

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAIL

Name of Facility:	Southern State Correctional Facility		
Physical Address:	700 Charlestown Road; Springfield, VT 05156		
Date Report Submitted:	February 20, 2015		
Auditor Information:	Melinda D. Allen		
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Email:	preaaudit@gmail.com		
Telephone Number:	706-449-0003		
Date of Facility Visit:	August 5-August 7, 2014		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	(802) 674-6717		
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 checked="" type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Kat Tkaczyk	Title:	Asst. Superintendent
Email Address:	kat.tkaczyk@state.vt.us	Telephone Number:	(802) 885-9745
Agency Information			
Name of Agency:	Vermont Department of Corrections		
Governing Authority or Parent Agency: (if applicable)			
Physical Address:	426 Industrial Ave. Williston, VT. 05495		
Mailing Address: (if different from above)	103 South Main Street Waterbury, VT 05671-1001		
Telephone Number:	(802) 951-5003		
Chief Executive Officer			
Name:	Andrew Pallito	Title:	Commissioner
Email Address:	Andy.Pallito@state.vt.us	Telephone Number:	(802) 951-5003
Agency-Wide PREA Coordinator			
Name:	Wendy Yoder	Title:	PREA Director
Email Address:	wendy.yoder@state.vt.us	Telephone Number:	(802) 734-1823

Audit Findings:

Narrative:

The PREA Audit of the Southern State Correctional Facility (SSCF) was conducted from August 5, to August 7, 2014. The auditor wishes to extend its appreciation to Superintendent Mark Potanas and his 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 Kat Tkaczyk for her outstanding work in organizing the files that were provided to the auditor on site. This enabled the audit to move forward very efficiently through the documentation phase of the audit. Ms. Tkaczyk 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 auditor 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 thirteen inmates were randomly selected, and eleven correctional officers were randomly selected as well as fourteen 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. Also impressive was the testing that was done to measure the level of understanding staff have following PREA Training. When the on-site audit was completed, the auditor conducted an exit meeting. 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 to the Prison Rape Elimination Act.

Description of facility characteristics:

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 SSCF contains a housing unit for elderly and chronically ill offenders, a Secure Mental Health Stabilization unit, 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.

On August 7, 2014, the on site audit was completed at SSCF. The interim report was provided August 30, 2014, to the Vermont Department of Corrections Central Facility reporting one exceed standards; thirty-two met standards; nine not met standards; and one not applicable. On February 20, 2015, all corrective action had been completed. The summary of the final audit findings for Southern State Correctional Facility is listed below.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: _____ 01

Number of standards met: _____ 41

Number of standards not met: _____ 00

Number of standards not applicable: _____ 01

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. Policy 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. Ms. Kat Tkaczyk is the PREA Manager at the Southern State Correctional Facility (SSCF). Ms. Tkaczyk is assisted by the Interim PREA Director, Wendy Yoder and Mr. Gregory Young, Interim PREA Compliance Monitor in all PREA efforts. Ms. Tkaczyk states she does not have sufficient time to perform her PREA duties alone; However, with her efforts being supplemented by Ms. Yoder and Mr. Young, the PREA work is 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 amended January 15, 2015 and includes language pertinent to PREA Compliance or the goal to gain compliance while making strides annually toward compliance.

Standard	§115.13 Supervision and Monitoring
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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 operates off of a matrix that was developed from a staffing plan. A copy of the staffing plan was provided to the auditor during the audit. The staffing analysis and plans were revised during the CAP to meet the requirements. The PREA Director is now included in the annual reviews in order to consider PREA incidents when analyzing the needs of the facility.

It is common practice for supervisors to make unannounced rounds in the facility, and policy 409.09 requires the unannounced rounds. The unannounced rounds were verified through the review of housing unit logs and reviewing video footage.

Standard	§115.14 Youthful 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)
 Not Applicable

The facility does not house juvenile offenders.

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 agency has a policy that requires staff of the opposite gender to announce their presence when entering an inmate housing unit. All female staff members knock and announce their presence at the Southern State Correctional Facility as confirmed through interviews of inmates and staff.

SSCF does not conduct cross gender strip searches. Staff were 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.

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. 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,

- 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 and reviews criminal histories on an ongoing basis. The agency conducts background checks for promotional purposes or for questioning past conduct. The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with 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. Prior incidents related to sexual harassment or sexual abuse are considered for promotional purposes.

- 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 SSCF has not had any significant upgrades or changes in technology or facilities since the facility is relatively young. Video cameras are 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 are some blind spots on the grounds (yard) of the facility. The auditor suggests the addition of several cameras be installed in the yard to enhance the observation of the recreation area. Staff have marked the areas with paint to designate areas that inmates are not allowed to cross. The "barrier" seems to be working. Inmates interviewed understand what the lines mean and acknowledge the restricted zone.

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 yard, so staff do not have to be so vigilant in watching these areas and can spend more time observing the activities in the yard. The facility has developed a three year plan for addressing the concerns listed above during the corrective action. The auditor has reviewed these plans and find them to be sufficient to address the issue.

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.

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 developed 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 PowerPoint presentation for PREA. Staff complete a pretest and a post test to evaluate their improvement and knowledge. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists each of 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.

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 three contractors and volunteers demonstrated their knowledge of PREA and their responsibilities and agency zero tolerance policy. The auditor also reviewed contractor and volunteer training records, and observed that each signed a PREA Training Acknowledgment form.

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 that 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.

During the tour and in interviews, most inmates acknowledged the information being provided upon arrival and during 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.

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)

Medical staff do not conduct forensic medical examinations. Training records demonstrated the medical modules presented by the National Institute of Corrections was completed. The auditor verified random training records for compliance.

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 screened during the intake process, normally within the first 24 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 twenty-eight (28) day review of the SVS. The auditor verified that the 28-day reviews are completed in a timely manner. 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.

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 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 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. There have not been any inmates identified as at risk of sexual victimization in the past 12 months at the SSCF.

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 and inmates can report to an outside entity via the Prisoner's Rights telephone number. Policy dictates that all incidents will be investigated. Reports are accepted verbally, in writing, anonymously or from third parties. 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 are familiar with the grievance policy and how to file an emergency grievance if necessary to report a PREA incident. Policy 320.01 was revised during the CAP to require agency decision regarding emergency grievances within five days.

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 hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

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 a clearly established 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.

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 staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment; and for staff not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Staff and inmate interviews supported reporting and only discussing sexual abuse and harassment cases as necessary for investigative purposes.

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 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.

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 and practice, meet the requirements of the standard. Once the Superintendent has been notified of an incident, he/she immediately notifies the head of the facility where the allegation took place.

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 the standard. Interviews with staff indicate that staff are familiar with securing evidence and not taking actions that could destroy physical evidence.

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 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.

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. The contract will need to be revised/update in the future when renewed or renegotiated.

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 clearly states that the department will protect inmates and staff from retaliation beginning when the allegation is made until the threat has passed, the policy details who will be responsible for monitoring 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 available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

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 local police will be called upon to conduct governing who is going to conduct investigations that rise to the level of criminal activity. There were no substantiated cases presented for criminal investigation during the audit period.

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.

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)

Evidence indicates that the facility notifies inmates regarding the status of a PREA case verbally. However, the standard requires that the inmate be notified in writing of the status of the case, or outcome of the investigation. It was determined during the CAP that Policy 409.09 and the Staff Sexual Misconduct Directive do address this standard. The confusion, on the part of the auditor, was that there had not been any cases presented that required documentation.

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 was presented and 118.02 was revised during the CAP to come into compliance with this standard. Policy 118.02 was approved on January 6, 2015.

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.

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 are clearly enforced 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 requires inmates with a serious functional impairment (SFI) be referred to mental health for an assessment. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact, policy 410.01, page 18, Major 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 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. Information pertinent to sexual victimization or abusiveness is limited to staff on a need to know basis.

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)

Review of operating procedures and interviews with staff and offenders confirm compliance. All Medical files are kept electronically, allowing for date/time stamp of all activities.

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. All treatment is provided without expense to the inmate victim. The care provided to inmates is consistent with the community level of care and are offered in a timely manner.

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 Southern State is prepared to review each offense that involve any sexual activity, regardless if the sex is consensual or coerced. The facility has not had an PREA incident to date since implementing the Incident Review Team.

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, 2012 and 2013 reports are published on the Vermont DOC website as required.

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 problem areas and take 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.

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.

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: 03/01/2015

Auditor Signature

Melinda D. Allen,
Certified PREA Auditor