

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAIL

Name of Facility:	Marble Valley Regional Correctional Facility(MVRCF)		
Physical Address:	167 State Street; Rutland, VT. 05701		
Date Report Submitted:	August 17,2015		
Auditor Information:	Melinda D. Allen		
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Telephone Number:	706-449-0003		
Date of Facility Visit:	April 27-29, 2015		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	(802) 786-5830		
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit	<input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Private not for profit	<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
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Agency Information			
Name of Agency:	Vermont Department of Corrections		
Governing Authority or Parent Agency: (if applicable)			
Physical Address:	426 Industrial Ave. Williston, VT. 05495		
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Chief Executive Officer			
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Agency-Wide PREA Coordinator			
Name:	Wendy Yoder	Title:	PREA Director
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Audit Findings:

Narrative:

The PREA Audit of the Marble Valley Regional Correctional Facility (MVRCF) was conducted from April 27-29, 2015. The auditor wishes to extend its appreciation to Superintendent Ellen McWard and her staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the auditor. The auditor also wishes to compliment Sharon Nykiel for her work in organizing the files that were provided to the auditor during on site. This preparation enabled the audit to move forward very efficiently through the documentation phase of the audit. Ms. Nykiel compiled documentation for many of the standards into a large notebook, making it easy to locate needed documents.

Following the Entrance Meeting, the auditor was given a through tour of the facility. Following the tour, the audit began the interviews and reviews of investigative files and other documents. At least one offender from each housing unit was interviewed. Those interviewed were selected, by the auditor, from a list of all the offenders in the facility. In addition, offenders who were identified as being in a designated group (i.e., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) were also interviewed. A total of fifteen inmates were interviewed, and ten correctional officers were randomly selected as well as seventeen other identified specialized staff were interviewed, including the Warden/Superintendent, PREA Manager, Investigator, first responders, health care providers, and mental health professionals. The auditor was impressed by how knowledgeable the correctional officers and other staff were about PREA, first response, evidence collection, etc. When the on-site audit was completed, the auditor conducted an exit debrief. While the auditor could not give the facility a final finding, as there were some issues needing further documentation and clarification, the auditor did discuss areas where they had questions as to the facility's and the department's compliance with specific standards. The auditor did give an overview of the audit and thanked the staff for their hard work and commitment toward compliance with the Prison Rape Elimination Act.

Description of facility characteristics:

The MVRCF is located in Rutland, Vermont approximately 70 miles South of Burlington, Vermont in Rutland County. The facility, originally opened in 1980, is a sister facility to St. Johnsbury. The Marble Valley Regional Correctional Facility is a medium sized direct supervision facility consisting of a 120 hard beds and could support 150 utilizing temporary beds. The population at the time of the audit was 143 inmates. The MVRCF campus offers the offenders Life Skills, Budgeting 101, and Renter's Skills courses. There is a separate education building on the campus.

On April 29, 2015, the on site audit was completed at MVRCF. The interim report was provided May 14, 2015, to the Vermont Department of Corrections Central Facility reporting one exceed standards; thirty-eight met standards; five not met standards. On August 17, 2015, all corrective action had been completed. The summary of the final audit findings for Marble Valley Regional Correctional Facility is listed below.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: _____ 01

Number of standards met: _____ 42

Number of standards not met: _____ 00

Number of standards not applicable: _____ 00

Standard	§115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The Vermont Department of Corrections has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. 409.09 states, "DOC is committed to the safety of any individual in custody or incarcerated in a correctional facility. DOC has a zero-tolerance standard for sexual abuse, sexual harassment and/or sexual misconduct." 409.09 outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, other agency policies such as the DC Personnel Regulations, supplement the main PREA policy. The policy contains the definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Sanctions for those found to have participate in prohibited behaviors are covered in Policy 126.

Ms. Sharon Nykiel is the PREA Manager at the Marble Valley Regional Correctional Facility (MVRFC). Ms. Nykiel is assisted by the PREA Director, Wendy Yoder and Mr. Benjamin Webster, Interim PREA Training and Compliance Monitor in all PREA efforts. Ms. Nykiel states she does have sufficient time to perform her PREA duties, with her efforts being supplemented by Ms. Yoder and Mr. Webster, the PREA work is being completed.

Standard	§115.12 Contracting with other entities for the confinement of inmates
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

The Vermont Department of Corrections is currently contracted with CCA for housing inmates. The contract was signed in April 2013. The contract was amended in January, 2015 to include language pertinent to PREA Compliance or the goal to gain compliance while making strides annually toward compliance. The contract reads as follows, "Contractor will comply with the Prison Rape Elimination Act of 2003 (28 C.F.R. Part 115, Docket No. OAG-131,R1N1005-AB34- Dated May 17, 2012), and with all applicable PREA Standards, VTDOC Policies and Directives related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within VTDOC. Contractor acknowledges that, in addition to "self-monitoring requirements" VT State staff will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and VTDOC Directives and Policies may result in termination of the contract."

Standard

§115.13 Supervision and Monitoring

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

The facility operates off of a matrix that was developed from a staffing plan generated by the VT DOC. A copy of the staffing plan was provided. The staffing plan includes the eleven considerations required by this standard. There have not been any documented reviews of the staffing plan, but the number of inmates is similar to the originally projected average daily population and the facility will complete an annual review moving forward. The PREA Coordinator is included in the annual reviews in order to consider PREA incidents when analyzing the needs of the facility. The staffing plan is complied with on a regular basis. Positions are filled with overtime, if necessary, to augment the shift.

Policy 409.09, 1,b,x states, "Intermediate level or higher level supervisors are required to make and enter in the unit logbook unannounced facility rounds for night shifts as well as day shifts to identify and deter employee sexual abuse and sexual harassment; 14" Video footage was not reviewed on site as the facility is in the process of upgrading their video system and it was not available during the audit. Unit logbooks were reviewed for confirmation.

Video footage was reviewed by the auditor confirming compliance with unannounced rounds on all shifts.

Standard

§115.14 Youthful Inmates

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

The facility does house juvenile offenders on occasion. The auditor has some concerns that there is no true sight and sound separation for youthful inmates. There is a unit where the YO would be placed, but it is also used to house close custody offenders from time to time. Should the facility receive a YO it would be necessary to remove the close custody inmate(s) to another unit and house the YO separately. There are currently windows on the back of the cells that would allow for visual of inmates in the adjacent unit. One mechanism to address this could be to apply a light frosting to the window to block the line of view. If the close custody inmate(s) were removed when there is a YO present, sound separation should not be a concern in this area. The facility stated that they have not housed a YO in the past 12 months, but there needs to be a more appropriate method of managing this in the event one is arrested. It should be further noted that this is the facility in the DOC that would house any YO that should come into custody of the DOC.

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.

During the Corrective action, the facility added frosted glass to the unit in order to eliminate sight concerns.

Standard	§115.15	Limits to Cross-Gender Viewing and Searches
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility does not conduct cross gender strip searches or cross-gender cavity searches. Cross-gender pat searches are not permitted absent exigent circumstances. Policy 409.01, 2, a states, "Inmate searches and drug testing observations will be conducted by staff of the same birth-sex, except when exigent circumstances exists; such as no female staff are on shift, or in an emergent situation when the search of an inmate is imperative to the safety and security of an inmate, or to the operations of a facility. 1" All cross-gender pat downs of females would be documented. One case was documented in January, 2015. Staff interviewed are familiar with the requirement that staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Inmates are able to shower, toilet and dress without being viewed by staff members of the opposite gender except in exigent circumstances incidental to routine cell searches.

Standard	§115.16	Inmates with Disabilities and Inmates who are Limited English Proficient
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility 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. PREA handouts and inmate handbooks in English and Spanish. The agency also has a contract for other language interpretations and utilizes the services when warranted. Staff do not depend on inmate interpreters to translate for sensitive matters. The VTDOC contracts with Public Communication Services, Inc. for telephonic interpreters. Inmates and staff interviewed indicate that inmates are not used as interpreters for issues related to sexual abuse and sexual harassment. The agency has provided a Braille PREA brochure in the event it is needed. 371.01 Administrative Directive addresses inmates with disabilities.

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

The agency conducts background investigations or review of criminal history on an ongoing basis. The backgrounds are completed when the employee is hired. The facility also considers any incidents of sexual harassment in determining whether to promote anyone. This is currently completed for new hires and contractors, who may have contact with inmates. The agency conducts background checks of contractors/volunteers as a practice when they apply.

Applicants and employees have a continuing affirmative duty to disclose any sexual abuse in prison or other institution; convicted of or civilly or administratively adjudicated for engaging in sexual activity in the community by force or coercion or victim did not consent. The facility HR refer the caller to the agency personnel department for additional information. Central Office HR memorandum dated February 2015 states, "DOC shall provide information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work."

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

Interviews with staff indicate that consideration is afforded when modifying, expanding or designing a facility. The MVRCF has not had any recent significant upgrades or changes in technology or facilities. However, the video cameras are not currently viewable as they are in the midst of an upgrade to the system. Video cameras are typically 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 in order to better monitor the facility. During the tour, it was determine that there many blind spots in the housing units of the facility. The auditor suggests the addition of several cameras be installed in the to enhance the observation of the housing units, in particular, to provide for a visual of the doors to the bathroom and showers in the units.

While the purchase and installation of additional cameras can be costly, I would recommend the facility add additional cameras to eliminate any blind spots in the housing units in order to improve upon the overall safety and security of the facility. Many of the existing cameras are dated and of low quality for recording. As previously stated, they are in the process of upgrading the system.

The facility should develop a three year plan for addressing the concerns listed above during the corrective action. When developing an adequate staffing plan, an agency may choose to emphasize higher staffing levels rather than comprehensive video monitoring. Indeed, best practices suggest that video monitoring is not an adequate substitute for sufficient numbers of staff. In any event, so long as the facility makes its best efforts to comply, document and justify deviations, and consider how technology may enhance protections), then the failure to incorporate or add video monitoring technology does not cause a facility to be out of compliance with the standards.

Several windows have been replaced recently to improve visibility. The Offender Management System was upgraded in March 2015.

Standard	§115.21	Evidence Protocol and Forensic Medical Examinations
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Policy and procedures outline evidence protocols and requirements for forensic medical exams. The Vermont State Police Department conduct investigations that are criminal in nature, while the Office of Human Resources conducts all Administrative Investigations. Hospitals with SANE/SAFE are identified and are provided at no costs to the inmate when requested. Victim advocates are available through an agreement with The Vermont Network Against Domestic Abuse and Sexual Violence for advocacy services and crisis intervention. The contract expires on September 30, 2015. The agency has secured an MOU with the Vermont State Police(VSP) for conducting investigations of criminal cases and with Human Services for investigating Administrative investigations.

The facility has created protocols for responding to cases of sexual abuse.

Standard	§115.22	Policies to Ensure Referrals of Allegations for Investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

An administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment. Facility investigators initiate all Administrative investigations, while Vermont State Police (VSP) picks up on criminal cases and advises facility investigators of the progress of the investigations. Policy 409.09 does address the requirement to pursue criminal charges with local law enforcement when warranted.

The agency has an agreement/MOU that addresses investigative responsibilities of the agency or the Vermont State Police for conducting criminal investigations for the agency during the corrective action. The agency has also created an impressive flowchart that details how cases are to progress.

Standard	§115.31	Employee Training
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

VT DOC provides all employees training, which includes a video and a Power Point presentation. Staff complete a pre-test and post test to evaluate their improvement. Staff also acknowledge in writing their understand PREA. The acknowledgment form lists all the required areas of the standard. Review of the lesson plan demonstrates all the required areas are covered. Staff have been trained. Interviews of staff demonstrated they understand the zero-tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting. The training is tailored to the gender of the facilities. There is only one facility that houses female inmates in the state, Chittenden. All current employees have received the training. The basic PREA training is initiated during the academy. The auditor has reviewed documentation of completion for staff assigned at the facility for completeness.

Standard	§115.32 Volunteer and Contractor Training
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

All contractors and volunteers 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. Interviews of contractor/volunteers demonstrated their knowledge of PREA and their responsibilities and agency zero tolerance policy. The auditor reviewed contractor and volunteer training records, each sign a PREA Training Acknowledgment form. The auditor review the documentation provided by the facility acknowledging understanding by volunteers/contractors.

Standard	§115.33 Inmate Education
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Review of inmate files and interviews indicate all inmates are notified of the zero-tolerance policy and how to report an incident of sexual abuse or harassment. Inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. The facility has also posted information regarding how to report anonymously and services available outside the facility on the bulletin boards in the housing units so it is readily available at all times.

Inmates received comprehensive education with 30 days of intake, typically within five days of arrival to the facility. Inmates are provided the PREA information in a variety of accessible formats to include LEP, Deaf, Visually impaired and LRS.

During the tour and in interviews, most inmates acknowledged the information being provided upon arrival and orientation. The inmates were familiar with the agency zero tolerance policy and the victim services that are available to them in the community.

Standard	§115.34	Specialized Training: Investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Investigative staff have received specialized training that included trauma victim response, reviewed policy, evidence collection, prosecutorial collaboration, evidence collection, forensic medical exams, victim advocates, Miranda and Garrity requirements. The facility/agency staff only conduct Administrative investigations for cases involving inmate on inmate abuse or harassment. The facility has three employees that have completed the investigators coursework. The investigator interviewed was extremely well versed on the curriculum completed through the National Institute of Corrections.

Standard	§115.35	Specialized training: Medical and mental health care
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Training records demonstrated the medical modules presented by the National Institute of Corrections was completed. The auditor was provided copies of their training records for compliance. There are fifteen practitioners employees and 100% have completed the required training. Medical staff do not conduct forensic medical examinations. Medical and Mental Health practitioners have also received the training required under §115.21 for contractors. The staff is provided by Centurion.

Standard	§115.41 Screening for Risk of Victimization and Abusiveness
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

All inmates are assessed and the initial screening is conducted during the intake process, normally within the first 8 hours of entering the facility. If an inmate enters the facility over the course of the weekend, the objective screening tool is completed within 72 hours. Policy 409.09 mandates a thirty (30) day review of the SVS. The auditor verified that the 30-day reviews are completed in a timely manner. The screening instrument is congruent with the ten criteria detailed in this standard. One hundred sixty inmates were re-evaluated in the past year in compliance with this standard. Inmates are reassessed when a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are not disciplined for refusing to answer or for not disclosing information pursuant to this standard.

The facility ensures that appropriate controls are in place governing the dissemination of responses to questions on the screening tool within the facility to safeguard sensitive information so it is not exploited to the inmate's detriment by staff or other inmates.

Standard	§115.42 Use of Screening Information
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risks of being sexually victimized separate from those at high risks of being sexually abusive. The facility does house transgender or intersex inmates from time to time. LGBTI inmates are not housed in dedicated facilities, units or wings. The staff attempt to integrate the inmates as much as possible. Individualized determinations about how to ensure the safety of inmates are considered on a case-by-case basis. Placement and programming assignments are made more frequently than every six months as required. Staff are diligent in their efforts to ensure the safety of the transgender or intersex inmates. Transgender and Intersex inmates are reviewed at least twice a year for threats and safety in the facility. Transgender's own views with respect to his or her own safety is given serious consideration. All inmates are afforded the opportunity to shower separately from other inmates. LGBTI inmates are not placed in dedicated facility units.

Standard	§115.43 Protective Custody
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Agency policy states 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 is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed after seven days and every 30 days after the initial seven day period. Policy 409.09, 3, I, v, states, "Within five business days, the staff assigning housing will use a multidisciplinary approach to develop a facility plan. The goal of the facility plan is to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility plan will be forwarded to the CWS/LUS and the assigned CSS.26"

There have not been any inmates identified at risk of sexual victimization in the past 12 months at the MVRFC that were placed in involuntary segregation solely for their safety. This was confirmed by policy

as well as through interviews with the Warden.

If the facility did have to resort to placement in an involuntary segregation housing, the offenders would be permitted to participate in programs, privileges, education and work opportunities to the extent possible. No inmates have been held involuntarily in segregation based on risk of sexual victimization in the past year, therefore no reviews were necessary.

Standard	§115.51	Inmate Reporting
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

There are multiple mechanisms for reporting incidents of sexual abuse and sexual harassment. Inmates can report to an incident to an outside entity via the Prisoner's Rights telephone number or the PREA hot line. The calls to the PREA hot line do not require the use of the inmate's individual pin. A generic pin was created for using the hot line. Interviews with staff and inmates indicate that all are familiar with the mechanisms for reporting. Inmates detained under solely for civil immigration purposes are provided information on how to contact relevant consular officials and officials at the Department of Homeland Security. Policy 315.02, page 2, Sec 4 states, "Once the country of origin is determined, correctional staff will notify the individual of their right to communicate with their respective foreign consulate. The Superintendent will ensure that telephone contact numbers of the nearest mandatory notification consulates/embassy offices will be available at the booking desk and that the information is updated at least annually (or more often as necessary)."

Policy dictates that all incidents will be investigated. Staff are mandatory reporters. Reports are accepted verbally, in writing, anonymously or from third parties. Staff immediately document all verbal reports.

Staff are able to privately report incidents of sexual abuse or sexual harassment.

Standard	§115.52	Exhaustion of Administrative Remedies
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Inmates interviewed were familiar with the grievance policy and how to file an emergency grievance if necessary to report a PREA incident. Policy 320.01 requires the agency to resolve emergency grievances related to sexual abuse within five days. Policy 320.01 14a states, "Inmates can report allegations of sexual abuse through filing a formal grievance...However, there is no time limit on when an inmate can report or file a formal grievance on an allegation of sexual abuse. A third party can assist inmates in filing a formal grievance on allegations of sexual abuse, and shall be permitted to file formal grievances on allegations of sexual abuse on behalf of the inmates. Third party filings will require consent of the alleged victim to process the request. An inmate that wishes to file an allegation of sexual abuse through filing a formal grievance should fill out the appropriate grievance form and give it to any staff member. If the inmate is reporting staff sexual abuse the inmate should give the grievance form to any staff member that is not the staff member allegedly involved in the abuse. Staff receiving a formal grievance that alleges sexual abuse will immediately forward it to their supervisor or another supervisor who is not the subject of the alleged abuse...the Department's response to any formal grievance alleging sexual abuse with a final decision within 90 days. The Department may extend the time to respond by 70 days if the normal time period for a response is insufficient to make an appropriate decision. The Department will notify the complainant in writing of any extension and provide a date by which a decision will be made." The agency disciplines only for grievances filled in bad faith.

Standard	§115.53	Inmate Access to Outside Confidential Support Services
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

The facility provides 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 hot line numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. All calls from unit phones are recorded and may be monitored. This is noted in the PREA section of the inmate handbook. The agency has a MOU with the Vermont Network Against Domestic and Sexual Violence.

Standard	§115.54 Third-Party Reporting
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

The agency has clearly establish a method to receive third-party reports of sexual abuse and sexual harassment and has publicly distributed information on how to report sexual abuse and sexual harassment on behalf of an inmate. The third party may report through the third party reporting line, the hot line, via email or through Prisoner's Rights. Information regarding this is available on the Vermont DOC website.

Standard	§115.61 Staff and Agency Reporting Duties
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Agency policy (409.09) requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment to include retaliation and staff neglect following hte investigation of the incident. Staff do not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Staff and inmate interviews supported reporting and not discussing sexual abuse and harassment cases.

The MVRFC supplement 409.09.01 states, "If the alleged victim is under the age of 18 or considered a vulnerable adult under State Statute 33 V.S.A. § 6903. (Reporting suspected abuse, neglect, and exploitation of vulnerable adults) the Superintendent shall report the allegation to the designated State Agency under applicable mandatory reporting laws."

Standard	§115.62 Agency Protection Duties
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Policy 409.09 requires staff to take immediate action to protect inmates they learn is subject to substantial risks. The facility staff have implemented protective measures to prevent the abuse of inmates in their care and custody. The policy states, "Take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse;"

Standard	§115.63 Reporting to Other Confinement Facilities
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Operating procedures or practice, meets the requirements of the standard. Once the Superintendent has been notified of an incident, he would immediately notify the head of the facility where the allegation took place. Policy 409.09 section ii states, "Upon receipt of information that an inmate was sexually abused while confined at another facility, the superintendent of the facility that received the allegation shall notify the superintendent or appropriate staff at the facility where the alleged abuse occurred....a. Notification will be provided as soon as possible but no later than seventy-two hours after receiving the allegation. b. The facility will document that notification was made and to whom the allegation was reported to. This notification will then be sent to the PREA Office. c. The facility superintendent receiving the notification will ensure that the allegation is investigated."

Standard	§115.64 Staff First Responder Duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The agency's operating procedures and policy 409.09 meet this standard page 16 states, "When a PREA incident has occurred or is alleged to have occurred, DOC's priorities are safety and security for the victim, the general inmate population, the perpetrator, and the institution. DOC will separate and segregate the involved inmates as necessary to prevent further victimization or retaliation."

Interviews with staff indicate that they are familiar with the primary steps required preserve physical evidence. Staff interviewed indicated that they would separate the victim and abuser, preserve and protect the scene, request the victim to not take any actions that could destroy physical evidence such as brushing, showering, defecating, etc. as well as ensuring that the alleged perpetrator does not destroy any physical evidence. Non-security staff are familiar with this protocol as well.

Standard	§115.65 Coordinated Response
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility has developed a personalized written institutional plan, 409.09.01, to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, investigators, facility leadership, medical and mental health staff.

Standard	§115.66 Preservation of ability to protect inmates from contact with abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

While there is a Collective Bargaining Agreement, it was signed prior to August 20, 2012. Policy 126 states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have

been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.¹"

Standard	§115.67 Agency protection against retaliation
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy 409.09, 5, a states, "Facilities will begin monitoring for retaliation against alleged victims, reporters, and persons cooperating with the investigation at the receipt of all sexual harassment and sexual abuse allegations. Monitoring the behavior, treatment and conduct of inmates and staff will continue for a minimum of ninety days.³⁹" 409.09, 5, a, i states, "Retaliation against inmates will be monitored by the inmate's assigned caseworker, monitoring shall include periodic status checks.⁴⁰" The facility employs a variety of protection measures such as housing changes, transfers, removal of staff or inmate abusers from contact with the victims and emotional support services for inmates who fear retaliation for reporting. Interviews with Warden McFall, caseworkers, and inmates who previously reported a sexual abuse all confirm that these measure are in place and utilized to protect the inmates. Monitoring includes periodic checks of the victim. Witnesses that cooperate with the investigation are also afforded protection from retaliation.

Standard	§115.68 Post-Allegation Protective Custody
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Inmates who allege to have suffered sexual abuse are never placed in involuntary segregated housing unless an assessment of all alternatives has been made and a determination made that there is no available alternative means of separation from likely abusers. The VT DOC is proactive in their approach and have demonstrated their willingness to protect inmates, even if it becomes necessary to transfer the abuser to another facility.

There were no documented cases of inmates being placed in involuntary segregation to date.

Standard	§115.71 Criminal and Administrative Agency Investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Policy 409.09 mandates that the Vermont State Police (VSP) will be called upon to conduct investigations that appear to be criminal in nature. A MOU was signed between the VT DOC and the VSP. The VSP uses specially trained investigators for cases involving sexual abuse in confinement. Investigators gather and preserve any direct or circumstantial evidence to include available physical and DNA evidence and any available electronic monitoring data; interview the alleged victim, perpetrator(s) and witnesses. They will also review any prior complaints or reports of sexual abuse involving the suspected perpetrator. All written reports are kept as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Vermont Agency of Human Services (AHS) Investigation Unit handles all sexual abuse cases that involve allegations against staff. There is a MOU between the VT DOC and AHS. All other cases alleging sexual harassment are investigated by trained staff investigators assigned to the facility. Interviews with investigators indicate that the credibility of the alleged victim and witnesses are assessed on an individual basis, not based on their status as an inmate. Reports are documented in writing and include a description of the physical and testimonial evidence. The departure of the victim or abuser from custody does not provide a basis of terminating an investigation. The facility cooperating with all outside investigators. There was one substantiated case presented for criminal investigation in the previous year.

Standard	§115.72 Evidentiary Standard for Administrative Investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

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. The MOU with AHS states, "VT-DOC shall Impose no standard higher than preponderance of the evidence in determining whether allegations of sexual harassment occurred."

Standard	§115.73 Reporting to Inmate
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Policy 409.09, iii, states, "Following all investigations into an inmate's allegation that he/she suffered sexual abuse at a facility, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded." In the past 12 months there were four cases investigated by an outside agency for alleged sexual abuse. Two inmates were notified verbally and two were notified in writing of the results of the investigation.

Agency policy 409.09 iii states, i"Following all investigations into an inmate's allegation that he/she suffered sexual abuse at a facility, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Following an inmate's allegation that staff has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless allegation is determined to be unfounded) whenever:

- A. The staff is no longer posted within the inmate's unit as a result of the findings of the investigation;
 - B. The staff is no longer employed at the facility as a result of the allegation;
 - C. The facility learns that the staff has been indicted on a charge related to sexual abuse within the facility;
 - or D. The facility learns that the staff has been convicted on a charge related to sexual abuse within the facility.
- Policy 409.09, iv also states, A. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or B. The facility learns that the alleged abuser has been

Standard	§115.76 Disciplinary sanctions for staff
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy 126 states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.1" There were no cases of cases against staff for sexual abuse or sexual harassment in the prior year. All terminations for violation of agency sexual abuse or sexual harassment policies, or resignation 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.

Standard	§115.77 Corrective action for contractors and volunteers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

It is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation of PREA. Policy 126 states, "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.1" In the past year, no volunteers or contractors were reported to any licensing bodies. Remedial measure may be taken for any other violations of agency sexual abuse or sexual harassment policies by contractors or volunteers.

Standard	§115.78 Disciplinary sanctions for inmates
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Guidelines require that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Policy 410.01 states, "Disciplinary action by the Department will be based on credible evidence of misconduct and will be timely, impartial, and consistent. Sanctions will be proportionate to the seriousness of the offense and the inmate's disciplinary record, as well as relevant to the harm created by the misconduct."

Policy 410.01, page 7, vi states, For inmates who have a serious functional impairment (SFI), refer them to a qualified mental health professional for assessment prior to holding a hearing. The qualified mental health professional assessment will include:

- a) An opinion as to whether the behavior results from the serious functional impairment and if so, if the DR should be dismissed; b) A determination if contraindications exist to using any specific sanction and specifically, sequestration; c) A recommendation to the Hearing Officer for disposition or sanction

Standard	§115.81 Medical and mental health screenings; history of sexual abuse
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Policy and interviews of staff and inmates who disclosed prior abuse indicate the screening process is utilized to determine if inmates have previously been victimized and to offer follow-up meetings with medical or mental health practitioners within 14 days in order to assist the inmate. Inmates who disclose that they previously perpetrated sexual abuse are offered a follow up meeting with mental health within 14 days of disclosure. Information pertinent to sexual victimization or abusiveness is limited to medical, mental health and security staff on a need to know basis. Medical and Mental Health staff secure 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.

Standard	§115.82 Access to emergency medical and mental health services
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Inmate victims receive unimpeded access to emergency medical treatment and crisis intervention services. Review of operating procedures and interviews with staff and offenders confirm compliance. Staff indicate that the services provided are according to their professional judgment. All Medical files are kept electronically, allowing for date/time stamp of all activities. Medical staff provide for timely information and services concerning contraception and sexually transmitted infection prophylaxis. All treatments are provided without financial burden to the victim. Interviews with staff and inmates indicate that timely and appropriate access to providers and services is provided when warranted.

Standard	§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

Review of operating procedures and interviews with staff and inmates confirm compliance. The evaluation and treatment includes, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to another facility, or release from custody. The care provided to inmates is consistent with the community level of care and are offered in a timely manner. This facility does not house female inmates, therefore they do not provide for pregnancy testing. Inmates victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatments are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation arising out of the incident. The facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health.

Standard	§115.86 Sexual abuse incident reviews
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

The Incident Review Team at MVRCF is prepared to review each offense that involve any sexual activity, regardless if the sex is consensual or coerced. The facility has had two PREA incidents to date that required review by the Incident Review Team. Proof documentation of the meetings were provided to the auditor. The reviews were conducted within 30 days of the conclusion of the sexual abuse investigation. The incident review team is comprised of upper-level management officials and allows for input from line supervisors, medical and mental health practitioners. The facility provides a report of its findings and makes recommendations for improvement and submits the report to the facility head and PREA Compliance Manager. The facility implements the recommendation for improvement or documents its reason(s) for not doing so.

Standard	§115.87 Data Collection
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- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. The 2011-2013 reports are published on the Vermont DOC website. The 2014 has been completed and should be posted soon. The aggregated data is readily available as well. The data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. All PREA incidents are tracked by the PREA Office for accountability. Annual data reports are generated as required. The agency maintains a database which includes all reports, investigation files, and sexual abuse incident reviews. The PREA Office also plays an active role in the cases when needed. The agency obtains incident-based data from every private facility with which it contracts for the confinement of its inmates. The data from the private facilities complies with the SSV reporting regarding content.

The Department of Justice has not requested data from the previous calendar year from this facility.

Standard	§115.88 Data Review for Corrective Action
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify potential problem areas and takes corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the VT DOC website. When the agency redacts information from the report it is limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Standard	§115.89 Data Storage, Publication and Destruction
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Data is properly stored, maintained and secured. Access to data is tightly controlled. Computers are consistently password protected and screens are protected from viewers peering over the shoulders to review data. Aggregated data is made readily available to the public on their website. Prior to making public aggregated data, the documents are redacted to remove all personal identifiers. All sexual abuse data collected is retained for at least 10 years after the initial collection, unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Date: August 17, 2015

Auditor Signature

Melinda D. Allen,
Certified PREA Auditor