data-bbox="280 472 1182 501">• Vermont Department of Corrections (VTDOC) Policy 432.01 Administrative Segregation <li data-bbox="280 504 842 533">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="240 566 379 595">2. Interviews: <ul data-bbox="280 647 1469 777" style="list-style-type: none"> <li data-bbox="280 647 549 676">• Warden/Superintendent <li data-bbox="280 678 839 707">• Staff Who Supervise Inmates in Segregation Housing <li data-bbox="280 710 1469 777">• There were not inmates to interview that had been placed in segregation housing who allege to have suffered sexual abuse. <li data-bbox="240 801 408 831">3. Observations: <ul data-bbox="280 882 1166 911" style="list-style-type: none"> <li data-bbox="280 882 1166 911">• Reviewed the Segregation Housing Unit during the onsite review. The unit was empty. <p data-bbox="240 936 336 965">Findings:</p> <p data-bbox="240 994 1477 1523">Agency policy 409.09, page 15, Section C, states that inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. By policy, no inmates are placed in involuntary segregation housing who have reported sexual abuse. If they were, they would be allowed to attend or have access to programs, privileges, education, and work opportunities to the extent possible. Interviews with the Warden/Superintendent a staff who supervises restricted housing units show that if the access could not be accommodated, they would document that the opportunities that have been limited; The duration of the limitation; and the reasons for such limitations. In the past 12 months, no offenders were placed in involuntary segregation based on the facility's inability to find alternative housing, therefore no inmates were found to interview for this standard about involuntary segregation. Agency policy 409.09 does require that if the facility had to use involuntary segregation housing it would only be used until an alternative means of separation could be found, never to exceed 30 days. There were no cases of involuntary segregation due to victimization to review for the prior 36 months therefore there was no documentation of the facility's concern for the offender's safety or reasons why no alternative means of separation can be arranged. Policy 409.09, page 16, section 4, C allows for the reviews of status as protective custody are completed after seven days and every 30 days thereafter the first seven-day period. Staff members interviewed that work segregation housing showed that the reviews would be conducted according to policy.</p>

115.51	Inmate reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 906 636" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 • Vermont Department of Corrections (VTDOC) Policy 315.02 • Inmate PREA Brochure • Resident Handbooks • PREA Posters • Third-Party Reporting Poster • Just Detention International Posters for Staff and Inmates 2. Interviews: <ul data-bbox="284 745 592 840" style="list-style-type: none"> • Random Sample of Staff • Random Sample of Inmates • PREA Compliance Manager 3. Observations: <ul data-bbox="284 949 1485 1010" style="list-style-type: none"> • The auditor observed PREA Posters, Pamphlets, JDI posters, and PREA Newsletters in all of the housing units toured and in a variety of common areas throughout the facility. <p data-bbox="242 1039 336 1068">Findings:</p> <p data-bbox="242 1095 1493 1758">The agency supplies multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, third-party reporting posters throughout the facility. I saw at least one poster in each housing unit and most units also had the PREA Reporting line Poster and PREA Newsletters posted. Interviews with a sampling of inmates revealed that inmates are familiar with a variety of ways to report a PREA incident. The information is also readily available in the Resident Handbook and the PREA Pamphlets provided during intake. Inmates were familiar with the mechanisms available for privately reporting a case of sexual harassment or sexual abuse, how to report retaliation, and staff neglect. Most inmates said that they would tell an officer or their caseworker. The offenders feel comfortable reporting directly to the officers in this facility. The agency has supplied at least one way for an offender to privately report an incident to a public/government or private entity that is not a part of the agency. Offenders may write to the Agency of Human Services to report an incident. The mechanism that most offenders referred to is the use of the reporting line. The reporting line is checked by the Central office of the Department of Corrections. Sexual Abuse reports are then sent to facility leadership to investigate. The reporting line was tested at the facility during the on-site and the auditor received a response within a couple of hours. Agency policy 315.02 addresses Foreign Nationals. The policy requires that inmates detained solely for civil immigration purposes be supplied information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Interviews with intake staff reveal that they are aware of the policy and directives. Policy 409.09, Page 16, Section 5 addresses reporting. Staff members are mandatory reporters of all incidents of sexual harassment and sexual abuse. Interviews with staff reveal that they are aware of this requirement. Staff also showed that they must document all complaints in writing. When asked how staff could privately report an incident of sexual harassment or sexual abuse, most staff showed that they would report the incident directly to their supervisor. They also said that they could send an email, drop an anonymous note, call, or write Vermont Agency of Human Services.</p>

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 320.01 Grievances • Vermont Department of Corrections (VTDOC) Interim Revision Memo dated September 2014 • Inmate PREA Brochure • Resident Handbook • Third-Party Reporting Poster <p>2. Interviews:</p> <ul style="list-style-type: none"> • There were no Inmates Who Reported Sexual Abuse at the facility during the onsite review <p>Findings:</p> <p>Agency policy 320.01, page 5, section b and Page 8, Section 9, govern the grievance system for sexual abuse claims and specifically emergency grievances. The memorandum that revised the Grievance policy dated 09.23.2014 clarifies that an inmate may file a grievance about sexual abuse without a time limitation. The offender does not have to use the formal grievance procedures or to give a complaint to their alleged abuser to file a complaint or grievance. The memorandum states that the offender can give the grievance to any staff member. Staff that receives a formal grievance alleging sexual abuse must forward it to their supervisor or another supervisor who is not the subject of the alleged abuse. The memorandum requires staff to address the grievance and issue a final determination on the case within 90 days. A 70-day extension can extend the response if needed. The facility received one grievance related to sexual misconduct in the past 12 months. A review of the grievance shows that grievances are taken seriously and responded to on time. None of the cases reviewed extended beyond the 90-day limitation. The Central Resident Handbook, page 18, includes information notifying the inmate in writing of any such extension and supplies a date by which a decision will be made. The initial response and final agency decision shall document the agency's determination whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance, and the Resident Handbook also includes information regarding how inmates may have assistance in utilizing a third party including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies. The MVRCF Resident Handbook, pages 26-28, provides inmates with detailed information about filing a PREA related grievance to include requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance. The handbook also says that emergency grievances will receive a response within 8 hours. The standard required is 48 hours. This far exceeds the standard. Agency policy 320.01 Memo Revision in 14.b addresses the duty to provide an initial response within 48 hours, and that a final agency decision be made within five days. Agency policy allows for disciplinary actions if the grievance was filed only in bad faith. The one grievance filed was unfounded and the inmate was disciplined for filing a grievance in bad faith.</p>

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRCF • LOA with JDI • JDI Letter to Inmates • JDI Letter to Staff • JDI Posters • LOA with New Story Center • Resident Handbook • Inmate Education Materials • Immigration Information related to PREA 2. Interviews: <ul style="list-style-type: none"> • Random Selection of Inmates • There were no inmates present during the audit that had filed a report of sexual abuse <p>Finding:</p> <p>MVRCF provides a victim advocate for any inmate needing to speak with an advocate. Outside advocates are available to all offender victims of sexual abuse. Offenders are supplied with the names, addresses, and telephone numbers of several advocacy groups in the PREA Pamphlet and in the Resident Handbook. Offenders interviewed were familiar with the availability of services and some could supply specific names of the agencies. Offenders are aware of where the information is found and how to contact them if needed. Offenders are also provided with immigrant services agencies for persons detained solely for civil immigration purposes. Offenders are afforded access to these services via mail or telephone in as confidential a manner as possible. Page 26 of the Resident Handbook states, "All telephone conversations, with the exception of privileged communications (lawyer phone), shall be recorded and may be monitored." I was unable to find an inmate that had reported sexual abuse. I interviewed Medical and Mental Health staff to decide that they inform inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency has entered LOAs with the New Story Center and Just Detention International to provide inmates with emotional support services related to sexual abuse. The LOA with the New Story Center was signed on April 21, 2021. Just Detention International supplies an Inside Line, which is a FREE, unrecorded, unmonitored, anonymous, and confidential sexual abuse and sexual harassment emotional support line for Vermont DOC prisoners. This agreement was dated January 17, 2020.</p>

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="229 318 1509 851" style="list-style-type: none"> <li data-bbox="229 318 1509 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="271 380 1509 560" style="list-style-type: none"> <li data-bbox="271 380 1509 414">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="271 414 1509 448">• PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="271 448 1509 481">• Third-Party Reporting Poster/Signage <li data-bbox="271 481 1509 515">• PREA Posters <li data-bbox="271 515 1509 560">• Agency Website <li data-bbox="229 582 1509 616">2. Interviews: <ul data-bbox="271 649 1509 694" style="list-style-type: none"> <li data-bbox="271 649 1509 694">• None <li data-bbox="229 716 1509 750">3. Observations: <ul data-bbox="271 784 1509 828" style="list-style-type: none"> <li data-bbox="271 784 1509 828">• Posting of Third-Party Reporting Signage in the facility <p data-bbox="229 851 1509 884">Findings:</p> <p data-bbox="229 907 1509 1102">The VDOC has supplied a mechanism for third-party reporting. The policy is posted on the DOC website found at http://doc.vermont.gov/programs/prea/prison-rape-elimiation-actprea/. The website also supplies a printer-friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff show that all third-party reports will be taken seriously and followed up on appropriately. Third-Party Reporting posters/signage were seen throughout the facility to include areas of egress where visitors and attorneys would pass through on a regular basis.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 405 Reporting • PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Random Sample of Staff • Warden/Superintendent • PREA Coordinator <p>Findings:</p> <p>Agency policy 409.09, page 9, section b requires all staff, contractors, and volunteers to immediately report 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with a random sample of staff confirm that they must report any knowledge, suspicion, or information about sexual harassment or sexual abuse, retaliation, or staff neglect. Staff members are familiar that they should not share private information surrounding a claim or incident of sexual harassment or sexual abuse other than disclosing the information to their supervisor(s) or other staff in order to assist in making treatment, investigation, and other security and management decisions. Interviews with Medical and Mental Health staff revealed that apart from reporting to designated supervisors or officials, medical and mental health staff refrain 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 unless prevented by Federal, State, or local law. While the facility does not house offenders under the age of 18, if they were to have a vulnerable adult in the facility that claimed sexual harassment or sexual abuse, they would have to report the allegation, including third-party and anonymous reports, to the facility's designated investigators. A review of Investigative reports reveals that the agency investigates reports made by third-party or anonymous complainants.</p>

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 356" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1211 501" style="list-style-type: none"> • Vermont Department of Corrections Marble Malley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections (VTDOC) Policy 320.01 • Inmate Grievances Memo 2. Interviews: <ul data-bbox="284 613 555 703" style="list-style-type: none"> • Agency Head • Warden/Superintendent • Random Sample of Staff <p data-bbox="242 734 336 759">Findings:</p> <p data-bbox="242 792 1490 1050">Agency policy 409.09, page 2, number 2 requires staff to take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse. Interviews with staff showed that staff members are aware of their duties to protect all inmates, especially those that are at risk of imminent sexual abuse. Staff interviewed said they would take every precaution necessary to protect the individual by separating them from the potential abuser, maintaining a visual on the individual, and contacting their supervisor in order to make more permanent arrangements in protecting the individual. There were no cases where inmates were identified as a substantial risk of imminent sexual abuse. I interviewed a random sample of staff as well as the Warden/Superintendent to verify that offenders at imminent risk of sexual abuse would be protected to prevent the abuse from happening.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1043 504" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1043 468">• PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="284 472 624 499">• Review of Investigative Reports <li data-bbox="242 533 376 560">2. Interviews: <ul data-bbox="284 611 555 705" style="list-style-type: none"> <li data-bbox="284 611 443 638">• Agency Head <li data-bbox="284 642 547 669">• Warden/Superintendent <li data-bbox="284 674 555 701">• Random Sample of Staff <p data-bbox="242 734 336 761">Findings:</p> <p data-bbox="242 790 1474 1052">Agency policy 409.09, page 17, b, ii, requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or proper office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the Superintendent confirm that the standard policy would be to notify the other superintendent directly to report an incident. There were no cases reported at MVRCF that required reporting to another facility in the past 12 months. If the facility is the recipient of such a claim, the case is investigated following the PREA standards. No cases were reported to the MVRCF in the past 12 months from another facility.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting • Marble Valley Procedure 11-01, Sexual Abuse Incident Report Form • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Guidance Procedures for Investigations • Investigations Directive • Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • Security Staff and First Responders • There were no inmates present that had reported sexual abuse <p>Findings:</p> <p>The agency has a policy 409.09, page 17, Section a, which supplies protocols for responding to allegations of sexual abuse. In fact, they have developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Inmate on Inmate Sexualized behavior (not mandated to be tracked, but the VTDOC does track this valuable information), Inmate on Inmate Sexual Harassment, Inmate on Inmate Sexual Abuse, Inmate on Inmate Sexual Abusive Penetration, Staff on Inmate Voyeurism, Indecent Exposure, Sexual Harassment, and Staff on Inmate Sexual Abuse Penetration/Contact. The policy and protocols require that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim 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, the first security staff member to respond to the report 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. Interviews with a random sampling of staff revealed that security staff members are very proficient with these requirements. There were no cases reported in the past twelve months that potentially allowed for the collection of physical evidence and in each case, the victim and abuser were asked to refrain from washing, brushing, going to the restroom, showering, etc. Agency policy 409.09 requires that if the first staff responder is not a security staff member, the responder must ask that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Non-security staff (caseworkers, medical and mental health staff) interviewed were aware of their duty to request the victim and abuser to not take any actions that could destroy physical evidence and notify security staff. There were no sexual abuse cases in the past 12 months where an allegation was reported to a non-security staff member.</p>

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1114 504" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1114 468">• PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="284 472 852 499">• MVRCF Procedure 11-01 Coordinated Response Plan <li data-bbox="240 533 379 560">2. Interviews: <ul data-bbox="284 611 549 638" style="list-style-type: none"> <li data-bbox="284 611 549 638">• Warden/Superintendent <p data-bbox="240 667 336 694">Findings:</p> <p data-bbox="240 723 1493 920">The facility has a written institutional response 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. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse. Interviews with the Warden/ Superintendent, investigators, medical/mental health, and PREA Manager confirm that there is a coordinated response plan for the facility. The Coordinate Response Plan is detailed in MVRCF 11-01.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Collective Bargaining Agreement Effective July 1, 2020-June 30,2022 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head <p>Findings:</p> <p>The agency has entered a collective bargaining agreement with the Vermont State Employees Association, Inc. The contract, Effective July 1, 2020 — Expiring June 30, 2022, does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. I interviewed the Agency Head and confirmed that the agency has entered a collective bargaining agreement with the Vermont State Employees Association, Inc. A copy of the agreement, effective July 1, 2020, and expiring June 20, 2022, was provided to the auditor for review during the pre-audit phase. Article 14, Disciplinary Action, within the agreement covers the agency's right to remove alleged staff abusers from contact with inmates pending the outcome of an investigation.</p>

115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Retaliation Monitoring Form • Investigative Files • Marble Valley Regional Correctional Facility Procedure 11-01 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent • Retaliation Monitor • There Were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) • There were no inmates who had reported sexual abuse in the facility during the onsite review <p>Findings:</p> <p>Agency policy 409.09, Page 2, Section 3 states that staff members are charged with protecting inmates from retaliation. Interviews with a random sample of staff ensured familiarity with this standard. The facility has appointed the caseworkers as the Retaliation Monitors for MVRCF. The agency has also created a Retaliation Monitoring Form to use to aid the monitor in keeping track and notes of the monitoring. The agency employs multiple protective measures, to protect victims from abusers to include housing changes, transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head/Director, Warden/Superintendent, and Retaliation Monitor all conclude that the facility will take a variety of measures to protect the victim from their abuser. I reviewed investigative files of incidents where the victims were protected from potential retaliation. Agency policy mandates that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. The facility checks inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues such monitoring beyond 90 days if the first monitoring shows a continuing need. I have reviewed investigative files and decided that the facility does monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor also indicate that monitoring may continue as needed to protect the victim. Facility leadership was able to provide the auditor with the Retaliation Monitoring Form provided to the retaliation monitors to conduct the monitoring, but the actual monitoring documentation is missing.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that all retaliation monitoring is documented and preserved.</p> <p>Update:</p> <p>On July 21, 2021, a memorandum was created instructing retaliation monitors to document all retaliation monitoring in the OMS systems and to email backup copies to leadership. Subsequent samples of completed retaliation monitoring were provided to the auditor on August 11, 2021.</p>

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1110 539" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Restrictive Housing Memo 410.06 2. Interviews: <ul data-bbox="284 645 983 741" style="list-style-type: none"> • Warden/Superintendent • Staff that work Segregation Housing • There were not Inmates Placed in Segregation Housing to interview <p data-bbox="240 770 336 797">Findings:</p> <p data-bbox="240 826 1485 1088">Agency policy 409.09, page 15, section C states that Inmates that have been designated as vulnerable shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four hours while completing the assessment. During the past 12 months, there were no victims placed in involuntary segregation housing. I was unable to find any offender victims that had been placed in segregation housing unless they had requested. I toured the facility and did not find any inmates who had been designated as vulnerable housed in segregation. There were no inmates in segregation at the time of the audit.</p>

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline
- Vermont Department of Corrections (VTDOC) Policy 126
- PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF)
- MOU with AHSIU/ now known as DHR-IU
- MOU with Vermont State Police (VSP)
- Investigations Flowchart
- Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting
- Incident Protocols
- Vermont Department of Corrections (VTDOC) Policy 409.08 Crime Scene Preservation
- Vermont Department of Corrections (VTDOC) Policy 434 Investigations
- Sample Investigative Reports

2. Interviews:

- Warden/Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Investigative Staff

Finding:

The VTDOC has the policy to investigate all crimes related to sexual abuse and sexual harassment in their facilities. Policy 409.09, Page 1, paragraph 3, states that the VDOC will respond to, investigate, and support the prosecution of sexual abuse within Vermont's correctional system and externally in partnership with law enforcement. The system that has been established for conducting investigations is fairly simple in that VDOC conducts inmate-on-inmate sexual harassment investigations, DHR-IU conducts administrative investigations involving staff and the Vermont State Police conducts criminal investigations. Interviews with VTDOC investigative staff show that all incidents are taken seriously and investigated according to policy and procedure. Investigations are conducted promptly, thoroughly, and objectively. Reports received from third parties or anonymous sources are investigated. The VTDOC policies state that administrative investigations will be conducted by the Agency of Human Services Investigative Unit (AHS- IU)/now known as DHR IU and all criminal cases are investigated by the Vermont State Police. In interviews with DHR-IU, I discovered that once an employee terminates they stop their investigation. They do not document the investigation in a report unless it was already written. According to DHR IU investigators, the case is remanded to the VTDOC to complete the investigation. This goes against the MOU previously signed with AHS IU. DHR IU investigators informed me that when they were shifted from AHS- IU to DHR-IU their role changed, and they no longer complete the investigations if the employee leaves the employment of the State of Vermont. If the employee tries to be rehired, the case would be reopened. This is a violation of this standard. DHR- IU says the case is remanded to the VTDOC to complete, but evidence has shown that this can take a while to happen. In one case reviewed, the DHR-IU declined to investigate an incident and the case was referred to the VTDOC to investigate. The case was over 30 days old by the time the VTDOC received the case back, which limited the preservation of more video footage that would have been available if the case had been more thoroughly investigated when the case was initially received. Some witnesses may no longer be in custody or found once released from prison. This has been problematic when DHR IU does not request video footage or other time-sensitive physical evidence. Most video recordings in VTDOC facilities are only preserved for 30 days. If the facility is not aware of the location or a change of location in an investigation, the video evidence can be overwritten and may no longer be available. If DHR IU decides they are not going to conduct the investigation and the case is returned to the VTDOC to investigate, the evidence, which could have been preserved may no longer be available. This could have a profound effect on the outcome of the investigation. Oftentimes, the only evidence available is video recordings or testimonial evidence of witnesses These must be secured and preserved as quickly as possible to preserve all available evidence. MVRCF facility has investigators trained to conduct sexual abuse or sexual harassment investigations. These investigators have received the required specialized training for conducting investigations in a confinement setting. I interviewed a sampling of the investigators from the VTDOC, DHR IU, and VSP and reviewed their training records for compliance with this standard. Investigators are trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; they can interview alleged victims,

suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. If an incident appears to be criminal in nature, the case is sent to the Vermont State Police (VSP) for investigation. The VSP will refer cases for prosecution when warranted. The facility will not conduct compelled interviews. These interviews would be conducted by the VSP. Investigators assess the credibility of the witness on an individual basis. Investigators use the standard preponderance of the evidence when considering or weighing the evidence in a case. The investigators do not use a polygraph or other truth-telling devices in sexual abuse or sexual harassment investigations. I interviewed inmates at the facility that had reported sexual abuse. Administrative investigations are not always documented by DHR IU. DHR IU will stop investigating when an employee terminates. They do not always include an analysis of whether staff actions or failure to act contributed to the incident. The VTDOC entered an MOU with the AHSIU/ DHR IU in February 2015 that supports the retention of these files. This is documented in the MOU, Page 2, section f. Interviews with VTDOC and VSP investigative staff confirmed that investigations will continue even upon the departure of the alleged abuser or victim from the employment or control of the facility or agency. . The MOU with AHS-IU/DHR-IU, page 2, section g states, "If the alleged abuser is terminated from employment or released, AHS IU will continue the investigation." All criminal investigations are documented in a written report that has a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where possible. All substantiated allegations of conduct that appear to be criminal are referred for prosecution by the VSP. All written reports referenced in paragraphs (f) and (g) of this section are kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Agency Head, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all confirmed in interviews that when AHS-IU/DRH-IU or VSP is investigating on their behalf, they will cooperate fully to ensure the investigative entity has access as needed and attempt to remain informed about the progress and status of the investigation.

Corrective Action Recommendation:

All cases must be investigated and documented. It appears DHR-IU does not follow the MOU originally signed in 2015 with AHS-IU. This needs to be rewritten, changed, or abandoned for the VTDOC to ensure all incidents of sexual abuse or sexual harassment are thoroughly investigated and documented to the standard imposed by the Prison Rape Elimination Act. The VTDOC could try to preserve all video footage that they know of being evidence, but there is no guarantee that all areas are being preserved unless they are more involved in the investigation itself.

Update:

On August 3, 2021, the agency provided a new MOU signed with DHR governing how cases will be resolved when an employee terminates before the investigation has been completed. The VTDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • MOU with AHSIU • MOU with Vermont State Police(VSP) <p>2. Interviews:</p> <ul style="list-style-type: none"> • DOC Investigative Staff • DHR IU Investigative Staff • VSP Investigative Staff <p>Findings:</p> <p>Agency policy 409.09, page 4, footnote 6, states that incidents are substantiated if it is proven by the preponderance of the evidence. This was confirmed in interviews with Investigative Staff and through the review of investigative files. Interviews with investigative employees confirm the facility imposes no standard higher than a preponderance of the evidence in deciding whether allegations of sexual abuse or sexual harassment are substantiated. All 2020 investigative files were reviewed for compliance.</p>

115.73	<p>Reporting to inmates</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • MOU with AHSIU • MOU with Vermont State Police(VSP) • Inmate Victim Notification Form • Sample of Investigative Reports • Completed Inmate Notification Form <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Investigative Staff <p>Findings:</p> <p>The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are notified on time. When the agency does not conduct the investigation themselves, they do ask that the investigative agency let them know of the outcome or status of the case. A review of the case files revealed that notices in each file. When an inmate leaves the facility prior to the completion of the investigation, the facility tries to notify the victim of the outcome of the case. When the agency does not conduct the investigation into an inmate's allegation of sexual abuse in the facility, the agency requests the relevant information from the investigative agency to inform the inmate. A review of investigative case files shows attempts to follow up with investigators. The agency policy 409.09 requires that inmates be notified if following an inmate's allegation that a staff member has committed sexual abuse against the inmate, (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I did review an investigative file that met this requirement, and the proper notice was given to the inmate. Agency policy 409.09 requires that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently must 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative files shows that this is the practice at the facility. The facility documents in writing notices supplied to alleged sexual abuse victims.</p>
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115.76	<p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Investigations Flowchart • Vermont Department of Corrections(VTDOC)Policy 126 Dated 2.22.15 • Review of Personnel Files <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Investigative Staff <p>Findings:</p> <p>According to agency policy 126, page 2, paragraph 3, agency staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 126, Page 2, paragraph 3 states, "...Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." There were no disciplinary actions to review of staff related to an incident of sexual abuse or sexual harassment at this facility in the past three years. All disciplinary sanctions imposed for violations of agency policies relating to sexual abuse or sexual harassment (other than 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. 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, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, no cases where staff should have been reported to law enforcement or to the relevant licensing body.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1241 539" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1114 468">• PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="284 472 1222 499">• Vermont Department of Corrections (VTDOC) Policy 126 Sexual Misconduct with Offenders <li data-bbox="284 504 1241 530">• Vermont Department of Corrections (VTDOC) Policy 376.01 Volunteer Services Management <li data-bbox="240 566 379 593">2. Interviews: <ul data-bbox="284 645 549 672" style="list-style-type: none"> <li data-bbox="284 645 549 672">• Warden/Superintendent <p data-bbox="240 701 336 728">Findings:</p> <p data-bbox="240 757 1485 1019">Any contractor or volunteer who engages in sexual abuse is prohibited from contact with an inmate is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency Directive 376.01 treats all volunteers as employees of the state and the same rules govern the volunteers as staff. Contractors and volunteers who engage in sexual abuse are prohibited from future contact with inmates. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. There were no incidents reported involving a contractor in the past 12 months. An interview with the Warden/ Superintendent revealed that it is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation related to sexual harassment or sexual abuse.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> <li data-bbox="242 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1267 537" style="list-style-type: none"> <li data-bbox="284 409 975 439">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1110 470">• PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="284 472 1102 501">• Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing <li data-bbox="284 504 1267 533">• Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline <li data-bbox="242 564 376 593">2. Interviews: <ul data-bbox="284 645 628 703" style="list-style-type: none"> <li data-bbox="284 645 547 674">• Warden/Superintendent <li data-bbox="284 676 628 703">• Medical and Mental Health Staff <p data-bbox="242 732 336 761">Findings:</p> <p data-bbox="242 790 1493 1319">Agency policy 410.01 governs inmate discipline. The policy states that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the twelve months of the review, there were no administrative allegations of inmate-on-inmate sexual abuse. There were no criminal cases of inmate-on-inmate sexual abuse. A review of investigative and disciplinary reports shows sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and sanctions for comparable offenses committed by other inmates with similar histories. An inmate's mental disability would be considered when deciding what sanctions to impose. The facility offers a variety of therapeutic services to abusers to address and correct underlying reasons or motivations for the abuse. The facility does not mandate participation in the therapy as a prerequisite to taking part in facility programming. Services offered are Mental Health and Risk Reductions courses. The facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no inmate disciplinary actions to review where inmates sexually abused staff without consent. If an offender files a report in good faith the offender will not be disciplined for falsely reporting the incident. The VTDOC prohibits all sexual activity between inmates and may discipline inmates for such activity. The agency does not consider the activity to constitute sexual abuse if it determines that the activity is not coerced. This information collaborated a thorough review of the Resident Handbook and the facility rules and the Inmate Discipline policy. MVRCF provided the auditor with three investigative case files for review.</p>

115.81	<p>Medical and mental health screenings; history of sexual abuse</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • There weren't any Medical and Mental Health Secondary Records that Document Compliance to review. No inmates disclosed prior victimization in the past year. <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • There were no Inmates who Disclose Sexual Victimization at Risk Screening on site • Staff Responsible for Risk Screening <p>Findings:</p> <p>The VTDOC has contracted with Vital Core Health Strategies health care provider to review the screening instrument and if an offender says that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. A review of offender files shows that all follow-up meetings were offered in less than 14 days. Interviews with Medical and Mental Health providers support the limitation of fourteen days. There were not any Medical and Mental Health Secondary Records that Document Compliance to review. No inmates that had prior victimization were admitted in the past year and they have a new service provider for Medical/Mental Health Services. The staff that conducts the screening showed that a follow-up meeting would be requested at once. The intake officers complete the Risk Screening Instrument at the facility. Likewise, if an offender risk screening shows that an offender has a history of being an abuser, they are offered a follow-up meeting with mental health within 14-days. The healthcare provider reviews inmate screening instruments to decide if an offender had indicated that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. The staff ensures that inmates are provided a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Discussion around sexual violence is part of the intake process with medical staff. Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Security staff members have access to this information on a need-to-know basis to assist in determining housing assignments, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with Medical and Mental Health staff confirm that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. This facility does house inmates under the age of 18 on rare occasions.</p>
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115.82	<p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • PREA Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • There were no Inmates who Disclosed Sexual Victimization at Risk Screening • Staff Responsible for Risk Screening/ Intake Joint effort <p>Finding:</p> <p>According to medical and mental health practitioners, inmate victims of sexual abuse receive prompt, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are according to their professional judgment. The VTDOC has established a working relationship with local hospitals to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. VTDOC protocols call for contacting the receiving hospitals in advance to ensure a SANE will be made available and to request a victim's advocate be provided upon arrival. Locally, the Rutland Regional Medical Center supplies a SANE as needed. The SANE nurses work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. Interviews with Medical and Mental Health staff show that the services provided are in accordance with their professional judgment. Facility protocols for responding to a sexual abuse incident mandate that security staff first responders immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse, while incarcerated, are offered prompt information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This service is provided at the local hospital when the inmate victims go in to see the SANE. All inmate victims receive medical services without incurring any expense whether they cooperate in the investigation or not.</p>
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115.83	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • PREA Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • There were no inmates identified that had reported abuse in the facility at the time of the audit <p>Findings:</p> <p>The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This collaborated through observation of facility programs that deal specifically with domestic violence and sexual abuse and thorough review of resources made available to inmate victims. The evaluation and treatment of 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. These services are consistent with the community level of care. MVRCF is considered a Male only facility. However, they do occasionally hold females in intake until they can be transferred to Chittenden. Female victims of sexual abuse would be supplied prompt and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatment services are 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 facility, functioning as a prison, does conduct a mental health evaluation of all convicted known inmates-on-inmate abusers with 60 days of learning of the sexual abuse history and offers treatment when thought appropriate. Both Medical and Mental Health professionals interviewed confirmed that inmate victims receive the care needed within this standard.</p>
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115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="282 412 1110 537" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Sexual Abuse Incident Review Team Report Form (SART) • Sample of Investigative Reports 2. Interviews: <ul data-bbox="282 645 630 770" style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team <p data-bbox="240 801 336 828">Findings:</p> <p data-bbox="240 860 1485 1487">The agency has a policy, 409.09, page 23, the second paragraph to conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. In the files reviewed, the team includes include upper-level management front-line supervisors, investigators, and medical or mental health practitioners. The agency has created an Incident Review Form to ensure the required elements are being reviewed. The elements include (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 facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To decide compliance with this standard, I interviewed the PREA Compliance Manager, Medical, Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent. I reviewed all PREA related Investigative files and saw Incident Review Team forms. While the facility has not had any incidents requiring the completion of the Incident Reviews recently, older files do show they are completed as required.</p>

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections PREA Webpage • OMS PREA Categories for Classifying Incidents • 2018 SSV Report to Department of Justice • 2019 SSV Report to Department of Justice • Aggregated Data from 2018-2019 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team • Agency Contract Monitor <p>Findings:</p> <p>The Vermont Department of Corrections, policy 409.09, details the standardized definitions on pages 3-8. The agency collects uniform data of each allegation within the agency, including contracted facilities. Page 22 of the policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VTDOC follows the SSV as guidance for the collection of proper data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked to answer all questions on the Survey of Sexual Violence by the Department of Justice. The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that houses inmates on their behalf. The VTDOC is supplied with a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and checked. The reports are then provided to the PREA Director for the VTDOC who compiles the annual reports for the agency. The report for 2020 has been completed and posted on the website. The contracted agency aggregated reports are posted publicly on the VTDOC webpage. I reviewed the 2020 and 2019 aggregated reports as well as the annual report generated by the VTDOC.</p> <p>Corrective Action Recommendation:</p> <p>Complete and publish the 2019-2020 Aggregated Data.</p> <p>Update:</p> <p>On August 12, 2021, the agency complete and publish the 2019-2020 Aggregated Data on the agency website.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections PREA Webpage (https://doc.vermont.gov/prison-rape-elimination-act-prea) • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • PREA Coordinator • PREA Compliance Manager <p>Findings:</p> <p>Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house inmates. The VTDOC has six state prisons and contracts with a private company to house some inmates out of state. The VTDOC has constructed a written analysis of the data from 2016, 2017, 2018, 2019, and 2020 comparing and analyzing if there are areas of concern that should be addressed to further improve sexual safety in the facilities. The data is specifically reviewed to decide if any problem areas within the facilities should be addressed to curtail abuse if corrective action is called for and reviewing each facility's aggregated data as well as the agency on an annual basis. Once the annual aggregated reports are complete, the agency head approved the report by signature, and the reports are posted on the agency webpage at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. The agency has not had to redact any material from an annual report but would if necessary, curtail any threat to the safety and security of a facility. I have reviewed all reports posted on the VTDOC webpage from 2011-2020.</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • PREA Coordinator • PREA Compliance Manager <p>Findings:</p> <p>The VTDOC has several safeguards in place to securely retain PREA related data. In addition to having an information security policy that addresses access, systems, and use, the agency requires that desktop computers require a password, and all mobile devices are needed to keep a strong password. The agency makes available the aggregated data to the public on their website. The data from contracted facilities are also available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA related data will be kept for at least 10 years after the date of the first collection unless Federal, State, or local law requires otherwise.</p>

115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • None <p>Findings:</p> <p>The VTDOC operates six state prisons and has completed all cycle one and Cycle two audits of their facilities. This is the first audit conducted in year two of the third cycle. The agency has a plan in place to ensure the standard of one-third of all facilities operated are audited annually. I have seen the PREA Final reports that were posted on the agency's webpage. Inmates interviewed said that the Notices of audit had been up for at least six weeks. The auditor was afforded full access to all areas of the audited facility. A thorough on-site review of the facility was conducted on the first day of the audit. The auditor requested and received a plethora of documents from the agency and facility to properly triangulate the data and evidence of compliance. All interviews of staff and inmates were completed in a private area. Staff interviews were conducted in a conference room, which afforded great privacy. Inmate interviews were conducted in the visitation area. There was not any visitation going on at the time of the interviews. During the on-site review, the auditor saw Notices of Audit that were provided to the facility in all housing units, common areas, attorney's booths, visitation, lobby, and other locations throughout the facility. The Notices of Audit were displayed in both English and Spanish. Inmates interviewed confirmed that the notices had been displayed for a couple of months. The auditor did not receive any correspondence from inmates in this facility prior to the audit.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="229 318 1509 846" style="list-style-type: none"> <li data-bbox="229 318 1509 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="271 358 1509 537" style="list-style-type: none"> <li data-bbox="271 358 1509 392">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="271 392 1509 425">• PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="271 425 1509 459">• Vermont Department of Corrections PREA Webpage <li data-bbox="271 459 1509 537">• Annual PREA Reports <li data-bbox="229 537 1509 571">2. Interviews: <ol data-bbox="229 571 1509 604" style="list-style-type: none"> <li data-bbox="229 571 1509 604">a. None <p data-bbox="229 604 1509 638">Findings:</p> <p data-bbox="229 638 1509 846">I have observed the PREA Final reports that were posted on the agency's webpage. The agency completed audits for all facilities in Cycle One and Cycle Two. One-third of their facilities were audited in year one of the third audit cycle. Two facilities have been audited in year two, the current year, of the audit cycle.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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 inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	na
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	no
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates 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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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 inmates 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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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.)	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	no
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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 victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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 inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate'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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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
	Does the agency always refrain from requiring an inmate 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate 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
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain 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

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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

115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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 inmate disciplinary reports?	yes
	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 inmate housing changes?	yes
	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 inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes
	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 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate 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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
115.88 (b)	Data review for corrective action	
	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?	no
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes

Transmittal of External Audit Report

Instructions: Per Department of Finance & Management Policy #7.0: **External Audit Reports**, departments are required to complete and submit this **coversheet** with a copy of the external audit report to the Commissioner of Finance & Management within 30 days of issuance of the final audit report. This coversheet must be submitted by the department's business office to ensure their awareness and acknowledgment of any potential financial impact. Official department responses to the audit report, including corrective action plans (*if required*), must also be submitted to Commissioner of Finance & Management upon completion.

Department	DOC/Chittenden Regional Correctional Facility
Business Office Contact	Kristin Calver
Program/Activity Audited	Prison Rape Elimination Act (PREA)
Audit Agency	DOC Contractor/Melinda Allen
Audit Report Date	10/06/20

1. Does the audit report contain any findings or recommendations?

YES
 NO

➤ If YES continue to question #2; otherwise coversheet is complete.

2. Does the report contain any repeat audit findings?

YES
 NO

3. Please rate the findings and/or recommendations contained in the audit report using the following scale; for reports with multiple findings, this overall rating should be based on the most critical finding:

Insignificant: Nominal violation of policies, procedures, rules, or regulations. Corrective action suggested but not required.

Notable: Minor violation of policies, procedures, rules, or regulations and/or weak internal controls; and/or opportunity to improve effectiveness and efficiency. Corrective action may be required.

Significant: Significant violation of policies, procedures, rules, regulations or laws; and/or poor internal controls; and/or significant opportunity to improve effectiveness and efficiency. Corrective action required.

Major: Major violation of policies, procedures, rules, regulations or laws; and/or unacceptable internal controls; and/or high risk for fraud, waste or abuse; and/or major opportunity to improve effectiveness and efficiency. Immediate corrective action required.

4. Is the department required to develop a corrective action plan (or similar) to address the audit findings and/or recommendations?

YES
 NO

➤ If YES continue to next question; otherwise skip to question #8.

Transmittal of External Audit Report

5. Has the corrective action plan been developed?

YES NO [provide status below]

❖ Status of corrective action plan: Corrective action completed September 24, 2020. 7 Standards that originally did not meet the standard are now in compliance.

6. Does the department anticipate any inability or delay in implementing its corrective action plan?

YES NO,

➤ If YES continue to next question; otherwise skip to question #8.

7. What fiscal and programmatic impact is this inability or delay likely to have?

none

8. Does the report contain any disallowed costs¹?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise skip to question #11.

Disallowed Amount \$	Audit Report Page #

Disallowed Amount \$	Audit Report Page #

9. Has the method and timing of repayment for all disallowed costs been agreed upon with the applicable organization?

YES NO

10. Assess the impact this disallowance will have on the:

- a. Program/Activity: Major Significant Minimal None
 b. Dept Overall Budget: Major Significant Minimal None

11. Does the report contain any questioned costs²?

YES NO

➤ If YES list the amount(s) and page reference(s) below; otherwise form is complete.

Questioned Amount \$	Audit Report Page #

Questioned Amount \$	Audit Report Page #

12. Assess the likelihood that the questioned costs will result in disallowances and/or reductions in future revenues:

Very Likely Likely Somewhat Likely Not Likely

¹ Costs determined as unallowable under the applicable program/activity and not eligible for financial assistance; generally disallowed costs must be reimbursed to the awarding organization.

² Costs identified as potentially unallowable for financial assistance under the applicable program/activity.

PREA Facility Audit Report: Final

Name of Facility: Chittenden Regional Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 04/01/2020

Date Final Report Submitted: 10/06/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Melinda Allen	Date of Signature: 10/06/2020

AUDITOR INFORMATION	
Auditor name:	Allen, Melinda
Email:	preaaudit@gmail.com
Start Date of On-Site Audit:	02/24/2020
End Date of On-Site Audit:	02/26/2020

FACILITY INFORMATION	
Facility name:	Chittenden Regional Correctional Facility
Facility physical address:	7 Farrell Street, South Burlington, Vermont - 05671
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Amy Jacobs
Email Address:	amy.jacobs@vermont.gov
Telephone Number:	802-370-4426

Warden/Jail Administrator/Sheriff/Director	
Name:	Theresa Stone
Email Address:	Theresa.Stone@vermont.gov
Telephone Number:	802-859-3207

Facility PREA Compliance Manager	
Name:	Amy Jacobs
Email Address:	amy.jacobs@vermont.gov
Telephone Number:	M: (802) 863-7473

Facility Health Service Administrator On-site	
Name:	Crystal Alexander
Email Address:	crAlexander@centurionvt.com
Telephone Number:	802-859-3217

Facility Characteristics	
Designed facility capacity:	196
Current population of facility:	128
Average daily population for the past 12 months:	158
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	18 to 68
Facility security levels/inmate custody levels:	Medium/Minimum/Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	172
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	60
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	106

AGENCY INFORMATION	
Name of agency:	Vermont Department of Corrections
Governing authority or parent agency (if applicable):	Vermont Agency of Human Services
Physical Address:	NOB 2 South, 280 State Drive, Waterbury, Vermont - 05671
Mailing Address:	
Telephone number:	(802) 241- 0000

Agency Chief Executive Officer Information:	
Name:	James Baker
Email Address:	jim.baker@vermont.gov
Telephone Number:	(802) 241 - 0001

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Sprafke	Email Address:	jennifer.sprafke@vermont.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

Audit Methodology

1. Pre-Onsite Audit Phase

During the pre-audit phase, the auditor conducted a review of the Pre-Audit Questionnaire (PAQ) as well as other documentation provided by the facility through February 24, 2020. The auditor also reviewed VTDOC's Annual PREA Reports for 2017 and 2018, their public website, and other related PREA information.

During the pre-onsite audit phase, the auditor participated in multiple telephone calls and exchange of emails with the agency's PREA Coordinator. The calls and email discussions centered around the auditor's unimpeded access to every area of the facility, document and record review, and interviews with the staff, volunteers, contractors, and inmates. Additionally, an overview of the audit process, the audit goals, audit expectations and were discussed. The calls and emails also provided an opportunity to discuss points of contact, communications, logistics, and timelines.

Notice of Audit Posting: The Notice of the audit posting was in both English and Spanish and printed on white paper. The audit notice was posted at CRCF on January 13, 2020. The facility provided a sampling of pictures of the audit posting throughout the facility. The English version stated:

The **Chittenden Regional Correctional Facility** will be undergoing an audit for compliance with the United States Department of Justice's National Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for **jails** during the following period, **February 24-26, 2020**.

Any person with information relevant to this compliance audit may confidentially* correspond with the auditor via the following address:

Melinda Allen
P.O. Box 703
Braselton, GA 30517

*CONFIDENTIALITY – All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following:

- the person is an immediate danger to her/himself or others (e.g. suicide or homicide);
- of suspected of child abuse, neglect or maltreatment;
- legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

This statement was translated into Spanish and posted throughout the facility. The auditor did not receive any letters of correspondence as a result of the audit notice postings as of the start of the onsite audit.

B. Timeline: A kickoff meeting was held with the VTDOC on January 2, 2020. The kickoff meeting included a discussion of logistics for access to the facility and involved the need for unimpeded access to all areas of the facility and access to documents and staff for an interview. A review of the in-brief purpose and process was discussed during the kickoff meeting. A scheduled review of the week was completed with the PREA Coordinator and included scheduling

out brief at the end of the onsite week for each facility as well as with the central office. The process and timelines for the interim report, corrective action, and recommendations were also reviewed with the facility.

The PAQ was completed by the facility on February 14, 2020.

C. Research: The auditor researched CRCF to ascertain if there were articles and information regarding PREA-related news or events and accomplishments. The auditor members several recent articles, regarding alleged sexual misconduct, and drug use by a staff member of the facility.

The facility's 2017 annual report posted to its public website was also reviewed.

The auditor reviewed the mandatory reporting laws for Vermont to ascertain who is mandated to report abuse or neglect of a vulnerable adult. This publication organizes the information in a user-friendly format and expressly demonstrates all staff members of the VTDOC are mandatory reporters in the state of Vermont: <https://dlp.vermont.gov/aps/mandatory-reporting>.

D. External Contacts: External organizations were contacted before the on-site audit phase including Just Detention International (JDI) and the Hope Works. Just Detention International reported having not received any information regarding sexual safety at the Chittenden Regional Correctional Facility(CRCF) in the last 12 months. Hope Works, who has a Letter of Agreement (LOA) with CRCF to provide emotional support services, a 24/7 crisis support line, specialized counseling, accompany victims to the hospital for forensic medical examinations, and provides notification of allegations of sexual abuse and sexual harassment originating within the jail to CRCF officials was contacted via email and did not respond to the auditors request for an interview.

E. Listing of Allegations: The CRCF has 20 certified PREA investigators who

conduct and are responsible for administrative investigations. Administrative cases involving staff may be conducted by the Vermont Department of Human Resources Investigative Unit (DHRIU) and Criminal investigations are conducted by the Vermont State Police (VSP) During the onsite audit phase, the facility reported the following:

Allegation Type	SUB	UNSUB	UNF	Pending
Inmate on Inmate Sexual Harassment	2	2		
Inmate on Inmate Sexual Abuse	3	5	1	
Staff on Inmate Sexual Harassment			1	
Staff on Inmate Sexual Abuse	1	2	6	2

Of the 25 allegations reviewed, 24 were administrative investigations and one criminal investigation.

2. Onsite Audit Phase

The rated capacity of the facility is 196 inmates. On February 24, 2020, the first day of the onsite audit, the inmate population of the facility was 136 inmates. On February 25, 2020, it was 135. It was 136 on February 26, 2020, the last day of the onsite audit phase.

CRCF is made up of one building and houses all custody levels. There is a total of 8 housing units that are multiple occupancy cells. The facility has a designed capacity of 196 inmates.

Site Review: The auditor arrived at CRCF on February 24, 2020, at 7:30 am and met the PREA coordinator and PREA Compliance Manager. The public access staff verified the identification of the auditor and issued her a badge daily access into the facility. At 8:00 am an in-brief meeting was held in the Superintendent’s Conference Room, attended by members of the facility and the auditor. During the meeting, the auditor explained the audit process and expectations. CRCF leadership in attendance included Superintendent Stone,

PREA Coordinator Jennifer Sprafke, PREA Compliance Manager Amy Jacobs, Jail Security, Mike Miller, Medical/Mental Health Staff, and Living Unit Supervisor (LUS)/Caseworker, Ruthie Holmes. Following the in-brief, the auditor was escorted by the CRCF staff for an extensive site review of the facility.

The audit team toured and reviewed the following locations/areas:

- Administration
- Education
- Kitchen
- Chapel
- Laundry
- General Population units
- Gymnasium
- Counselor's Offices
- Intake
- Segregation and Protective Custody Units

The auditor observed processes and talked with the staff at intake to observe the procedure for booking, intake, classification, property, searching, PREA education, and screening protocols while the inmates are being processed into the jail. She observed and reviewed camera placement, potential cross-gender viewing of shower and toilet areas, placement of PREA education materials, placement of PREA reporting options, and the functionality of those reporting options. Particular attention was given to camera placement, lines of sight, privacy for inmates in bathrooms, showers, and changing areas, PREA reporting signs, victim advocacy signage, door, and key security, inmate movement, and staff and inmate interactions. The auditor also stayed alert to blind spots and found few areas of concern, that could benefit from adding windows and doors to assist in monitoring the area. The position was discussed with Superintendent Stone during the site review.

The box for the receipt for grievances/requests for administrative remedies was observed by the auditor on the unit. Grievance forms were readily available in all units.

The housing units were double-cell units with open day room spaces. A gymnasium is available for inmates to exercise during the winter months. Toilets are in a separate area within the unit and have barrier walls for privacy as well as a partial door to the housing area affording the inmates privacy. In the shower area, doors and shower curtains were observed as having the capability to prevent cross-gender viewing from camera angles as well. It was noted that throughout the site review cross-gender announcements were generally being made by staff. At times, the staff involved in the tour made the announcements.

PREA education materials were presented in brochures, in Resident Handbooks, and verbalized by the caseworkers when educating the inmates. There were PREA reporting posters and newsletters in the housing units. The poster displayed information on reporting sexual abuse through the phone system to an answering service. The phone number on the poster was tested. A return message was left for the auditor indicating receipt of the test phone call. The call was promptly returned.

The auditor also conducted informal interviews with staff and inmates encountered while on the site review in the various areas. She observed the audit notification in various locations throughout the facility, including the inmate housing units, programming and work areas, staff, and visitor access areas to ensure that CRCF staff, inmates, and visitors had the opportunity to contact the auditor. The Notices of Audit were posted in English and Spanish.

The auditor asked the booking staff to walk them through the entire booking process from intake, screening, classification to housing assignment, and also discussed the grievance and mail process.

3. Interviews:

The auditor requested and was provided with rosters of staff available at the facility for the days of the audit, indicating post and shift hours. Also, rosters were received indicating which individuals filled specialized staff positions. The randomly selected staff from the facility rosters representing a diverse sampling of staff to include male and female, various job responsibilities, job assignments, levels of experience, sworn, and civilian.

A roster was received detailing all inmates housed at the facility on each day of the audit, along with rosters of some of the targeted categories of inmates that could be readily identified. These rosters were used to select the staff and inmates to participate in random, targeted, and specialized interviews. The facility did identify and provided rosters of LEP, LGBTI, and disabled inmates.

The auditor conducted a total of 21 inmate interviews out of a population of 136 inmates in population on the first day of the audit. This number consisted of 14 random inmates, being interviewed and 7 targeted inmates being interviewed. Inmates were interviewed from every housing unit and security classification, with diversity in age, race, and gender. There were 2 transgender or intersex inmates available for interviews.

The auditor conducted 15 random staff interviews out of 172 staff employed who have contact with inmates. The audit team also conducted 24 interviews with specialized staff. Some specialized staff had multiple responsibilities and provided information to interviewers from multiple specialized staff interview protocols. Staff members were interviewed from all shifts, and the auditor interviewed both sworn and civilian staff. The superintendent and Agency Head were also interviewed.

Formal interviews were conducted with inmates in private offices on the counselor's office area and formal staff interviews were conducted in the Warden's Conference room to ensure confidentiality.

The facility does have access to a language line for interpretation services for non-English speaking inmates.

Interview Selection Methodology:

Random and Targeted Inmates:

The audit team's inmate methodology selection was as follows: • Auditor conducted 14 interviews of random inmates, selected at random using every 3rd name on the inmate roster for each level.

The auditor conducted 7 interviews of targeted inmates selected inmates were from the following targeted populations: (several of these inmates match multiple categories, but we only counted in one category)

Category and number of inmate interviews in that category:

- Inmates with a Cognitive Disability- 1
- Inmate with a Physical Disability- 1
- Transgender and intersex inmates- 2
- Inmates who disclosed victimization during a risk assessment- 3
- Inmates who identified as Gay, Lesbian, or Bisexual -2
- Inmates who Reported Sexual Abuse- 2

Random Staff:

- Auditor conducted 15 interviews with random staff. The auditor's random staff methodology selection was as follows:
- The auditor made random selections from staff rosters each the first day and second of the onsite week.

- The auditor selected 15 random staff, choosing 8 from 7:30a-3:30p shift, 6 from 3:30p-11:30p shift, and 1 from the 11:30p-7:30a shift.

Specialized Staff:

The auditor conducted 24 interview protocols with specialized staff, with some staff members being asked questions from multiple interview protocols based on their assigned job responsibilities. The interviews conducted with specialized staff were as follows: PREA Coordinator, Agency contract Administrator, Human Resources, Volunteers, Intermediate or higher-level, Investigators, Staff who Monitor Retaliation, Staff who supervise Segregated (Isolation) housing, Staff who conduct screening, Medical, and Mental Health staff, Line staff who supervise Youthful Inmates, Contractors, Intake and Classification staff, Non-medical staff who conduct strip searches, Agency head, Education/Program staff for Youthful inmates, SANE, Incident Review Team member, First responder, and Non-security First responder.

4. File Review Methodology (Staff, Volunteers, and Contractors):

The auditor's file review methodology selection was as follows:

From the 132 staff and Volunteers identified, 70 files were selected for review. The employee file review for hiring and promotion requirements was conducted in the human resources department. The Volunteer file review for training requirements was conducted in the training department. All staff names were selected from the roster provided that included new staff, more seasoned staff, administrators, supervisory staff, line staff, volunteers, and contractors (medical). These names were also used in reviewing their training records.

The sampling of files the auditor selected were twenty (20) investigators, thirty-two (32) medical, two (1) civilian records clerks, fifteen (15) correctional officers, and

two (2) volunteers files to review.

File Review Methodology (Inmate):

The auditor's file review methodology selection was as follows:

Fifteen(15) inmate names and associated files were selected from a pool of all known victims/abusers targeted categories and some random inmates to ascertain the following documentation:

Date and time when the initial Risk Assessment and re-assessments were conducted

Applicable medical and mental health follow-up for disclosing prior victimization

Receipt of PREA information during the intake process Comprehensive education provided within 30 days of intake.

Category and number of inmate files reviewed:

Cognitive or Physical Disability- 2

Random inmates- 10

Inmates who reported SA or SH - 3

Inmates who disclosed victimization during a risk assessment- 2

Other files reviewed included:

Investigations Files - 25

Grievances - Selection from a list of all sexual abuse, sexual harassment, or PREA-related filings and any from known victim inmates

Logs of Unannounced Rounds

5. Facility Debriefing on the last day of the onsite audit:

On February 26, 2020, at 11:30 am the audit team conducted an out-brief with the facility leadership. The audit team presented the strengths, challenges, and encountered barriers to the facility leadership, which were as follows.

Facility strengths:

- PREA Compliance Manager's Completion of the PAQ
- Booking and Intake process
- Commitment to inmate privacy regarding cross-gender viewing.
- Good use of cameras for the prevention and detection of sexual abuse and sexual harassment.
- DIVA's Program and resources available to the inmates

Facility challenges:

- Training of staff for responding to incidents
- Cross Gender Announcements
- Doors that need windows added for viewing into the counselor's/caseworker's offices- a work order was immediately generated to have the work completed.
- Combining the Central Office and Local Resident Handbooks

Barriers encountered:

There were no barriers encountered during the documentation review, site review, informal interviews with random staff and inmates, formal interviews with random and specialized staff, and formal interviews with random and targeted inmates.

Conclusion:

At the end of the out brief, the facility administrative staff asked questions, sought clarity, and the auditor discussed the next steps to include additional requests for documentation and the receipt of the interim report within the next 45 days.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 Chittenden Regional Correctional Facility is located in South Burlington, Vermont near Burlington, Vermont in Chittenden County. The facility was opened in 1972. The facility houses female inmates. The facility provides dining, recreation, health care, and mental health services, academic and vocational programs. The Chittenden Regional Correctional Facility is also a reception facility. In that regard, its role is to intake offenders locally and process them into the Department. It houses inmates classified to multiple levels of security. At the time of the audit, the facility held approximately 136 offenders. There is one building that houses offenders. The general population building is currently divided into eight housing Units. The Chittenden Regional Correctional Facility is clean and well maintained, despite being 48 years old.

The facility is direct supervision and has a designed facility capacity of 196 and a current average daily population of 158. The facility houses male and female inmates from local, state, and federal jurisdiction. The agency does not house any youthful offenders under the age of 18. There are 8 living units on one floor. The standard unit has cells surrounding a central Day Area where meals are served, and leisure time is spent. Most cells accommodate two offenders, but "double-celling" is determined based upon the classification. All prisoners are "classified" according to their security and program support needs and are assigned to pods based on classification within 72 hours of admission. Medical services are provided within the institution, including hospital and clinic services.

The Chittenden Regional Correctional Facility currently employs 172 staff who have regular contact with inmates. The facility is equipped with 133 cameras located inside and out. Officers in Central Control monitor these cameras 24 hours a day, 7 days a week. There are safety and emergency communications systems to increase the safety of employees and inmates.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	4
Number of standards met:	41
Number of standards not met:	0

The on-site audit was completed February 24-February 26, 2020. The interim report was provided April 1, 2020, to the Vermont Department of Corrections Central Facility reporting the following:

Exceed Standards: 04

Meets standards: 34

Did Not Meet standards: 07

Exceeded Standards:

115.21, 115.32, 115.42, 115.53

Met Standard:

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.22, 115.31, 115.33, 115.34, 115.35, 115.43, 115.51, 115.52, 115.54, 115.61, 115.62, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.87, 115.401, 115.403

Did Not Meet Standard:

115.41, 115.63, 115.64, 115.73, 115.86, 115.88, 115.89

Critical Update on standard 115.51:

On or about July 31, 2020, the auditor was contacted by the PREA Coordinator regarding a conversation she had with the Prisoner's Rights Director. The Director informed the PREA Coordinator that Prisoner's Rights do not report all incidents to the agency and that as an advocate for inmates they would not provide information reported to the agency. This caused a dilemma as the agency must provide a public or private entity or office that is not part of the agency, and that can receive and immediately forward

inmate reports of sexual abuse and sexual harassment to agency officials. The auditor informed the PREA Coordinator that this information would alter the status of the standard to non-compliant.

Corrective Action Updates:

115.41 On April 20, 2020, the Information Technology Team revised some script in the system that now limits which, the staff has access to viewing completed Risk Assessment Screenings. The inmates/Booking offer that completes the initial screening, supervisors, counselors, and the PREA Compliance Manager has assessed.

115.89 On August 31, 2020, The VDOC update their website to include PREA reports for facilities that they contract with for housing inmates.

115.63 On August 31, 2020, the facility has presented a sample where it was determined an inmate was allegedly abused and the facility made the necessary notifications within 72 hours.

115.86 On August 31, 2020, CRCF has implemented a new protocol and procedure to ensure that all cases are reviewed within 30 days of the close of the case. Additional reviews of cases completed were conducted to ensure compliance.

115.73 On September 1, 2020, CRCF has implemented a new protocol and procedure to ensure that all victims are notified of the outcome of their case at the close of the investigation. Additional reviews of cases completed were conducted to ensure compliance.

115.64 On September 11, 2020, the facility provided confirmation of retraining for all staff in the facility. Five staff members were not retrained due to being out on extended leave. These staff will have to complete the training upon returning to duty.

115.88 On September 22, 2020, the agency updated the agency website to include the 2017-2018 and 2018-2019 annual reports, which 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.

115.51 On September 24, 2020, the PREA Coordinator provided a Memorandum of Understanding signed and dated September 24, 2020, between the Vermont Department of Human Resources and the Vermont Department of Corrections, agreeing to receive and forward inmate reports of sexual abuse and sexual harassment to agency officials. A minor change was needed on the MOU to clarify that the Vermont Department of Human Resources would accept all complaints of sexual harassment and sexual abuse was needed and the MOU was revised on September 28, 2020. Postings were made in the facilities and inmates were alerted of the new process. The agency updated information on posters, kiosks, and tablets to notify the inmates of the change in procedure. This concluded the corrective action required for compliance of this audit.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
<p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p>	
<p>a. Vermont Department of Corrections (VTDOC) Policy 409.09</p>	
<p>b. Pre-Audit Questionnaire (PAQ) completed by VTDOC</p>	
<p>c. Organizational Chart</p>	
<p>2. Interviews:</p>	
<p>a. PREA Coordinator</p>	
<p>b. PREA Compliance Manager</p>	
<p>Findings:</p>	
<p>The VDOC policy 409.09 addresses the Prison Rape Elimination Act. The agency's policy mandates a zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is addressed on page one of the policy. The policy outlines, on pages 2 & 3 how the PREA standards are implemented and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is expected and does follow the department's policy. Interviews were conducted on site with the PREA Compliance Manager and Superintendent to confirm the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. It was also apparent through the facility walk through that the facility takes sexual safety seriously through the observation of PREA posters, PREA Newsletters, informational pamphlets, and also through educational programs. The policy pages 3-8 contain definitions as required by the standard. Sanctions against PREA related incidents are covered in policy 410.01, Facility Rules and Inmate Discipline. PREA policy 409.09 addresses agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. These</p>	

strategies are covered on pages 2, 3, and 10-23 of policy 409.09.

The facility has a designated PREA Compliance Manager. The compliance manager indicated that she does not have sufficient time to coordinate the facility's efforts to comply with the PREA standards. As with most governmental agencies, staff are required to juggle a plethora of duties and are expected to complete each of the duties in a timely fashion. I observed that the PREA Compliance Manager's authority to coordinate the facility's efforts to comply with the PREA standards. Many long days were required to ensure that the PREA related tasks were completed. While the required work is being completed, often by working hours, it is suggested that some of the PREA related duties be distributed amongst other staff in the future to assist in efficiency of the processes. The PREA Compliance Manager also serves as the Asst. Superintendent of the facility and has the requisite authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports directly to the Superintendent of the facility.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Contract with CoreCivic signed 9.17.18 2. Interviews: <ol style="list-style-type: none"> a. Agency Contract Administrator <p>Findings:</p> <p>The Vermont Department of Corrections (VTDOC) has contracted with CoreCivic to house inmates on their behalf. The most recent contract was entered on September 17, 2018. The term of the contract is two years. The contract requires that the contractor adopt and comply with the PREA Standards. The DOC does not have any current contracts for confinement that do not require compliance and adoption of the PREA Standards. The current contract specifies that the Contractor will comply with the PREA of 2003 (28 C.F.R. Part 115, Docket No. OAG-131. RIN 1005-Dated May 17, 2012) as noted on page 10 of the contract, and will adopt all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the Contractor's facilities that house State inmates. State staff has the right to conduct announced and/or unannounced, compliance monitoring to include "on-site" monitoring to ensure that the contractor is complying with PREA standards. This is standard verbiage for contracts for confinement as established through the Agency's PREA policy 409.09.</p> <p>The contract monitor monitors for compliance with all PREA Standards. In interviews with the contract monitor, I determined that the contract monitor regularly reviews the contractor and their work as it applied to PREA. The contract monitor did express some concern that the</p>

contractor may not be completing all investigations according to the standards and they are in the process of seeking clarification on a couple of cases of concern. The auditor reviewed the first case of concern and determined that with the information available in the investigation, it was not appropriate to indicate that the case was sexual in nature as while there was an inappropriate relationship, there was no proof that it was sexual in nature. In the other case, it appears as though CoreCivic closed an investigation when an employee left their employment rather than completing the investigation. VTDOC Contract administrators are working to get some resolve in this case.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Organizational Chart 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>Findings:</p> <p>The facility has a formalized, written staffing plan that addresses the mandatory elements required by the standard. The staffing plan is reviewed annually for consideration of needs to improve sexual safety in the facility. The facility, in collaboration with the PREA Coordinator, review the staffing plan to determine if adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. A copy of the staffing analysis was secured during the pre-audit phase. The CRCF uses overtime if needed to maintain minimum staffing levels. Daily reports are used to document any deviations from the staffing plan. An annual review is completed to determine if adjustments are needed. CRCF officers are required to complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented on the supervisor's daily activity report. The facility has 133 cameras that are monitored by control staff to aid in supervision. There were no blind spots identified in the</p>

areas where inmates have access. The facility uses a screening system to identify vulnerable inmates during the initial screening process prior to placement in a cell. Vulnerable inmates are placed alone in cells adjacent to the officer's desk and extra observation rounds are conducted for heightening security. In order to verify that intermediate or higher-level supervisors conduct unannounced rounds, I reviewed logbook entries and compared the logbook entries to video footage in order to verify the rounds were conducted. In interviews with the intermediate and higher-level supervisors, I determined that unannounced rounds are conducted sporadically and without warning to the staff. Supervisors vary their routes throughout the facility and never announce that they are making rounds. Rounds were verified for day and night shifts.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Vermont Department of Corrections Policy 326.01.02 dated 10.16.13 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager <p>The Chittenden Regional Correctional Facility does not house inmates under the age of 18 at this facility.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Vermont Department of Corrections Policy 326.01.02 dated 10.16.13 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Staff b. Random Sample of Inmates c. Transgender or Intersex Inmates <p>Policy 409.01 governs pat searches of inmates. Staff only conduct a cross-gender strip or cross-gender visual body cavity searches of inmates in exigent circumstances. In the past year, there have not been any exigent circumstances that required cross-gender strip searches. During the audit, I found that male staff do not pat search female inmates. If a female inmate enters the facility and a female officer is not available to conduct a search the inmate is checked with a wand (for metals) and secured in a holding cell until a female officer is available to conduct the pat search.</p> <p>Policy 409.01.01 requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches be documented. I have reviewed documentation of these searches generated from reports in the OMS system, Jail Tracker. Agency policy requires staff members of the opposite gender to announce their presence when entering an inmate-housing unit. Interviews with inmates confirm that staff members announce their presence. One inmate indicated that she does not always hear the staff member as he is soft-spoken. Inmates also confirmed that they can shower, perform bodily functions, and change</p>

clothing without a 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. During the facility tour, I observed that the showers are in a separate location in the housing unit, providing for additional privacy from staff. Staff would have to physically enter the shower area to observe inmates.

Agency policy prohibits the searching of transgender or intersex inmates for the sole purpose of determining their genital status. Interviews with staff and inmates verify that this is not being done. I was able to interview three transgender inmates who confirmed that were not searched for the sole purpose of determining their genital status. Each offender was asked how he identified during the intake process. If an inmate's genital status is unknown, the facility determines the genital status through conversations with the inmate, 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. I interviewed three transgender or Intersex inmates that verified that they were asked about their genital status or the information was gleaned through medical. Inmates also complete a gender identity preference form that is provided to the facility at intake.

The majority of facility staff members have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. In interviews with staff, I asked staff to explain the process of conducting a cross-gender pat search as well as a search of transgender and intersex inmates. The staff was well versed in conducting searches in a professional and respectful manner.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. VTDOC Policy 371.01 ADA d. ADA Handouts provided to inmates e. Interpreter Access Cards and Telecommunications for Language lines f. Telelanguage Contract dated 5.1.2016 <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Inmates with Disabilities c. Random Sample of Staff <p>According to the interview with the Agency Head, the agency takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. He expounded on the resources that have been made available to inmates. PREA handouts and inmate handbooks are provided in English and Spanish languages. The agency also has a contract for other language interpretations and utilizes the services when warranted. The VTDOC contracts with Public Communication Services, Inc. for telephonic interpreters. There are some bilingual staff members who speak Spanish and both inmates and staff confirmed that inmates are not used as interpreters for issues with sexual abuse and sexual harassment. The facility also has a PREA brochure in Braille if they have a blind inmate. They have also incorporated the use of Purple, a technology that provides interpretation services for the deaf in both English and</p>

Spanish. In an instance where the inmate was cognitively deficient, the PREA information was explained to the inmate by her caseworker. The information is available through a video as well. The facility has access to a language line, a TTY machine, Braille handouts and staff are available to explain and educate offenders verbally on a level that they can understand. Interviews with inmates who suffer from disabilities or who are limited English proficient confirmed that the inmates are aware of the PREA Standards and were able to respond appropriately to questions asked by this auditor. The inmate indicated that her caseworker was made available to her to assist her in understanding. Agency policy 409.09, page 11, prohibits the use of inmate interpreters inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. Interviews with staff and inmates confirm that the policy is followed.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. List of Employees Hired and Promoted 2019 d. Random selection of personnel files of individuals hired and promoted in 2019 e. VTDOC Policy 122.01 Staff Selection and Promotion f. VTDOC Policy 376.01 Volunteer Services and Management Implementation Guide g. Background Checks of Volunteers and Contractors <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Administrative HR Staff at facility b. Administrative HR Staff at Headquarters <p>Policy 122.01 addresses the hiring, promotion, and discipline of staff and contains procedural guidelines that the agency must follow when considering hiring someone. The agency inquires about sexual abuse and sexual misconduct to include the questions detailed in 115.17 (a) in the written application and during the formal interviews. The applicant's responses are recorded and retained in the staff, contractor, or volunteer's file. The Vermont Department of Corrections conducts a reasonable investigation into the background of prospective employees, contractors, and volunteers, who, by the nature of the position to be filled, will have access to sensitive information, facilities, computer systems, clients, detainees, inmates, procedures, and/or reports. In order to minimize the State's risk exposure, this policy has been established to ensure fair and consistent evaluation.</p>

All candidates for full and part-time employment with the VTDOC undergo a comprehensive background investigation prior to being made a final offer. A review of staff and contractor/volunteer files indicate that thorough background checks are completed prior to hiring or contracting with individuals.

The agency inquires if the applicant has ever had an improper relationship with an inmate, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during the course of an investigation about their behavior/actions while employed as a law enforcement officer correctional officer at another location. The agency also inquires what the investigations were about and what is the status of that investigation, and if the applicant has ever been a party to a lawsuit as a result of their actions in the performance of their job. Interviews with staff indicated that they check the VCIC and NCIC III for criminal background checks and check the Sex Offender Registry as part of their background investigations. The agency imposes an affirmative duty for staff to disclose any misconduct. The agency provides 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 an employee has applied to work.

115.18	Upgrades to facilities and technologies
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 280">Auditor Discussion</p> <p data-bbox="252 327 1362 358">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 472 1326 504">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="347 618 1227 649">a. Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="347 692 1142 723">b. Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="347 766 1366 797">c. Email related to the procurement and installation of additional cameras <li data-bbox="347 840 730 871">d. A visual tour of facility <li data-bbox="347 913 951 945">e. Review of the video monitoring system <li data-bbox="252 1059 440 1090">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="347 1205 632 1236">a. Agency Head <li data-bbox="347 1279 767 1310">b. Warden/Superintendent <p data-bbox="252 1424 1485 1671">Interviews with the agency head and warden/Superintendent staff indicate that consideration is afforded when modifying, expanding, or designing a facility. There have not been any major structural modifications or construction since the last PREA audit. The CRCF has added multiple cameras to the video monitoring system since the last audit, at the suggestion of the auditor. The facility now has 133 cameras in the facility. Documentation of how the technology could enhance the agency's ability to protect inmates from sexual abuse was provided.</p> <p data-bbox="252 1785 1453 2031">Video footage is recorded and maintained for approximately thirty days, depending on the activity or movement within the facility. The facility uses a combination of standard digital video cameras and pan-tilt-zoom cameras to better monitor the facility. I observed cameras placed throughout the facility consistent with the schematics provided during the facility tour. I also reviewed the cameras to determine if there were any obvious blind spots while reviewing footage of unannounced rounds for standard 115.13.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Email with Just Detention International d. MOU with Vermont State Police e. MOU with Agency of Human Services Investigation Unit, now known as Vermont Department of Human Resources f. National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Second Edition, April 2013 g. Hope Works LOA <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Staff b. SANE/SAFE c. Just Detention International (via email) d. PREA Compliance Manager e. Inmates who reported Sexual Abuse <p>The agency is responsible for administrative and criminal sexual abuse investigations. The agency shares responsibility for administrative investigations with DHRIU. All criminal investigations are completed by Vermont State Police. Facility staff may be involved in conducting some administrative investigations but would never be responsible for conducting an administrative sexual abuse claim. The Vermont Department of Human Resources</p>

Investigative Unit (DHRIU) would investigate sexual harassment claims. The uniform evidence protocol was developed from the DOJ's National Protocol. All victims of sexual abuse access to forensic medical examinations, at the University of Vermont Medical Center, without financial cost, where evidentiarily or medically appropriate. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency documents its efforts to provide SAFEs or SANEs. The University of Vermont Medical Center Sexual Assault Program offers specialized emergency nursing care for both adults and child sexual assault victims 24 hours a day, seven days a week. The S.A.N.E. nurses at the University of Vermont Medical Center work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates and crime victims service providers. According to the PREA Compliance Manager, the facility contacts a victim's advocate prior to the victim leaving the facility for a sexual assault examination so they are aware that they will be needed at the hospital. The facility documents their efforts to provide a victim's advocate from the Rape Crisis Center to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The CRCF also has a program known as DIVA's in the facility that can provide a victim's advocate to inmates. DIVA's is not utilized for cases that occur at the facility, but they do have highly qualified contracted staff available to provide assistance to offenders. This service is extremely valuable to the facility in helping victims learn to process and deal with past trauma. The agency itself is not responsible for investigating criminal allegations of sexual abuse. The agency has requested that the investigating agencies follow the requirements of paragraphs (a) through (e) of section 115.21. The VDOC has entered into an MOU with each of these agencies. Each MOUs was signed in 2015. The LOA with Hope Works for Advocacy services was signed on July 30, 2019.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. MOU with Vermont State Police dated February 1, 2015 e. MOU with Agency of Human Services Investigation Unit dated February 1, 2015 (now known as the Vermont Department of Human Resources) f. Incident Protocols for responding to incidents of Sexual Harassment and Sexual Abuse g. Investigations Flowchart h. Investigative File Review i. PREA Allegation Log <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Investigative Staff <p>The agency ensures that an Administrative and Criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. This is required in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The publication describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at</p>

<http://doc.vermont.gov/programs/prea/prison-rape-elimiation-act-prea/>. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Documentation was verified upon review of investigative case files. The agency has successfully entered into Memorandums of Understanding with the Vermont State Police and with the Vermont Department of Human Resources Investigative Unit for conducting investigations. The MOUs provide a clear understanding of the various roles each agency would play in an investigation, which provides an excellent foundation and guideline for staff at each facility. The auditor also interviewed an investigator from the Office of Prisoner's Rights. The Prisoners' Rights Office (PRO) addresses a wide range of issues that deal with the fact, length and conditions of confinement and community supervision for people serving sentences. These include post-conviction relief criminal appeals, furlough, parole, and supervised community sentence eligibility and violations, health care, prison discipline, and sentence calculation. The investigator stated that inmates call them for a variety of concerns. When an incident comes to the attention of the PRO, the investigator speaks with the Superintendent of the facility to pass on information or concerns.

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. PREA Refresher Test d. PREA Examination given to all recruits in the Academy e. PREA Curriculum f. PREA Refresher Curriculum g. Sample of Training Records <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random Sample of Staff <p>Findings:</p> <p>VDOC provides all employees PREA training, which includes a lecture, video, PowerPoint presentation and a written examination. Staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. Review of the lesson plan demonstrates all of the required areas are reviewed. A review of staff training files indicates that all staff members have been trained. In addition to completing the training, staff are required to complete an examination showing their understanding of the training presented. Interviews of staff members demonstrated an understanding of the agency's zero tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment</p>	

in a confinement setting, The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired staff receives the initial PREA training prior to reporting to duty in the facility. During the interviews with a random selection of staff, I quizzed staff members on a variety of these topics and staff were able to respond appropriately. The training provided is specific to the gender of inmates the staff will supervise. If a staff member is transferred from another facility, the staff member would be appropriately be retrained. There were no staff transferred from another facility in 2019. Staff receive refresher PREA training every other year. In years in which an employee does not receive refresher training, the agency provides refresher information on current sexual abuse and sexual harassment policies. Employees also complete the training curriculum electronically to verify understanding of the training.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Sample Training Records d. Training Curriculum e. Medical Training Certificates <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Contractors and Volunteers <p>Findings:</p> <p>Contractors and volunteers at the CRCF are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that they are familiar with the agency zero tolerance policy and how to report an incident of sexual abuse or sexual harassment. All Contractors and Volunteers receive extensive training regarding PREA to include testing which far exceeds standard requirements. The agency should be commended for this high level of professionalism and regard for sexual safety in their prisons.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. State Inmate Handbook d. Sample of Inmate Orientation Forms e. Chittenden Regional Correctional Facility Handbook f. Random Sample of Inmate PREA Orientation Forms <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Random sample of Inmates b. Caseworkers who complete the training with inmates c. Intake Staff <p>Findings:</p> <p>Offenders at the CRCF are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment immediately upon entering the facility. Offenders are provided with a PREA brochure that details basic PREA standards as well as a list of resources available to them should they need. Offenders interviewed were familiar with the basics of PREA. The majority of offenders interviewed were able to articulate how they would report an incident to include reporting to staff, the PREA hotline, writing Prisoner's Rights, going through</p>

a third party, or in writing. Inmates are familiar with available outside resources for dealing with sexual abuse. CRCF also provides an in-house contractor that provides these resources and those that are interested to receive assistance from DIVAs. Offenders have the information at their disposal in the PREA Pamphlets that are given to them at intake. Caseworkers provide more in-depth training with the offenders within 72 hours of arrival at the facility. This far exceeds the 30-day requirement imposed by this standard. The facility provides education through a variety of mechanisms to connect with a broader range of learners. All offenders receive the required training regardless of where they came from being the streets, court, or another facility. PREA education is available in Spanish, English, and Braille. For offenders with limited reading abilities, vision or hearing problems, caseworkers provide the training in a format that is easily understandable for the offender. If an offender speaks a language other than Spanish or English, a language line interpretation would be provided for the offender. The facility documents this training and copies of the training are secured in the offender's file or the OMS. The facility does an excellent job of providing continuously available resources through the use of posters, PREA Newsletters, and Inmate Handbooks. The auditor observed posters, signage, and newsletters posted in each housing unit in the facility. One area where inmates struggled with the training was in how to report anonymously or without having to give their names. In discussions with the inmates, they were able to verbalize a variety of processes to report anonymously. A review of the pamphlet provided to all inmates includes this material, but a few inmates were not familiar.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Sample Training Records d. Training Curriculum e. Specialized Training Certificates <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Investigative Staff <p>Findings:</p> <p>While the more serious Administrative and Criminal investigations would be handled by the DHRIU or the Vermont State Police, CRCF has sixteen investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing 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. I have reviewed both the curriculum and the certificates of completion for the training and found them to be in compliance with the requirements of this standard. Investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor a sample of investigative files for completeness and thoroughness.</p>

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Pre-Audit Questionnaire (PAQ) completed by VTDOC c. Sample Training Records d. Training Curriculum e. Specialized Training Certificates <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 409.09, page 13, I, C addresses the training of all medical and mental health staff in the PREA standards. I have reviewed a sampling of training records of medical and mental health staff that regularly work in this facility and determined that they have received the appropriate training. There are currently 30 medical and mental health practitioners at this facility and 100% of them have completed the required training. Medical staff at CRCF do not conduct forensic medical examinations. All medical and mental health staff receive the training provided to contractors and volunteers in addition to the specialized training provided specifically for medical and mental health staff. Interviews with medical and mental health staff revealed that they have received the training and are well aware of the duties required of them if an incident of sexual abuse or sexual harassment presents itself to them.</p>

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- a. Vermont Department of Corrections (VTDOC) Policy 409.09
- b. Pre-Audit Questionnaire (PAQ) completed by VTDOC
- c. Sample Assessments and Reassessments
- d. Review of Random Sample of Inmate Files

2. Interviews:

- a. PREA Coordinator
- b. PREA Compliance Manager
- c. Staff who Perform Screening for Risk of Victimization and Abusiveness
- d. Random Sample of Inmates

Findings:

Agency 409.09, page 159, section 4 covers the completion of the Sexual Violence Screening during the booking or intake process. I interviewed intake staff, caseworkers and inmates to verify that the Sexual Violence Screening Instrument is being used effectively to determine if inmates have been designated as a victim or a predator to help ensure sexual safety of the facility. Inmates indicated that the questions required by this standard are asked upon entry into the facility. All screenings are conducted within 72 hours of intake. The agency utilizes a uniform

objective screening instrument to help determine if an inmate is vulnerable or possibly a predator. The objective-screening instrument considers each of the required components of this standard. Policy 409.09 mandates a thirty (30) day review of the Sexual Violence Screening Instrument. The auditor verified that 30-day reviews are completed in a timely manner. In addition to the thirty (30) day reviews, staff will reassess an inmate based on a referral, request, an incident of sexual abuse, or upon receiving additional information that may reveal additional insight into the inmate's vulnerability or likelihood of predation. Inmates are never disciplined for failure to respond to the sensitive questions included in the Sexual Violence Screening Instrument. A review of disciplinary and grievance records did not disclose any disciplinary acts for failure to respond to these questions. The agency does not currently have appropriate controls on the dissemination of responses to questions on the screening tool within the facility to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The agency has recently upgraded its use of the OMS system to include completion of the Screening Risk Assessment within the program. The agency was made aware of this issue during the on-site audits in February 2020 and they are working diligently with the IT department to develop a measure to correct this problem. As part of my review of this standard, I observed a random sampling of inmate files, interviewed intake and caseworker staff, and inmates. All interviews confirmed that the screening instrument is being used and that staff members are considering the responses to the instrument when considering placement of the inmates in housing. CRCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory in order to house them most appropriately.

Corrective Action Recommendation:

Secure access to the Risk Assessment Screen within the OMS system to institute restrictions on which staff have access.

Update: On April 20, 2020, the Information Technology Team revised some script in the system that now limits which staff members have access to viewing completed Risk Assessment Screenings. The inmate's Booking officer completes the initial screening, supervisors, counselors, and the PREA Compliance Manager have access.

115.42	Use of screening information
	<p data-bbox="248 168 927 203">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="248 248 523 284">Auditor Discussion</p> <hr/> <p data-bbox="248 329 1474 365">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="288 517 1406 553">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 674 1310 710">a. Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="349 754 1307 790">b. Vermont Department of Corrections (VTDOC) Policy 432.01 <li data-bbox="349 835 1219 871">c. Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="349 916 1066 952">d. Review of Random Sample of Inmate Files <li data-bbox="349 996 1034 1032">e. Review of Risk based housing decisions <li data-bbox="349 1077 1453 1113">f. Observation of Teams Meeting on-site to review housing assignments <li data-bbox="349 1158 1385 1238">g. Observation of Showers, housing units and toilet areas within the facility <p data-bbox="248 1440 456 1476">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1601 619 1632">a. PREA Coordinator <li data-bbox="349 1677 700 1709">b. PREA Compliance Manager <li data-bbox="349 1753 1075 1785">c. Staff who Perform Screening for Risk of Victimization and Abusiveness <li data-bbox="349 1830 703 1861">d. Random Sample of Inmates <li data-bbox="349 1906 1010 1937">e. Random Sample of Transgender, Intersex and LGBTQI Inmates <p data-bbox="248 2040 400 2076">Findings:</p>

Interviews with staff and inmates confirm that the risk screening instrument is being used and that staff are considering the responses to the instrument when determining placement of the inmates in housing, bed, work, programming and education assignments. CRCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory in order to house them most appropriately. The auditor was able to attend one of the multi-disciplinary team meetings and found it to be efficient and effective in analyzing and reviewing a number of issues within the facility. This program curtails many problems and helps the different disciplinary teams understand the dynamics faced with each decision, especially in regard determining individualized housing and program assignments helps to ensure the safety of each inmate. The multi-disciplinary team meetings far exceed the standard imposed by the Prison Rape Elimination Act and the facility is commended for going the extra mile in improving sexual safety within the facility. When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The transgender/Intersex inmate's own views with respect to his or her own safety given serious consideration when making CRCF has housed several transgender or intersex offenders in the past 12 months. Interviews with transgender or intersex inmates reveal that their own view of their safety is given consideration. They advise they are permitted to shower alone and that they have not been excluded from programming assignments based on their status. Interviews with the PREA Compliance Manager and staff stated they do conduct screenings of transgender/intersex inmates twice a year for any threats to safety experienced by the inmate. The auditor was able to review several samples of these reviews for verification of completion. The agency has a policy (409.09) that allows transgender/Intersex offenders the opportunity to shower alone. The agency does not maintain any dedicated units, wings or facilities to house LGBTQI offenders. They are not under any court orders, decrees or legal settlements or judgments to maintain separate wings, facilities or housing units.

115.43	Protective Custody
	<p data-bbox="248 168 896 203">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="248 248 523 284">Auditor Discussion</p> <hr/> <p data-bbox="248 329 1474 365">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 488 1426 524">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 645 1422 680">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 725 1474 806">b. Vermont Department of Corrections (VTDOC) Policy 432.01 Protective Custody <li data-bbox="347 851 1315 931">c. Vermont Department of Corrections (VTDOC) Policy 432.01 Administrative Segregation <li data-bbox="347 976 1230 1012">d. Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="347 1057 1442 1093">e. Review of housing assignments of Inmate that alleged sexual abuse <li data-bbox="347 1137 1091 1173">f. Visual Review of Segregation Housing units <p data-bbox="248 1375 456 1411">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1541 528 1576">a. Warden <li data-bbox="347 1621 919 1653">b. Staff Who Supervise Inmates in Segregation Housing <li data-bbox="347 1688 1461 1765">c. There were not inmates to interview that had been placed in segregation housing who allege to have suffered sexual abuse. <li data-bbox="347 1800 1023 1832">d. Casual interviews of inmates housed in segregated housing units. <p data-bbox="248 1953 400 1989">Findings:</p> <p data-bbox="248 2114 1382 2150">Agency policy 409.09, page 15, Section C, states that inmates at high risks for</p>

sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If inmates were placed in involuntary segregation housing, they would be permitted to attend or have access to programs, privileges, education, and work opportunities to the extent possible. Interviews with the Warden/Superintendent and staff who supervise restricted housing units indicate that if the access could not be accommodated, they would document that the opportunities that have been limited; The duration of the limitation; and the reasons for such limitations. In the past 12 months no offenders were placed in involuntary segregation based on the facility's inability to find alternative housing, therefore no inmates were located to interview for this standard in regard to involuntary segregation. Agency policy 409.09 does require that if the facility had to use involuntary segregation housing it would only be used until an alternative means of separation could be found, never to exceed 30 days. There were no cases of involuntary segregation due to victimization to review for the prior 36 months therefore there was no documentation of the facility's concern for the offender's safety or reasons why no alternative means of separation can be arranged. Policy 409.09, page 16, section 4, C allows for the reviews of status as protective custody are completed after seven days and every 30 days thereafter the initial seven-day period. Staff members interviewed that work segregation housing indicated that the reviews would be conducted according to policy. Again, there were no cases to review for compliance.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none">a. Vermont Department of Corrections (VTDOC) Policy 409.09b. Vermont Department of Corrections (VTDOC) Policy 315.02c. Inmate PREA Brochured. Resident Handbookse. PREA Postersf. Third Party Reporting Posterg. Just Detention International Posters for Staff and Inmates <p>2. Interviews:</p> <ul style="list-style-type: none">a. Random Sample of Staffb. Random Sample of Inmatesc. PREA Compliance Managerd. Prisoner’s Rights Office Investigator

Findings:

The agency provides multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, third party reporting posters throughout the facility. I observed at least one poster in each housing unit and most units also had the PREA Hotline Poster and PREA Newsletters posted. Interviews with a sampling of inmates revealed that inmates are familiar with a variety of ways to report a PREA incident. The information is also readily available in the Resident Handbook and the PREA Pamphlets provided during intake. Inmates were familiar with the mechanisms available for privately reporting a case of sexual harassment or sexual abuse, how to report retaliation, and staff neglect. Most inmates indicated that they would tell an officer or their caseworker. The offenders feel comfortable with reporting directly to the officers in this facility. The agency has provided at least one way for an offender to privately report an incident to a public/government or private entity that is not a part of the agency. The mechanism that most offenders referred to is the use of the Prisoner's Rights. Offenders may write a letter to Prisoner's Rights. Prisoner's Rights does have a telephone number, but inmates may have their pin authorized to call Prisoner's Rights. Prisoner's Rights must authorize the call. The auditor interviewed an investigator from Prisoner's Rights. The investigator stated that the Prisoner's Rights would promptly forward information to the facility concerning a PREA complaint. Offenders may remain anonymous in the complaint. Agency policy 315.02 addresses Foreign Nationals. The policy requires that inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Interviews with intake staff reveal that they are aware of the policy and directives. Policy 409.09, Page 16, Section 5 addresses reporting. Staff members are mandatory reporters of all incidents of sexual harassment and sexual abuse. Interviews with staff reveal that they are well aware of this requirement. Staff also indicated that they are required to document all complaints in writing. When asked how staff could privately report an incident of sexual harassment or sexual abuse, most staff indicated that they would report the incident directly to their supervisor. They also advised that they could send an email, drop an

anonymous note, call Prisoner's Rights, or call the PREA Hotline, which goes directly to the Central Office at the VDOC.

Update:

On or about July 31, 2020, the auditor was contacted by the PREA Coordinator regarding a conversation she had with the Prisoner's Rights Director. The Director informed the PREA Coordinator that Prisoner's Rights do not report all incidents to the agency and that as an advocate for inmates they would not provide information reported to the agency. This caused a dilemma as the agency must provide a public or private entity or office that is not part of the agency, and that can receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. The auditor informed the PREA Coordinator that this information would alter the status of the standard to non-compliant.

On September 24, 2020, the PREA Coordinator provided a Memorandum of Understanding signed and dated September 24, 2020, between the Vermont Agency of Human Services and the Vermont Department of Corrections, agreeing to receive and forward inmate reports of sexual abuse and sexual harassment to agency officials. A minor change was needed on the MOU to clarify that the Vermont Agency of Human Services would accept all complaints of sexual harassment and sexual abuse was needed and the MOU was revised on September 28, 2020. Postings were made in the facilities and inmates were alerted of the new process. The agency updated information on posters, kiosks, and tablets to notify the inmates of the change in procedure.

115.52 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- b. Vermont Department of Corrections (VTDOC) Policy 320.01 Grievances
- c. Inmate PREA Brochure
- d. Central Office Resident Handbook
- e. Third Party Reporting Poster
- f. Chittenden Regional Correctional Facility Resident Handbook

2. Interviews:

- a. Inmates Who Reported Sexual Abuse

Findings:

Agency policy 320.01, page 5, section b and Page 8, Section 9, govern the grievance system for sexual abuse claims and specifically emergency grievances. The memorandum that revised the Grievance policy dated 09.23.2014 clarifies that an inmate may file a grievance regarding sexual abuse without a time limitation. The offender is not required to use the formal grievance procedures or to submit a complaint to his/her alleged abuser in order to file a complaint or grievance. The memorandum states that the offender can give the grievance to any staff member. Staff that receive a formal grievance alleging sexual abuse are required to forward it to their supervisor or another supervisor who is not the subject of the alleged abuse. The memorandum requires staff to address the grievance and issue a final determination on the case within 90 days. A 70-day extension can extend the response if needed. The facility has received 1 grievances quasi-related to sexual misconduct in the past 12 months. The grievance indicated that a staff member was overheard calling an inmate babe. This did

not rise at the level of an emergency grievance. A review of grievances indicates that all grievances are taken seriously and responded to in a timely manner. None of the cases reviewed extended beyond the 90-day limitation.

The Central Resident Handbook, page 18, includes information notifying the inmate in writing of any such extension and provide a date by which a decision will be made. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance, and the Resident Handbook also includes information regarding how inmates may have assistance in utilizing a third party including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies. The CRCF Resident Handbook, pages 20-21, provide inmates with detailed information regarding filing a PREA related grievance to include requirements in responding, lack of time limitations for filing, submission of the grievance and the ability to have assistance in preparing the grievance and specifically procedures for filing an emergency grievance.

Agency policy 320.01 Memo Revision in 14.b addresses the duty to provide an initial response within 48 hours, and that a final agency decision be made within five days. A review of inmate grievances and disciplinary actions for 2019 indicates that the facility does not discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

Best Practice Recommendation:

Combine the Central Handbook and the local resident handbook into one document that provides all of the PREA related information in one place. Having different bits of information in the two documents makes it difficult to grasp all of the rules governing PREA.

115.53	Inmate access to outside confidential support services
	<p data-bbox="248 168 927 203">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1474 365">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 488 1426 524">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 647 1414 683">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 728 1469 763">b. PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="347 808 999 844">c. MOU with Just Detention International <li data-bbox="347 889 775 925">d. LOA with Hope Works <li data-bbox="347 969 794 1005">e. Inmate PREA Brochure <li data-bbox="347 1050 874 1086">f. Inmate Education Information <li data-bbox="347 1131 940 1167">g. Posters and signage in the facility <li data-bbox="347 1211 1035 1247">h. Immigration Information related to PREA <p data-bbox="248 1442 456 1478">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1603 783 1639">a. Inmates Who Reported Sexual Abuse <li data-bbox="347 1684 715 1720">b. Random Selection of Inmates <p data-bbox="248 1825 400 1861">Findings:</p> <p data-bbox="248 1984 1481 2119">CRCF provides a victim advocate for any inmate needing to speak with an advocate. In addition to having the DIVAs program in house, outside advocates are available to all offender victims of sexual abuse. Offenders are provided the names, addresses,</p>

and telephone numbers of several advocacy groups in the PREA Pamphlet and in the Resident Handbook. Offenders interviewed were familiar with the availability of services and some could actually provide specific names of the agencies. Offenders are aware of where the information is located and how to contact them if needed. Offenders are also provided with immigrant services agencies for persons detained solely for civil immigration purposes. Offenders are afforded access to these services via mail or telephone in as confidential a manner as possible. Page 26 of the Resident Handbook states, "All telephone conversations, with the exception of privileged communications (lawyer phone), shall be recorded and may be monitored." I was unable to locate an inmate that had reported sexual abuse. I interviewed Medical and Mental Health staff to determine that they inform inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

The agency has entered into an LOA with Hope Works and Just Detention International to provide inmates with emotional support services related to sexual abuse. The LOA with Hope Works was signed on July 30, 2019. Just Detention International provides *An Inside Line*, is a **FREE, unrecorded, unmonitored, anonymous and confidential** sexual abuse and sexual harassment emotional support line for Vermont DOC prisoners. This memorandum was dated January 17, 2020.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. Third Party Reporting Poster/Signage d. PREA Posters e. Agency Website <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Investigative Staff <p>Findings:</p> <p>The VDOC has provided a mechanism for third party reporting. The policy is posted on the DOC website located at http://doc.vermont.gov/programs/prea/prison-rape-elimination-actprea/. The website also provides a printer friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff indicate that all third-party reports will be taken seriously and followed up on appropriately. Third Party Reporting posters/signage were observed throughout the facility to include areas of egress where visitors and attorneys would pass through on a regular basis.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="248 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 282">Auditor Discussion</p> <p data-bbox="248 327 1246 409">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="248 533 1426 571">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="347 692 1422 730">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 772 1426 810">b. Vermont Department of Corrections (VTDOC) Policy 405 Reporting <li data-bbox="347 853 1469 891">c. PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="347 934 979 972">d. Random Sample of Incident Reports <li data-bbox="248 1093 456 1131">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="347 1173 735 1207">a. Medical and Mental Health Staff <li data-bbox="347 1249 671 1283">b. Random Sample of Staff <li data-bbox="347 1326 528 1359">c. Warden <li data-bbox="347 1402 619 1435">d. PREA Coordinator <p data-bbox="248 1547 400 1585">Findings:</p> <p data-bbox="248 1704 1481 2130">Agency policy 409.09, page 9, section b requires all staff, contractors and volunteers to immediately report 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with a random sample of staff confirm that they are required to report and knowledge, suspicion or information regarding sexual harassment or sexual abuse, retaliation or staff neglect. Staff are familiar that they should not share private information surrounding a claim or incident of sexual</p>

harassment or sexual abuse other than disclosing the information to their supervisor(s) or other staff in order to assist in making treatment, investigation, and other security and management decisions. Interviews with Medical and Mental Health staff revealed that apart from reporting to designated supervisors or officials, medical and mental health staff refrain 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 unless prevented by Federal, State or local law. While the facility does not house offenders under the age of 18, if they were to have a vulnerable adult in the facility that claimed sexual harassment or sexual abuse, they would be required to report the allegation, including third-party and anonymous reports, to the facility's designated investigators. A review of Investigative reports reveal that the agency investigates reports made by third-party or anonymous complainants.

115.62	Agency protection duties
	<p data-bbox="248 168 896 201">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="248 246 523 280">Auditor Discussion</p> <hr/> <p data-bbox="248 407 1474 443">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 564 1426 600">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 725 1422 759">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 801 1474 887">b. Vermont Department of Corrections (VTDOC) Policy 410.05 Protective Custody <li data-bbox="347 929 1466 965">c. PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="347 1008 1426 1093">d. Vermont Department of Corrections (VTDOC) Policy 320.01 Inmate Grievances Memo <p data-bbox="248 1218 456 1254">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1382 576 1411">a. Agency Head <li data-bbox="347 1453 528 1482">b. Warden <li data-bbox="347 1525 671 1554">c. Random Sample of Staff <p data-bbox="248 1677 400 1713">Findings:</p> <p data-bbox="248 1839 1458 2116">Agency policy 409.09, page 2, number 2 requires staff to take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse. Interviews with staff indicated that staff members are cognizant of their duties to protect all inmates, especially those that are at risk of imminent sexual abuse. Staff interviewed stated they would take every precaution necessary to protect the individual by separating them from the potential abuser, maintaining a visual on the</p>

individual, and contacting their supervisor in order to make more permanent arrangements in protecting the individual. In the past year, sixty-three inmates were identified as vulnerable upon intake into the facility. All of the cases were addressed within 24 hours of learning the inmate is at risk of sexual abuse. There were no cases where inmates were identified as a substantial risk of imminent sexual abuse. I interviewed a random sample of staff as well as the Warden/Superintendent to verify that offenders at imminent risk of sexual abuse would be protected in order to prevent the abuse from happening.

115.63	Reporting to other confinement facilities
	<p data-bbox="248 168 896 201">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="248 246 523 280">Auditor Discussion</p> <hr/> <p data-bbox="248 324 1476 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 481 1428 515">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 638 1412 672">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 716 1468 750">b. PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="347 795 909 828">c. Review of Investigative Reports <p data-bbox="248 952 454 985">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1120 574 1153">a. Agency Head <li data-bbox="347 1198 526 1232">b. Warden <li data-bbox="347 1276 670 1310">c. Random Sample of Staff <p data-bbox="248 1422 399 1456">Findings:</p> <p data-bbox="248 1579 1476 2150">Agency policy 409.09, page 17, b, ii, requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the Superintendent confirm that the standard policy would be to notify the other superintendent directly to report an incident. There were two cases reported at CRCF that required reporting to another facility in the past 12 months. In both cases, the head of the facility notified the head of the agency where the allegation was alleged to have occurred; however, neither notice was within 72 hours. In the first incident, the inmate claimed on April 8, 2019. Information was reported to the other</p>

agency on April 10, 2019, but the agency head was not notified until February 25, 2020. In the second case, the victim reported the incident on November 1, 2019. A sergeant at the facility where the allegation occurred was notified on November 4, 2019, but the facility head was not notified until February 24, 2020. The notice was documented in both cases.

If the facility is the recipient of such a claim, the case is investigated in accordance with the PREA standards. No cases were reported to the CRCF in the past 12 months from another facility.

Corrective Action Recommendation:

115.63 (b) 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 as soon as possible, but no later than 72 hours after receiving the allegation.

Update: August 31, 2020, the facility has presented a sample where it was determined an inmate was allegedly abused and the facility made the necessary notifications withing 72 hours.

115.64	Staff first responder duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
The following evidence was analyzed in making the compliance determination:	
<p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p>	
<ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting c. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) d. Guidance Procedures for Investigations e. Investigations Directive f. Incident Protocols 	
<p>2. Interviews:</p>	
<ul style="list-style-type: none"> a. Random Sample of Staff b. While there were inmates that reported sexual abuse, interviews determine that neither case rose to the level of sexual abuse. 	
<p>Findings:</p>	
<p>The agency has a policy 409.09, page 17, Section a, provides protocols for responding to allegations of sexual abuse. In fact, they have developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Inmate on Inmate Sexualized behavior (not mandated to be tracked, but the VTDOC does track this valuable information), Inmate on Inmate Sexual Harassment, Inmate on Inmate Sexual Abuse, Inmate on Inmate Sexual Abuse Penetration, Staff on Inmate Voyeurism, Indecent Exposure and</p>	

Sexual Harassment, and Staff on Inmate Sexually abusive Penetration/Contact. The policy and protocols require that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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, the first security staff member to respond to the report 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. Interviews with a random sampling of staff revealed that security staff is not proficient in the requirement to have victim or abuser refrain from washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating to preserve any potential evidence. When prodded further during the interviews, staff did recognize the duty to preserve the evidence, but staff should be able to cite their duties in this type of incident without prompting. There were no cases reported in the past twelve months that potentially allowed for the collection of physical evidence and in each case, the victim and abuser were asked to refrain from washing, brushing, going to the restroom, showering, etc. Agency policy 409.09 requires that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Non-security staff (caseworkers, medical, and mental health staff) interviewed were cognizant of their duty to request the victim and abuser to not take any actions that could destroy physical evidence and notify security staff. There were no sexual abuse cases in the past 12 months where an allegation was reported to a non-security staff member. I reviewed the investigative files for each PREA allegation reported in the past 12 months and determined that non-security and security staff responded appropriately as required.

Corrective Action Required:

Retrain staff regarding the duty to preserve evidence when responding to a sexual abuse case by asking the victim and alleged abuser to not wash, brush teeth, change clothes, urinate, defecate, smoke, drink, or eat.

Update:

On September 11, 2020, the facility provided confirmation of retraining for all staff in the facility. Five staff members were not retrained due to being out on extended leave. These staff will have to complete the training upon returning to duty.

115.65	Coordinated response
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1476 358">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 481 1428 515">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="343 638 1412 672">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="343 716 1460 806">b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="343 851 965 884">c. CRCF Coordinated Response Plan <li data-bbox="252 1008 454 1041">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="343 1176 534 1209">a. Warden <p data-bbox="252 1321 406 1355">Findings:</p> <p data-bbox="252 1478 1476 1915">The facility has a written institutional response 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. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators and facility leadership when responding to an incident of sexual abuse. Interviews with the Warden/Superintendent, investigators, medical/mental health and PREA Manager confirm that there is a coordinated response plan for the facility.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1474 360">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 483 1426 517">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="347 640 1410 674">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 719 1445 808">b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="347 853 1023 887">c. Collective Bargaining Agreement dated <li data-bbox="252 1010 456 1043">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="347 1167 576 1200">a. Agency Head <p data-bbox="252 1323 400 1357">Findings:</p> <p data-bbox="252 1480 1474 2007">The agency has entered a collective bargaining agreement with the Vermont State Employee's Association, Inc. The contract, Effective July 1, 2018 — Expiring June 30, 2020, does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. I interviewed the Agency Head and confirmed that the agency has entered a collective bargaining agreement with the Vermont State Employee's Association, Inc. A copy of the agreement, effective July 1, 2018 and expiring June 20, 2020 was provided to the auditor for review during the pre-audit phase. Article 14, Disciplinary Action, within the agreement covers the agency's right to remove alleged staff abusers from contact with inmates pending the outcome of an investigation.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. Retaliation Monitoring Form d. Sample of Investigative Files e. OMS SVST Process Flow Chart <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. Warden c. Retaliation Monitor d. While there were inmates that reported sexual abuse, interviews determine that neither case rose to the level of sexual abuse, therefore there were no interviews that were applicable. <p>Findings:</p> <p>Agency policy 409.09, Page 2, Section 3 states that staff members are charged with protecting inmates from retaliation. Interviews with a random sample of staff ensured familiarity with this standard. The facility has designated the an Assistant Superintendent as the Retaliation Monitor for CRCF. The agency has also created a Retaliation Monitoring Form to use to assist the monitor in keeping track and notes of the monitoring. The agency employs multiple protective measures, to protect victims from abusers to include housing changes, transfers for inmate victim or abuser, removal of alleged staff or inmate abusers from contact with victims, and emotional</p>

support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head/Director, Warden/Superintendent and Retaliation Monitor all conclude that the facility will take a variety of measures to protect the victim from their abuser. I reviewed investigative files of incidents where the victims were protected from potential retaliation. Agency policy mandates that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The facility monitors inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. I have reviewed investigative files that were substantiated and determined that the facility does monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor also indicate that monitoring may continue as needed to protect the victim.

115.68	Post-allegation protective custody
	<p data-bbox="248 168 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1474 365">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 486 1426 521">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 645 1414 680">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 725 1484 806">b. Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing <li data-bbox="349 851 1445 931">c. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="349 976 944 1012">d. Restrictive Housing Memo 410.06 <p data-bbox="248 1137 456 1173">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1301 529 1328">a. Warden <li data-bbox="349 1373 775 1400">b. Staff that work Segregation Housing <li data-bbox="349 1444 799 1471">c. Inmates Placed in Segregation Housing <p data-bbox="248 1597 402 1632">Findings:</p> <p data-bbox="248 1758 1445 2134">Agency policy 409.09, page 15, section C states that Inmates that have been designated as vulnerable shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four hours while completing the assessment. During the past 12 months there were no victims placed in involuntary segregation housing. I was</p>

unable to locate any offender victims that had been placed in segregation housing, unless they had requested. I did tour the facility and speak with offenders in the segregation units to confirm that they have not been placed in involuntary segregation unless an assessment of all available alternatives has been made. I reviewed the housing assignments of offender victims to ensure they were not placed in segregation or limited in participating in facility programs.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline c. Vermont Department of Corrections (VTDOC) Policy 126 d. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) e. MOU with AHSIU, NKA VDHR f. MOU with Vermont State Police(VSP) g. Investigations Flowchart h. Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting i. Incident Protocols j. Vermont Department of Corrections (VTDOC) Policy 409.08 Crime Scene Preservation k. Vermont Department of Corrections (VTDOC) Policy 434 Investigations l. Sample of Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Warden b. PREA Coordinator

C. PREA Compliance Manager

d. Investigative Staff

Findings:

The VTDOC has a policy to investigate all crimes related to sexual abuse and sexual harassment in their facilities. Policy 409.09, Page 1, paragraph 3, states that the DOC will respond to, investigate, and support the prosecution of sexual abuse within Vermont's correctional system and externally in partnership with law enforcement. Interviews with investigative staff indicate that all incidents are taken seriously and investigated according to policy and procedure. Investigations are conducted promptly, thoroughly, and objectively. Reports received from third parties or anonymous sources are investigated. The VTDOC policies state that Administrative investigations will be conducted by the Vermont Department of Human Resources Investigative Unit (DHRIU) and all criminal cases are investigated by the Vermont State Police. In some instances, whereby the DHRIU refused to investigate an incident. Time is often critical to the success of the investigation. When a case is refused, the case is referred back to the facility to investigate. To maintain consistency in investigations, the auditor suggests that all investigations be handled by the Vermont State Police or a dedicated Investigative team that could ensure all investigations are completed promptly and timely. CRCF facility has sixteen trained investigators to conduct PREA investigations. Consistency in investigations is crucial to ensuring the proper application of the rules and regulations. The auditor suggests that all investigations be handled by the Vermont State Police or a dedicated Investigative team that would ensure consistency in all investigations. These investigators have received the required specialized training for conducting investigations in a confinement setting. I interviewed a sampling of the investigators and reviewed their training records for compliance with this standard. Investigators are trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; they can interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Once an incident appears to be criminal in nature, the case is forwarded to the Vermont State Police (VSP) for investigation. The VSP will refer cases for prosecution. The facility will not conduct compelled interviews. These interviews would be conducted by the VSP. Investigators assess the credibility of the witness on an individual basis. Investigators use the standard preponderance of the evidence when considering or weighing the evidence in a case. The VTDOC does not utilize polygraph or other truth-telling devices in PREA investigations. I conducted interviews with victims who stated they were not subjected to taking any polygraph or other truth-telling device

examinations. All administrative investigations are documented and include an analysis of whether staff actions or failure to act contributed to the incident. All criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible. All substantiated allegations of conduct that appears to be criminal shall be referred for prosecution by the VSP. All written reports referenced in paragraphs (f) and (g) of this section are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The VTDOC has entered an MOU with the DHRIU that provides for the retention of these files. This is documented in the MOU, Page 2, section f. Interviews with investigative staff confirmed that investigations will continue even upon the departure of the alleged abuser or victim from the employment or control of the facility or agency. Agency staff, to include the Agency Head, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all confirmed in interviews that when DHRIU or VSP are conducting an investigation on their behalf, they will cooperate fully to ensure the investigative entity has access as needed and attempt to remain informed about the progress and status of the investigation.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. MOU with AHSIU KNA VTDHR d. MOU with Vermont State Police(VSP) <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Investigative Staff <p>Findings:</p> <p>Agency policy 409.09, page 4, footnote 6, states that incidents are substantiated if it is proven by the preponderance of the evidence. This was confirmed in interviews with Investigative Staff and through the review of investigative files. Interviews with investigative employees confirm the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All 2019 investigative files were reviewed and found to be compliant.</p>

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF)
- c. MOU with AHSIU, KNA DHR
- d. MOU with Vermont State Police(VSP)
- e. Inmate Victim Notification Form
- f. Sample of Investigative Reports
- g. Completed Inmate Notification Forms

2. Interviews:

- a. Warden
- b. Investigative Staff

Findings:

The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are notified promptly. When the agency

does not conduct the investigation themselves, they do request that the investigative agency notify them of the outcome or status of the case. A review of the case files revealed that there were notices in each file. However, in cases where the inmate had departed the facility, there was no documentation that an attempt was made to provide the notice. The forms were marked as "Released." When an inmate departs the facility before the completion of the investigation an attempt must be made to notify the victim of the outcome of the case.

When the agency does not investigate an inmate's allegation of sexual abuse in the facility, the agency requests relevant information from the investigative agency to inform the inmate. A review of investigative cases files indicates attempts to follow up with investigators. The agency policy 409.09 requires that inmates be notified if following an inmate's allegation that a staff member has committed sexual abuse against the inmate, (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted related to sexual abuse within the facility, or The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I did review an investigative file that met this requirement and the appropriate notice was given to the inmate. Agency policy 409.09 requires that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently must inform the alleged victim whenever the agency learns that the alleged abuser has been indicted related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative files indicates that this is the practice at the facility. The facility documents in writing all notices provided to alleged sexual abuse victims.

Corrective Action Requirement:

Implement a process to ensure all offenders of sexual abuse allegations are notified of the outcome of the investigation. In cases where the victim has been released, document the attempt to provide notice. This could be done by retaining a copy of the letter mailed to the individual to ensure victims are notified of the outcome of the investigations.

Update: September 1, 2020, CRCF has implemented a new protocol and procedure to ensure that all victims are notified of the outcome of their case at the close of the investigation. Additional reviews of cases completed were conducted to ensure compliance.

115.76	Disciplinary sanctions for staff
	<p data-bbox="248 168 896 201">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="248 246 523 280">Auditor Discussion</p> <hr/> <p data-bbox="248 324 1476 358">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 481 1428 515">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 638 1428 672">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 716 1444 806">b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="347 851 805 884">c. Investigations Flowchart <li data-bbox="347 929 1332 963">d. Memorandum regarding Staff Discipline with regard to PREA <li data-bbox="347 1008 837 1041">e. Review of Personnel Files <p data-bbox="248 1164 454 1198">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1243 534 1276">a. Warden <li data-bbox="347 1321 622 1355">b. Investigative Staff <p data-bbox="248 1467 406 1500">Findings:</p> <p data-bbox="248 1624 1468 2116">According to agency policy 126, page 2, paragraph 3, agency staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 126, Page 2, paragraph 3 states, "...Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." There were no disciplinary actions to review of staff related to an incident of sexual abuse. All disciplinary sanctions imposed 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. All</p>

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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months there have been zero cases where staff were reported to law enforcement or to the relevant licensing body.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="252 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 518 280">Auditor Discussion</p> <p data-bbox="252 324 1476 358">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 481 1428 515">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="343 638 1412 672">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="343 716 1444 806">b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) <li data-bbox="343 851 1380 940">c. Vermont Department of Corrections (VTDOC) Policy 126 Sexual Misconduct with Offenders <li data-bbox="343 974 1476 1064">d. Vermont Department of Corrections (VTDOC) Policy 376.01 Volunteer Services Management <li data-bbox="252 1187 454 1220">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="343 1265 534 1299">a. Warden <p data-bbox="252 1422 399 1456">Findings:</p> <p data-bbox="252 1579 1476 2105">Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency Directive 376.01 treats all volunteers as employees of the state and the same rules govern the volunteers as staff. Contractors and volunteers who engage in sexual abuse are prohibited from future contact with inmates. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. There were no incidents reported involving volunteers in the past 12 months. An interview with the Warden/ Superintendent revealed that it is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation related to sexual harassment or sexual abuse.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing d. Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Warden b. Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 410.01 governs inmate discipline. The policy states that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the past twelve months, there were 20 administrative allegations of inmate-on-inmate sexual abuse. There were no criminal cases of inmate-on-inmate sexual abuse. A review of investigative and disciplinary reports indicates sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and sanctions for comparable offenses committed by other inmates with similar histories. An inmate's mental disability would be considered when determining what sanctions to impose. The facility offers a variety of therapeutic services to abusers in order to address and correct underlying reasons or motivations for the abuse. The facility does not</p>

mandate participation in the therapy as a prerequisite to participate in facility programming. Services offered are DIVA's, Mental Health, and Risk Reductions courses. The facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no inmate disciplinary actions to review where inmates sexually abused staff without consent. If an offender files a report in good faith the offender will not be disciplined for falsely reporting the incident. A review of one case indicated that an offender fabricated the allegation in order to involve a second inmate in a PREA investigation. The case was unfounded. The offender was not disciplined for filing the allegation as she had already been released before it was discovered that the allegation was fraudulent. The VTDOC prohibits all sexual activity between inmates and may discipline inmates for such activity. The agency does not deem the activity to constitute sexual abuse if it determines that the activity is not coerced. This was collaborated through a review of the Resident Handbook and the facility rules and Inmate Discipline policy.

115.81 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF)
- c. Review of Medical and Mental Health Secondary Records that Document Compliance

2. Interviews:

- a. Medical and Mental Health Staff
- b. Inmates who Disclose Sexual Victimization at Risk Screening
- c. Staff Responsible for Risk Screening

Findings:

The VTDOC has contracted with Centurion health care provider reviews the screening instrument and if an offender indicate that they have experienced a prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. A review of offender files indicates that all follow up meetings were offered in less than 14 days. Interviews with Medical and Mental Health providers support the limitation of fourteen days. However, in the majority of the cases the support was offered much quicker than the 14-day window. Staff that conducts the screening indicated that a follow up meeting would be requested immediately. The caseworkers complete the

Risk Screening Instrument at the facility. Likewise, if an offender risk screening indicates that an offender has a history of being an abuser, they are offered a follow up meeting with mental health within 14-days. The healthcare provider reviews inmate screening instruments to determine if an offender had indicated that they have experiences prior sexual victimization, whether it occurred in an institutional setting or in the community. Staff ensure that inmates are provided a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Discussion around sexual violence is part of the intake process with Medical staff. Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Security staff members have access to this information on a need to know basis to assist in determining housing assignments, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with Medical and Mental Health staff confirm that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. This facility does not house inmates under the age of 18.

115.82 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)

- a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF)
- c. PREA Incident Protocols
- d. Investigative Report applicable to interview mentioned below

2. Interviews:

- a. Medical and Mental Health Staff
- b. Inmates who Disclose Sexual Victimization at Risk Screening
- c. Staff Responsible for Risk Screening
- d. Inmates Who Reported a Sexual Abuse (the case was reported to the auditor that the act was consensual by the victim, but the interview revealed that sexually transmitted infections prophylaxis was provided so the interview was provided as proof for this standard.)

Findings:

According to medical and mental health practitioners, inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are according to their professional judgment determine. The VTDOC has established a working relationship with local hospitals to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. VTDOC protocols call for contacting the receiving hospitals in advance to ensure

a SANE will be made available and to request a victim's advocate be provided upon arrival. Locally, the University of Vermont Medical Center operates a Sexual Assault Program in Burlington, Vermont. The facility has a SANE available 24/7. The SANE nurses work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. Interviews with Medical and Mental Health staff indicate that the services provided are in accordance with their professional judgment. Facility protocols for responding to a sexual abuse incident mandate that security staff first responders immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse, while incarcerated, are 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. This service is provided at the local hospital when the inmate victims go in to see the SANE. All inmate victims receive medical services without incurring any expense whether they cooperate in the investigation or not.pan>

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. PREA Incident Protocols d. Investigative Report applicable to interview mentioned below <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Medical and Mental Health Staff <p>Findings:</p> <p>The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This was collaborated through observation of facility programs that deal specifically with domestic violence and sexual abuse and thorough review of resources made available to inmate victims. The evaluation and treatment of victims includes, as appropriate, follow-up services, treatment plans, and, when</p>

necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services are consistent with the community level of care. Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests and if the pregnancy results from the conduct described in paragraph § 115.83(d), the victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatment services are 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 facility, functioning as a prison and a jail, does conduct a mental health evaluation of all convicted known inmates-on-inmate abusers with 60 days of learning of the sexual abuse history and offer treatment when deemed appropriate. Both Medical and Mental Health professionals interviewed confirmed that inmate victims receive the care required within this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. Sexual Abuse Incident Review Team Report Form (SART) d. Sample of Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Medical and Mental Health Staff b. Warden c. PREA Compliance Manager d. Incident Review Team <p>Findings:</p> <p>The agency has a policy, 409.09, on page 23, the second paragraph to conduct a sexual abuse incident review after every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. There were several Incident Reviews that</p>

were not completed within the required 30 days of the close of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. In the files reviewed, the team includes include upper-level management front line supervisors, investigators, and medical or mental health practitioners. The agency has created an Incident Review Form to ensure the required elements are being reviewed. The elements include (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 facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To determine compliance with this standard, I interviewed the PREA Compliance Manager, Medical, Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent. I reviewed all PREA related Investigative files and observed Incident Review Team forms.

Corrective Action Required:

Implement a protocol or procedure to ensure that the Incident Reviews are completed within 30 days of the close of the case.

Update: August 31, 2020, CRCF has implemented a new protocol and procedure to ensure that all cases are reviewed within 30 days of the close

of the case. Additional reviews of cases completed were conducted to ensure compliance.

115.87	Data collection
	<p data-bbox="248 168 893 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 523 280">Auditor Discussion</p> <p data-bbox="248 324 1369 421">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1353 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="347 779 1428 1272" style="list-style-type: none">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREAb. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF)c. Vermont Department of Corrections PREA Webpaged. OMS PREA Categories for Classifying Incidentse. 2018 SSV Report to the Department of Justice <p data-bbox="248 1406 486 1440">2. Interviews:</p> <ul data-bbox="347 1574 989 1865" style="list-style-type: none">a. Medical and Mental Health Staffb. Wardenc. PREA Compliance Managerd. Incident Review Team <p data-bbox="248 2000 419 2040">Findings:</p>

The Vermont Department of Corrections, policy 409.09, details the standardized definitions on page 3-8. The agency collects uniform data of each allegation within the agency, to

include contracted facilities. Page 22 of the policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VTDOC follows the SSV as guidance for the collection of appropriate data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All of the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked in order to answer all questions on the Survey of Sexual Violence by the Department of Justice. The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all of the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that house inmates on their behalf. The VTDOC is provided a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and monitored. The reports are then provided to the PREA Director for the VTDOC who compiles the annual reports for the agency. The contracted agency aggregated reports are posted publicly on the VTDOC webpage. I reviewed the 2019 aggregated reports as well as the annual report generated by the VTDOC. The agency has also mapped out the investigative process providing clarification of the process and responsibilities of each member's role in the completion of the investigations. This level of awareness and concern far exceeds the scope of the PREA Standards and portrays the sincerity of the importance of sexual safety in the VTDOC system.

115.88	Data review for corrective action
	<p data-bbox="248 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 523 280">Auditor Discussion</p> <p data-bbox="248 324 1372 421">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1356 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="347 779 1428 1187" style="list-style-type: none">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREAb. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF)c. Vermont Department of Corrections PREA Webpaged. Annual PREA Reports <p data-bbox="248 1489 486 1523">2. Interviews:</p> <ul data-bbox="347 1662 933 1870" style="list-style-type: none">a. Agency Headb. PREA Coordinatorc. PREA Compliance Manager <p data-bbox="248 2004 422 2038">Findings:</p>

Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house inmates. The VDOC has six state prisons and contracts with a private company to house some inmates out of state. The VTDOC has constructed a written analysis of the data from 2016, 2017, and 2018 comparing and analyzing if there are areas of concern that should be addressed to further improve sexual safety in the facilities. The report for 2018-2019 is not yet on the website. The data is specifically reviewed to determine if there are any problems areas within the facilities that should be addressed to curtail abuse, if corrective action is warranted, and reviewing each facility's aggregated data as well as the agency as a whole on an annual basis. Once the annual aggregated reports are complete, the agency head approved of the report by signature, and the reports are posted on the agency webpage at <http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/>. The agency has not had to redact any material from an annual report but would if necessary, to curtail any threat to the safety and security of a facility. I have reviewed all reports posted on the VTDOC webpage from 2016-2018. The 2019 report was not posted on the webpage.

Corrective Action Recommendation:

Complete and post the 2018 and 2019 Annual reports.

On September 22, 2020, the agency updated the agency website to include the 2017-2018 and 2018-2019 annual reports, which 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.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. Vermont Department of Corrections PREA Webpage d. Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Agency Head b. PREA Coordinator c. PREA Compliance Manager <p>Findings:</p> <p>The VTDOC has several safeguards in place to securely retain PREA related data. In addition to having information security policy that addresses access, systems, and use, the agency requires that desktop</p>

computers require a password, and all mobile devices are required to maintain a strong password. I have observed that the PREA Director's mobile laptop is fixed with a screen that cannot be observed except at a certain angle to assist in preventing others from viewing sensitive information. The agency makes available the aggregated data to the public on its website. The data from contracted facilities is not currently available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA related data will be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Corrective Action Recommendation:

Ensure that aggregated sexual abuse data, from facilities under VTDOC control and from facilities with which you contract is readily available on the agency website.

Update: August 31, 2020

The VDOC has updated their website to include PREA reports for facilities that they contract with for housing inmates.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. Vermont Department of Corrections PREA Webpage d. Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. None <p>Findings:</p> <p>The VTDOC, who operates six state prisons, has completed all cycle one and Cycle two audits of their facilities. This is the first audit conducted for the third cycle. The agency has a plan in place to ensure the standard of one-third of all facilities operated are audited annually. I have observed the PREA Final reports that were posted on the agency's webpage. The auditor was afforded full access to all areas of the audited facility. A thorough on-site review of the facility was conducted on the first day of the audit. The auditor requested and received a plethora of documents from the agency and facility in order to properly triangulate the data and</p>

evidence of compliance. All interviews of staff and inmates were completed in a private area. Inmate interviews were conducted in a counselor's office which afforded great privacy while private staff interviews were conducted in the conference room. During the on-site review, the auditor observed Notices of Audit that were provided to the facility in all housing units, common areas, attorney's booths, visitation, lobby and other locations throughout the facility. The Notices of Audit were displayed in both English and Spanish. Inmates interviewed confirmed that the notices had been displayed for a couple of months. The auditor did not receive any correspondence from inmates in this facility prior to the audit. Nor has the auditor received any correspondence to date, one-month post audit.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Chittenden Regional Correctional Facility (CRCF) c. Vermont Department of Corrections PREA Webpage d. Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. None <p>Findings:</p> <p>I have observed the auditors PREA Final reports that were posted on the agency's webpage.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	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 inmates.)	yes
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

	adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency 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?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency 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?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates 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.)	na
115.18 (b)	Upgrades to facilities and technologies	
	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 inmates 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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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

115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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 victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	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 inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate'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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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.	no

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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
	Does the agency always refrain from requiring an inmate 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
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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
	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
115.52 (d)	Exhaustion of administrative remedies	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate 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
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, 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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain 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
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	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

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate 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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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 inmate disciplinary reports?	yes
	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 inmate housing changes?	yes
	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 inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes
	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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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

115.71 (e)	Criminal and administrative agency investigations	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate 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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate 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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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

115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
	Does the agency review data collected and aggregated pursuant to § 115.87 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
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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

115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	no
	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.)	no
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes