

PREA Facility Audit Report: Final

Name of Facility: Northwest State Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 04/08/2020

Date Final Report Submitted: 10/06/2020

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

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

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

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

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

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

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

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

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

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

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

1. Pre-Onsite Audit Phase

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

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

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

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

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

Melinda Allen

P.O. Box 703

Braselton, GA 30517

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Onsite Audit Phase

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

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

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

The auditor toured and reviewed the following locations/areas:

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

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

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

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

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

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

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

3. Interviews:

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

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

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

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

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

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

Interview Selection Methodology:

Random and Targeted Inmates:

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

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

Category and number of inmate interviews in that category:

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

Random Staff:

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

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

Specialized Staff:

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

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

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

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

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

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

File Review Methodology (Inmate):

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

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

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

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

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

Category and number of inmate files reviewed:

Cognitive or Physical Disability- 1

Random inmates- 10

Inmates who reported SA or SH - 3

Inmates who disclosed victimization during a risk assessment- 2

Other files reviewed included:

Investigations Files - 12

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

Logs of Unannounced Rounds

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

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

1. Facility strengths:

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

2. Facility challenges:

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

2. **Barriers encountered:**

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

Conclusion:

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

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

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

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

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

AUDIT FINDINGS

Summary of Audit Findings:

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

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

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

Exceed Standards: 02

Meets standards: 36

Did Not Meet standards: 07

Exceeded Standards:

115.32, 115.42

Met Standard:

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

Did not Meet Standard:

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

Critical Update on 115.51:

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

The corrective action has been addressed as follows:

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

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

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

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

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

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

115.88 On September 22, 2020, the agency updated the agency website to include the 2017-2018 and 2018-2019 annual reports, which include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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

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

115.12	Contracting with other entities for the confinement of inmates
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1366 365">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="248 477 1326 512">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="347 622 1230 658">a. Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="347 696 1145 732">b. Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="347 770 954 806">c. Contract with CoreCivic signed 9.17.18 <li data-bbox="248 913 440 949">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="347 1061 783 1097">a. Agency Contract Administrator <p data-bbox="248 1209 389 1245">Findings:</p> <p data-bbox="248 1357 1469 1904">The Vermont Department of Corrections (VTDOC) has contracted with CoreCivic to house inmates on their behalf. The most recent contract was entered September 17, 2018. The term of the contract is two years. The contract requires that the contractor adopt and comply with the PREA Standards. The DOC does not have any current contracts for confinement that do not require compliance and adoption of the PREA Standards. The current contract specifies that the Contractor will comply with the PREA of 2003 (28 C.F.R. Part 115, Docket No. OAG-131. RIN 1005-Dated May 17, 2012) as noted on page 10 of the contract, and will adopt all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the Contractor's facilities that house State inmates. State staff has the right to conduct announced and/or unannounced, compliance monitoring to include "on-site" monitoring to ensure that Contractor is complying with PREA standards. This is standard verbiage for contracts for confinement as established through the Agency's PREA policy 409.09.</p> <p data-bbox="248 2016 1453 2136">The contract monitor monitors for compliance with all PREA Standards. In interviews with the contract monitor, I determined that the contract monitor regularly reviews the contractor and their work as it applied to PREA. The contract monitor did express some concern that the</p>

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

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

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

Best Practice Recommendation:

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

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

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

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

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

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

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

Corrective Action Recommendation:

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

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

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

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

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

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

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

The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

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

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

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

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

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

115.31	Employee training
---------------	--------------------------

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- a. Vermont Department of Corrections (VTDOC) Policy 409.09
- b. Pre-Audit Questionnaire (PAQ) completed by VTDOC
- c. PREA Refresher Test
- d. PREA Examination is given to all recruits in the Academy
- e. PREA Curriculum
- f. PREA Refresher Curriculum
- g. Sample of Training Records

2. Interviews:

- a. Random Sample of Staff

Findings:

VDOC provides all employees PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. The staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plan demonstrates all of the required areas are reviewed. A review of staff training files indicates that all staff members have been trained. In addition to completing the training, staff members are required to complete an examination showing their understanding of the training presented. Interviews of staff members demonstrated an understanding of the agency's zero-tolerance policy; the agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual

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

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

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

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

Best Practice Recommendation:

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

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

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

115.41 Screening for risk of victimization and abusiveness

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

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

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

2. Interviews:

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

Findings:

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

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

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

Corrective Action Recommendation:

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

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

115.42	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 b. Vermont Department of Corrections (VTDOC) Policy 432.01 c. Pre-Audit Questionnaire (PAQ) completed by VTDOC d. Review of Random Sample of Inmate Files e. Review of Risk-based housing decisions f. Observation of Teams Meeting on-site to review housing assignments g. Observation of Showers, housing units, and toilet areas within the facility <p>2. Interviews:</p> <ul style="list-style-type: none"> a. PREA Coordinator b. PREA Compliance Manager c. Staff who Perform Screening for Risk of Victimization and Abusiveness d. Random Sample of Inmates e. Random Sample of Transgender, Intersex, and LGBTQI Inmates

Findings:

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

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

115.43	Protective Custody
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="252 246 526 280">Auditor Discussion</p> <hr/> <p data-bbox="252 324 1372 414">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 548 1356 638">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="343 772 1452 862">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="343 907 1452 996">b. Vermont Department of Corrections (VTDOC) Policy 432.01 Protective Custody <li data-bbox="343 1041 1452 1131">c. Vermont Department of Corrections (VTDOC) Policy 432.01 Administrative Segregation <li data-bbox="343 1176 1356 1220">d. Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="343 1265 1484 1355">e. Review of housing assignments of Inmate that alleged sexual abuse <li data-bbox="343 1400 1197 1444">f. Visual Review of Segregation Housing units <p data-bbox="252 1668 486 1713">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="343 1848 598 1892">a. Warden <li data-bbox="343 1937 1348 1982">b. Staff Who Supervise Inmates in Segregation Housing <li data-bbox="343 2027 1460 2116">c. There were not inmates to interview that had been placed in segregation housing who allege to have suffered sexual

abuse.

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

Findings:

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

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

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

Findings:

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

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

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

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

115.52	Exhaustion of administrative remedies
	<p data-bbox="248 168 898 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 246 523 280">Auditor Discussion</p> <p data-bbox="248 324 1374 421">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="347 779 1334 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 920 1453 1016">b. Vermont Department of Corrections (VTDOC) Policy 320.01 Grievances <li data-bbox="347 1061 858 1095">c. Inmate PREA Brochure <li data-bbox="347 1144 1038 1178">d. Central Office Resident Handbook <li data-bbox="347 1227 946 1261">e. Third Party Reporting Poster <li data-bbox="347 1310 1414 1344">f. Northwest State Correctional Facility Resident Handbook <p data-bbox="248 1574 488 1608">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="347 1742 1145 1776">a. Inmates Who Reported Sexual Abuse <p data-bbox="248 1917 419 1951">Findings:</p> <p data-bbox="248 2089 1445 2123">Agency policy 320.01, page 5, section b, and Page 8, Section 9, governs</p>

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

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

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

Best Practice Recommendation:

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

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

Findings:

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

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

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

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

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

- a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- b. Vermont Department of Corrections (VTDOC) Policy 405 Reporting
- c. PAQ Completed by Northwest State Correctional Facility (NWSCF)
- d. Random Sample of Incident Reports

p>

2. Interviews:

- a. Medical and Mental Health Staff
- b. Random Sample of Staff
- c. Warden
- d. PREA Coordinator

Findings:

Agency policy 409.09, page 9, section b requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or

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

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

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

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

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

115.64	Staff first responder duties
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="252 246 523 280">Auditor Discussion</p> <hr/> <p data-bbox="252 324 1372 421">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 555 1356 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="351 779 1460 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="351 920 1404 1016">b. Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting <li data-bbox="351 1061 1385 1158">c. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="351 1202 1123 1236">d. Guidance Procedures for Investigations <li data-bbox="351 1281 855 1314">e. Investigations Directive <li data-bbox="351 1359 769 1393">f. Incident Protocols <p data-bbox="252 1532 488 1568">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="351 1706 675 1731">a. Random Sample of Staff <li data-bbox="351 1780 1425 1850">b. While there were inmates that reported sexual abuse, interviews determine that neither case rose to the level of sexual abuse. <p data-bbox="252 1966 419 2002">Findings:</p>

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

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

Corrective Action Required:

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

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

115.65	Coordinated response
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1372 414">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 548 1356 638">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="351 772 1460 862">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="351 907 1388 996">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="351 1041 1085 1086">c. NWSCF Coordinated Response Plan <li data-bbox="252 1220 486 1265">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="351 1388 558 1433">a. Warden <p data-bbox="252 1556 422 1601">Findings:</p> <p data-bbox="252 1724 1460 2105">The facility has a written institutional response plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse.</p>

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

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



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

Findings:

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

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

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

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

2. Interviews:

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

Findings:

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

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

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

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

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1476 369">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="252 481 1428 526">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="351 638 1412 683">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="351 716 1380 817">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="351 851 710 896">c. MOU with AHSIU <li data-bbox="351 929 1005 974">d. MOU with Vermont State Police(VSP) <li data-bbox="351 1008 383 1052">e. <li data-bbox="252 1164 454 1209">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="351 1332 622 1366">a. Investigative Staff <p data-bbox="252 1478 406 1523">Findings:</p> <p data-bbox="252 1713 1460 2049">Agency policy 409.09, page 4, footnote 6, states that incidents are substantiated if it is proven by the preponderance of the evidence. This was confirmed in interviews with Investigative Staff and through the review of investigative files. Interviews with investigative employees confirm the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. All 2019 investigative files were reviewed and found to be compliant.</p>

115.73	Reporting to inmates
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="248 248 523 280">Auditor Discussion</p> <hr/> <p data-bbox="248 327 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 651">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1449 878">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 922 1390 1019">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1064 759 1099">c. MOU with AHSIU <li data-bbox="349 1144 1094 1180">d. MOU with Vermont State Police(VSP) <li data-bbox="349 1225 991 1261">e. Inmate Victim Notification Form <li data-bbox="349 1305 999 1344">f. Sample of Investigative Reports <li data-bbox="349 1388 1086 1424">g. Completed Inmate Notification Forms <p data-bbox="248 1664 488 1700">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1836 531 1872">a. Warden <li data-bbox="349 1917 624 1930">b. Investigative Staff <p data-bbox="248 2067 419 2103">Findings:</p>

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

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



115.76	Disciplinary sanctions for staff
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1477 365">The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> <li data-bbox="248 488 1426 524">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> <li data-bbox="347 647 1414 683">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="347 728 1377 808">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="347 853 807 889">c. Investigations Flowchart <li data-bbox="347 934 1222 969">d. Memorandum regarding Staff Discipline about PREA <li data-bbox="347 1014 836 1050">e. Review of Personnel Files <li data-bbox="248 1173 456 1209">2. Interviews: <ol style="list-style-type: none"> <li data-bbox="347 1335 528 1370">a. Warden <li data-bbox="347 1415 622 1451">b. Investigative Staff <p data-bbox="248 1559 400 1594">Findings:</p> <p data-bbox="248 1639 1436 2114">According to agency policy 126, page 2, paragraph 3, agency staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 126, Page 2, paragraph 3 states, "...Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." There was one disciplinary action to review of staff related to an incident of sexual abuse or sexual harassment. All disciplinary sanctions imposed for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other</p>

staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, no cases were staff should have been reported to law enforcement or the relevant licensing body.

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

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

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing d. Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Warden b. Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 410.01 governs inmate discipline. The policy states that offenders are subject to disciplinary sanctions under a formal disciplinary process following an administrative or a criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. In the past twelve months, there were four administrative allegations of inmate-on-inmate sexual abuse. There were no criminal cases of inmate-on-inmate sexual abuse. A review of investigative and disciplinary reports indicates sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and</p>

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

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

Best Practice Recommendation:

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

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Review of Medical and Mental Health Secondary Records that Document Compliance <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Medical and Mental Health Staff b. Inmates who Disclose Sexual Victimization at Risk Screening c. Staff Responsible for Risk Screening <p>Findings:</p> <p>The VTDOC has contracted with Centurion health care provider to review the screening instrument and to determine if an offender indicates that they have experienced prior sexual victimization, whether it occurred in an</p>

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

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

Findings:

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

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1430 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1485 1014">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1059 847 1095">c. PREA Incident Protocols <li data-bbox="349 1144 1393 1238">d. Investigative Report applicable to the interview mentioned below <p data-bbox="248 1373 488 1408">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1547 991 1583">a. Medical and Mental Health Staff <p data-bbox="248 1718 419 1753">Findings:</p> <p data-bbox="248 1888 1481 2148">The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This collaborated through observation of facility programs that deal specifically with domestic violence and sexual abuse and a thorough review of resources made</p>

available to inmate victims. The evaluation and treatment of victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services are consistent with the community level of care. NWSCF is a Male only facility. Victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility, functioning as a prison, does conduct a mental health evaluation of all convicted known inmates-on-inmate abusers with 60 days of learning of the sexual abuse history and offer treatment when deemed appropriate. Both Medical and Mental Health professionals interviewed confirmed that inmate victims receive the care required within this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) c. Sexual Abuse Incident Review Team Report Form (SART) d. Sample of Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> a. Medical and Mental Health Staff b. Warden c. PREA Compliance Manager d. Incident Review Team <p>Findings:</p> <p>The agency has a policy, 409.09, on page 23, the second paragraph to</p>

conduct a sexual abuse incident review after every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Several Incident Reviews were completed within the required 30 days of the close of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. In the files reviewed, the team included upper-level management front line supervisors, investigators, and medical or mental health practitioners. The agency has created an Incident Review Form to ensure the required elements are being reviewed. The elements include (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To determine compliance with this standard, I interviewed the PREA Compliance Manager, Medical, Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent. I reviewed all PREA related Investigative files and observed Incident Review Team forms and found that the Incident Reviews were completed timely.

115.87	Data collection
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1273 365">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="248 409 1276 1032" style="list-style-type: none"> <li data-bbox="248 409 1230 448">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ol data-bbox="248 528 1276 734" style="list-style-type: none"> <li data-bbox="248 528 1190 564">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="248 568 1276 604">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="248 609 1007 645">c. Vermont Department of Corrections PREA Webpage <li data-bbox="248 649 943 685">d. OMS PREA Categories for Classifying Incidents <li data-bbox="248 689 927 725">e. 2018 SSV Report to the Department of Justice <li data-bbox="248 784 427 819">2. Interviews: <ol data-bbox="248 869 802 1032" style="list-style-type: none"> <li data-bbox="248 869 802 904">a. Medical and Mental Health Staff <li data-bbox="248 909 488 945">b. Warden <li data-bbox="248 949 746 985">c. PREA Compliance Manager <li data-bbox="248 990 675 1025">d. Incident Review Team <p data-bbox="248 1081 373 1117">Findings:</p> <p data-bbox="248 1167 1477 2148">The Vermont Department of Corrections, policy 409.09, details the standardized definitions one page 3-8. The agency collects uniform data of each allegation within the agency, to include contracted facilities. Page 22 of the policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VTDOC follows the SSV as guidance for the collection of appropriate data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All of the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked to answer all questions on the Survey of Sexual Violence by the Department of Justice. The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all of the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that house inmates on their behalf. The VTDOC is provided a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and monitored. The reports are then provided to the PREA Director for the VTDOC who compiles the annual reports for the agency. The contracted agency aggregated reports are posted publicly on the VTDOC webpage. I reviewed the 2018 aggregated report as well as the annual report generated by the VTDOC. The agency has also mapped out the investigative process providing clarification of the process and responsibilities of each member's role in the completion of the investigations. This level of awareness and concern far exceeds the scope of the PREA Standards and portrays the sincerity of the importance of sexual safety in the VTDOC system.</p>

Corrective Action Recommendation:

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

Update:

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

115.88	Data review for corrective action
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="248 555 1358 649">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="349 781 1428 875">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="349 920 1484 1014">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="349 1059 1307 1104">c. Vermont Department of Corrections PREA Webpage <li data-bbox="349 1149 810 1193">d. Annual PREA Reports <p data-bbox="248 1323 488 1359">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="349 1494 687 1538">a. Agency Head <li data-bbox="349 1583 767 1619">b. PREA Coordinator <li data-bbox="349 1664 932 1709">c. PREA Compliance Manager <p data-bbox="248 1753 419 1798">Findings:</p> <p data-bbox="248 1921 1477 2128">Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house inmates. The VTDOC has six state prisons and contracts with a private company to house some inmates out of state. The VTDOC has</p>

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

Corrective Action Recommendation:

Complete and post the 2018 and 2019 Annual reports.

On September 22, 2020, the agency updated the agency website to include the 2017-2018 and 2018-2019 annual reports, which include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.

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

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

Corrective Action Recommendation:

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

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

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1374 423">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="252 557 1358 654">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> <li data-bbox="352 786 1453 882">a. Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="352 927 1382 1023">b. PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <li data-bbox="352 1068 1307 1102">c. Vermont Department of Corrections PREA Webpage <li data-bbox="352 1146 810 1180">d. Annual PREA Reports <p data-bbox="252 1494 488 1527">2. Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="352 1666 496 1700">a. None <p data-bbox="252 1839 419 1872">Findings:</p> <p data-bbox="252 2011 1453 2157">The VTDOC operates six state prisons and has completed all cycle one and cycle two audits of their facilities. This is the second audit conducted in year one of the third cycle. The agency has a plan in place to ensure</p>

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

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

agency's webpage.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for	yes

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

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

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

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual	yes

	abuse and sexual harassment, including: inmates who are blind or have low vision?	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

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

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

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

115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

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

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

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

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

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

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

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

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

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

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

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

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

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	no

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

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes