


STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS	Title: PRISON RAPE ELIMINATION ACT (PREA) & STAFF SEXUAL MISCONDUCT – FACILITIES	Page 1 of 23
Chapter: Security and Supervision	# 409.09	Supersedes DOC Directive 409.09 dated 6/2/2014.
Attachments, Forms & Companion Documents: 1. All PREA forms and companion documents are available on the DOC website.		
Local Procedure(s) Required: No Applicability: All staff (including contractors and volunteers) Security Level: "B" – Anyone may have access to this document.		
Approved: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  <hr/> Andrew A. Pallito, Commissioner </div> <div style="text-align: center;"> 2/18/15 <hr/> Date Signed </div> <div style="text-align: center;"> 2/22/15 <hr/> Date Effective </div> </div>		

PURPOSE

The purpose of this administrative directive is to implement the federal *Prison Rape Elimination Act (PREA)* in order to eliminate sexual abuse of inmates in custody of the Vermont Department of Corrections (DOC). This directive provides uniform guidelines and procedures to reduce the risk of prison sexual abuse, and to promote the policy of sexual safety.

POLICY

DOC is committed to the safety of any individual in custody or incarcerated in a correctional facility. DOC has a zero-tolerance standard for sexual abuse, sexual harassment and/or sexual misconduct.¹ Inmates in the custody of DOC are never regarded as being able to consent to any kind of sexual relationship. No matter who initiates the contact or how "mutual" the relationship is, it is considered a rule violation by inmates and an abuse of power by staff to engage in any sexual relationship within a facility. DOC will respond to verbal, written, anonymous, and third party reports of sexualized behavior or abuse as nonconsensual, regardless of perception, rumor, appearance, or participant disclosure.

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. Through continual education of staff and inmates, the DOC will increase awareness of safe reporting mechanisms and available services to victims, thereby creating an institutional culture that discourages prison sexual abuse. Through classification and housing assignment, the DOC will identify opportunities to separate and carefully monitor sexually predatory inmates and vulnerable inmates to reduce the incidence of prison sexual abuse. DOC will utilize data collection systems to accurately track sexual abuse and

¹ 28 C.F.R. §115.11(a).

sexualized behavior; facilitate identification of the causal factors; and annually incorporate 'lessons learned' into improved operations, services and training toward a zero-tolerance standard.²

DOC will, to the degree possible within investigation protocol, limited resources and applicable laws:

1. Protect all inmates from sexual abuse;
2. Take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse;
3. Protect staff and inmates from retaliation from the perpetrator or others, beginning when the allegation is made until the threat has passed as determined through the investigation process;
4. Protect staff and inmates by ensuring that information obtained through the investigation is only shared with staff who are involved in the investigation or case management of the involved parties;
5. Use the least restrictive level of segregation until the investigation is complete;³
6. Protect the victim's regarding incidents of substantiated or unsubstantiated staff-on-inmate sexual misconduct or sexual harassment. Case notes will only list the PREA Incident number;
7. Not include any specific information in the DOC database regarding staff member(s) who have been identified as alleged perpetrators of staff sexual abuse;
8. Work with local law enforcement to pursue criminal charges on behalf of victims of criminal sexualized behavior and sexual abuse;⁴
9. Thoroughly investigate staff sexual abuse regardless of whether the alleged perpetrator is terminated or resigns;
10. Provide inmates with a method to report sexual abuse and sexual harassment to a private or public entity or office that is not part of the DOC, and that is able to receive and immediately forward inmate reports to DOC officials;
11. Provide a method for friends and family to report allegations of sexual abuse and sexual harassment;
12. Promptly, thoroughly, and objectively investigate verbal, written, anonymous, and third party reports of sexual harassment/abuse.

All DOC staff members must understand their responsibility in the prevention, detection, reporting and monitoring for retaliation in all incidents of sexual abuse. Professional, trained staff will help prevent incidents of prison sexual abuse by following the guidelines below during the performance of their duties:

1. Know and enforce rules regarding sexual abuse and sexualized behavior;
2. Use professional language;
3. Treat all allegations seriously and follow appropriate reporting procedures;
4. Recognize that incidents can occur virtually anywhere, especially in areas that are not directly supervised at all times;
5. Conducting frequent, random area and cell checks, providing direct staff supervision whenever possible;

² 28 C.F.R. §115.11(a)

³ 28 C.F.R. §115.68(a)

⁴ 28 C.F.R. §115.22(b).

6. Maintain an open line of communication with inmates;
7. Recognize that first-time, youthful, elderly, seriously functionally impaired, developmentally disabled, homosexual, transgender, intersex, gender nonconforming, and/or inmates who have committed sexual offenses are at an increased risk for prison sexual abuse;
8. Be aware of possible warning signs that might indicate that an inmate has been sexually abused or is in fear of being sexually abused; (Warning signs include, but are not limited to, isolation, depression, lashing out at others, refusing to shower, suicidal thoughts or actions, seeking protective custody, or refusing to leave segregation.)
9. Be aware of potential sexually aggressive behavior. The sexual aggressor may be known by the general population. (Characteristics or warning signs may include a prior history of sexual violence, history of institutional violence, use of strong arm tactics (extortion), associating or pairing up with inmates who meet the profile of a potential victim, exhibiting voyeuristic/exhibitionistic behavior, and demonstrated inability to control anger.)

Inmates are encouraged to report all allegations of sexual abuse and/or sexualized behavior regardless of when the incident may have occurred. Access to services for the victim of sexual abuse will not be dependent on their willingness to report allegations or provide testimony. In large measure, however, reporting of alleged sexual abuse by inmates is critical to the timely delivery of necessary services to the victim and to holding perpetrators accountable. Verbal, written, anonymous, and third party reports will be investigated regardless of the person's status whether staff or inmate and within the limitations of information provided and the willingness of inmates and/or others to provide testimony. When the victim of a PREA incident can be identified, they will be offered access to necessary services (per incident protocols) available through DOC and its community partners.

AUTHORITY

42 U.S.C. §147 (2003); 28 C.F.R. §115 (2012); 13 V.S.A. § 3257; 28 VSA § 102 (b)(2), (c)(5) and (c)(6).

REFERENCE

American Correctional Association, Final Standards for Adult Correctional Facilities, 4th edition, January 2003, Standard 4-4406. DOC Administrative Directives: #126 Sexual Misconduct; #306.01 Incapacitated Persons; #320.01 Inmate Grievance System for Field & Facilities; #406.01 Inmate Instate Transportation; #403.03 Security Manual; #409.08 Crime Scene Preservation & Evidence Collection-facility; and #410.01 Facility Rules & Inmate Discipline; DOC Work Rules (1997). Health Insurance Portability & Accountability Act (HIPAA – Privacy Rule) 1996.

DEFINITIONS

Chain of Custody: A process to control and document security and handling of contraband and criminal physical evidence.

Consent: Words or actions by a person indicating a voluntary agreement to engage in a sexual act.⁵

⁵ It is the policy of the DOC that incarcerated persons have no ability to consent to any sexual act which takes place within Vermont correctional facility.

Detainee: A person committed to the Commissioner of Corrections by the court or other authorized person or entity, who is confined in a correctional facility until he/she is sentenced or released.

DOC Staff: For the purpose of this directive, staff includes all DOC employees, volunteers, and contracted personnel working within the physical building or directly with an inmate and/or offender in any kind of official capacity.

False Allegation: Through the investigative process, evidence proves that an assertion of sexual abuse is not true.

Identifier Designation: A term, either confirmed or potential “vulnerable” or “predatory,” given to an inmate after conducting the *Sexual Violence Screening Tool*. The *Sexual Violence Screening Tool* is designed to determine if an inmate may be vulnerable to sexual abuse or be a possible perpetrator of sexual abuse while incarcerated.

Incapacitated (INCAP): When a person, as a result of his or her use of alcohol and/or other drugs, is in a state of intoxication, or mental confusion resulting from withdrawal, such that the person:

1. Appears to need medical care or supervision by approved substance abuse treatment personnel, as defined in statute, to ensure his or her safety; or,
2. Appears to present a direct active or passive threat to the safety of others.

Inmate: includes any and all of the following:

1. An individual in physical custody in a confinement facility;
2. An incarcerated person, including detainees and sentenced detainees, as well as an INCAP.

Intersex: A person whose sexual or reproductive anatomy and chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sexual development.

Investigative Outcome: When an investigation is concluded, it will be labeled one of the following:

1. Substantiated⁶ – An allegation that was investigated and determined to have occurred;
2. Unsubstantiated – An allegation that was investigated and the investigation produced insufficient evidence as to whether or not the event occurred;
3. Unfounded – An allegation that was investigated and determined not to have occurred.

Medical Confidentiality: The legal privilege and ethical obligation which a physician and/or other medical professional can invoke to protect their patient’s medical information. The exception to medical confidentiality is when an inmate notifies a health care provider that they have engaged in sexual activity and/or sexual contact. Upon becoming aware of the situation the health care provider must follow proper reporting standards to report the contact and/or activity.

Multi-disciplinary Approach: The approach takes into consideration education needs, medical, mental health, programming needs, security and volunteer services to develop a facility plan for designated inmates.

⁶ An incident is substantiated if it is proven by the preponderance of the evidence.

Mutual: An agreement between persons to engage in a sexual relationship or the idea of a sexual relationship with each other.

Need-to-Know: A criterion for limiting access of certain sensitive information to individuals who require the information to make decisions or take action with regard to an inmate/offender's safety or treatment, or to the investigative process.

Perpetrator: For the purposes of this directive, an individual committing any form of sexual abuse.

Post-exposure Prophylaxis (PEP): Any prophylactic treatment administered by medical personnel started immediately after exposure to a pathogen (such as a disease-causing virus), in order to prevent infection by the pathogen and the development of disease.

Prison Rape Elimination Act (PREA): The federal law, enacted on September 4, 2003, which supports the prevention, reduction, and elimination of sexual assault and rape within corrections systems; mandates national data collection efforts; provides funding for program development and research; creates a national commission to develop standards and accountability measures; and applies to all federal, state, and local prisons, jails, police lock-ups, private facilities, and community settings such as residential facilities.

PREA Coordinator: Designated facility staff person responsible for coordinating with the PREA Director regarding PREA incidents at their local site, as well as overseeing the PREA inmate orientation process.⁷

PREA Designation: Using *the Sexual Violence Screening Tool (SVS)*, determining whether an inmate may potentially be vulnerable, predatory, both, or neither in relation to sexual abuse. This may include separating inmates involved in a PREA incident for the safe and orderly running of the institution.

PREA Incident: Any incident of inmate sexualized behavior, or staff-on-inmate or inmate-on-inmate sexual abuse.

PREA Office: Office comprised of a permanent PREA Director and other presently funded positions. The office is responsible for allegations, audits, orientation, and trainings as they relate to PREA. The PREA Office can be contacted via email at AHS.DOCPREA@state.vt.us.

1. PREA Director: The staff person responsible to develop, implement, and oversee the DOC's plan to comply with the PREA standards; ensure the completion of the PREA standards assessment checklist; develop and implement a training plan to fulfill the PREA training standards; monitor inmate screening procedures, investigations, and medical and mental health treatment according to the PREA standards; oversee the DOC's PREA data collection; and provide appropriate access and materials to auditors.⁸

Predatory Inmate: An inmate whose institutional behavior indicates they are prone to victimize other inmates, especially in regard to sexual behavior.

⁷ 28 C.F.R. §115.11(b).

⁸ 28 C.F.R. §115.11(c).

Qualified Health Care Professional (QHCP): Any person who by virtue of their education, credentials and experience is permitted by law to evaluate and care for patients. This includes, but is not necessarily limited to, physicians, physician's assistants, nurses, nurse practitioners, dentists, and mental health professionals.

Qualified Mental Health Professional (QMHP): Any person with professional training, experience, and demonstrated competence in the treatment of mental illness, who is a physician, psychiatrist, psychologist, social worker, nurse, psychiatric nurse practitioner, or other qualified person eligible for licensure in the State of Vermont as a mental health clinician and approved by the Health Services Director to provide mental health services.

SAFE: Sexual Assault Forensic Examiner.

Sexual Abuse: The use of debt, threats of physical harm, peer pressure, deceit, personal favors, or positional authority to force or cajole sexual favors from a person, including inmate-on-inmate or staff-on-inmate abusive sexual contacts, nonconsensual sexual acts, or sexual harassment.

1. Inmate-on-Inmate Sexual Abuse: Includes any of the following acts, if the inmate, detainee or resident does not consent, is coerced into such act by overt or implicit threats of violence or is unable to consent or refuse:
 - Abusive Sexual Contact: Intentional non-penetrative touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person, excluding contact incidental to a physical altercation.
 - Nonconsensual Sexual Acts: Contact between the penis and the vulva or the penis and the anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
 - Sexual Harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.
2. Staff-on-Inmate Sexual Abuse: Includes any of the following acts, with or without consent of an inmate, detainee or resident by a staff member, contractor, or volunteer.
 - Abusive Sexual Contact: Any attempt, threat, request, or intentional contact between the mouth and any body part, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or buttocks, that is unrelated to official duties or where the staff member has the intent to abuse, arouse, or gratify sexual desire.
 - Nonconsensual Sexual Acts: Any attempt, threat, request, or intentional contact between the penis and the vulva or the penis and the anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or

genital opening of another person, however slight, by a hand, finger, object, or other instrument.

- **Indecent Exposure:** The display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate.
- **Voyeurism:** Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.
- **Sexual Harassment:** Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual Assault Nurse Examiner (SANE): A registered nurse (R.N.) who has advanced education and clinical preparation in forensic examination of sexual assault victims. "SANEs offer victims prompt, compassionate care and comprehensive forensic evidence collection. In addition to helping preserve the victim's dignity and reduce psychological trauma, SANE programs enhance evidence collection for more effective investigations and better prosecutions."⁹

Sexual Exploitation: "Any abuse of a position of vulnerability, differential power, or trust for sexual purposes; this includes profiting monetarily, socially, or politically from the sexual exploitation of another."¹⁰ It also includes the solicitation of sexual favors from any person committed to the care and custody of the DOC or from any staff person.

Sexual Misconduct: Any behavior of a sexual nature committed by staff directed toward an inmate/offender that is prohibited by federal law, Vermont statute, Agency of Human Services (AHS) policies, DOC policies, or DOC work rules.

Sexual Violence Screening Tool (SVS): An objective screening assessment tool used to identify the risk of an inmate being sexually abused by other inmates or sexually abusive toward other inmates. Assessments are conducted within seventy-two hours of intake, again within thirty days of inmate's arrival to the facility. A new assessment is completed when warranted¹¹ due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.¹²

Sexualized Behavior: Sexual contact intended or committed by an inmate including, but not limited to, kissing or fondling of another person, (excluding all examples listed under Abusive Sexual Contacts) in a manner which produces or is intended to produce sexual stimulation or gratification

⁹ Department of Justice, Office of Justice Programs, *Implementing SANE Programs in Rural Communities*, (June, 2008), http://ojp.gov/ovc/publications/infores/WVA_Mobile_SANE_guide/pfv.html#othernurses.

¹⁰ Human Rights Watch, *Glossary*, (2003), www.hrw.org/reports/2003/nepal0903/3.htm.

¹¹ This includes when an inmate is transferred to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates per 28 C.F.R. §115.41(a).

¹² 28 C.F.R. §115.41(a-g).

where force is not substantiated. Individual behaviors include, but are not limited to, massages, indecent exposure, ejaculating on property, and fondling oneself in the presence of others.

SFI-designated Inmate: An inmate designated by the DOC Chief of Mental Health Services to be severely functionally impaired, based on an inmate's diagnosis and functioning during incarceration and the recommendation of DOC medical and mental health providers.

Survey on Sexual Violence (SSV): Annual data of sexual assault within U.S. correctional facilities collected by the federal Bureau of Justice Statistics (BJS) as mandated by the federal PREA.

Incident Report: An official report written by a DOC employee and documented electronically for incidents occurring within the DOC and any of its operations. The incident report is utilized to record events of an unusual nature (such as a medical emergency, disturbance, found contraband, etc.) violations or alleged violations of federal/state law, an event as required by DOC administrative directive, or for an incident that might lead to a criminal/internal investigation.

Victim: For the purposes of this directive, an inmate, who is harmed, adversely affected by, and/or exploited into sexualized behavior or abuse.

Vulnerable Inmate: For the purposes of this directive, an inmate who is at high risk to become a victim of sexual abuse by another inmate(s) due to actual or perceived characteristics related to age, physical stature, criminal history, sexual orientation, gender identity, and physical or mental disabilities, or past history of being victimized.

PROCEDURAL GUIDELINES

1. Rights and Responsibilities

- a. Inmates whether victim, perpetrator, witness, or reporter have the following rights:
 - i. To serve their incarceration free of sexual abuse;
 - ii. To be free from retaliation, beginning when the allegation is made until the threat has passed as determined through the investigation process, to the degree possible within limited resources and applicable laws;
 - iii. To access any services (per incident protocol) regardless of their willingness to disclose information relevant to the investigation;
 - iv. To be notified that the information of alleged sexual abuse reported to staff will immediately be reported to a CFSS or higher ranking staff member;
 - v. To be informed by staff of any limits to confidentiality prior to conducting any interview;
 - vi. To be assured that information obtained through the investigation is only shared with staff who are involved in the investigation or case management of the involved parties, to the degree possible within limited resources and applicable laws;
 - vii. To medical or mental health confidentiality unless the information is in relation to a PREA incident;
 - viii. To have their protected if the victim of substantiated staff-on-inmate sexual abuse, to the degree possible within investigation protocol and applicable laws;
 - ix. To documentation of their innocence in all unfounded incidents;

- x. To the least restrictive level of segregation until the investigation is complete.
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- b. DOC Staff Members are responsible for the following:
 - i. Immediately reporting 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 towards inmates or staff who reported such an incident; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to a CFSS or higher ranking staff member.
 - ii. For reporting to outside agencies as mandated by applicable state laws, Agency of Human Services (AHS) and DOC policies and directives;
 - iii. Maintaining appropriate professional boundaries at all times with inmates/offenders, visitors, and staff;
 - iv. Comporting themselves in a manner which fosters a safe and secure workplace;
 - v. Maintaining confidentiality during a PREA investigation by sharing only relevant information on a need to know basis only;
 - vi. Informing inmates of any limits to confidentiality prior to conducting any interview;
 - vii. Documenting all unfounded incidents against alleged perpetrators in DOC electronic case notes, as relevant;
 - viii. Holding inmates accountable through all means available to the DOC, for any substantiated incident¹³ of sexual abuse;
 - ix. Holding inmates accountable through all means available who allege sexual abuse, and whose allegations are proven by investigators to be unfounded and made in malice;
 - x. Intermediate level or higher level supervisors are required to make and enter in the unit logbook unannounced facility rounds for night shifts as well as day shifts to identify and deter employee sexual abuse and sexual harassment;¹⁴
 - xi. Staff is prohibited from alerting other staff that supervisory and above tours are occurring unless such announcement is related to the legitimate operational functions of the facility.
 - c. DOC staff members have the following rights to the degree possible within limited resources and applicable laws:
 - i. To be free from retaliation, beginning when the allegation is made until the threat has passed as determined through the investigation process;
 - ii. To be assured that information obtained through the investigation is only shared with staff who are involved in the investigation or case management of the involved parties;
 - iii. To have their identity protected if they are victims of unfounded allegations of staff-on-inmate sexual misconduct or sexual harassment;

¹³ An incident is substantiated by the preponderance of the evidence.

¹⁴ 28 C.F.R. §115.13(d).

- iv. To documentation of their innocence as an alleged perpetrator in all unfounded incidents.

d. The PREA Office will:

- i. Coordinate between facilities, field offices, law enforcement, local advocates, personnel, victims services, and State's Attorneys throughout the investigative process as necessary following incident response protocol;
- ii. Collaborate with and supervise information distribution to and from, the DOC, law enforcement, and the State's Attorney regarding ongoing criminal allegations;
- iii. Coordinate with the Director of Facility Operations to ensure that annual audits include inspection of areas and situations where sexual abuse may be likely to occur, and recommend mitigation for those areas and situations;
- iv. Collect and compile data of sexual abuse allegations to be distributed quarterly to the Deputy Commissioner, Director of Facilities Operations, Facility Superintendents, and Administrative Services Director;
- v. Produce an annual summary for the Commissioner, and facility superintendents on the frequency and severity of sexual abuse allegations within DOC, including trends during the year and comparisons to previous years. This report will be made public information, with information redacted that may threaten facility safety or security, through the DOC's website or other means. The nature of the redacted material must be indicated.
- vi. Ensure DOC review of aggregated sexual abuse allegations data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.
- vii. Develop training standards in response to sexual abuse allegations¹⁵;
- viii. Coordinate with the Vermont Corrections Academy in the development and implementation of lesson plans for new employee orientation and staff in-service training;
- ix. Participate in annual DOC discussions regarding facility staffing plans and video monitoring updates/upgrades.
- x. Develop and distribute to each facility material with key information on updates in the DOC's PREA policies as well as reminders on how to report sexual abuse and sexual harassment
- xi. Securely retain all sexual abuse allegations data collected for a minimum of ten years after the initial collection date unless otherwise specified.

2. Inmate Orientation

- a. Relevant staff will give an appropriate orientation to all inmates. (Refer to the *PREA Inmate Orientation Form*) This information is designed to inform all inmates that the

¹⁵ These training standards will be implemented in order to meet the required trainings of 28 C.F.R. §115.

DOC has a zero-tolerance policy toward sexual abuse, and that all inmates are encouraged to report any and all such incidents.¹⁶

- b. In the event an inmate has difficulty understanding provided information and/or procedures outlined in this policy, the facility must ensure that such information is effectively communicated to such inmates on an individual basis.
 - i. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the inmate shall be provided when simple written or oral communication is not effective.¹⁷
 - ii. Inmates will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder's duties, or the investigation of the inmate's allegation.¹⁸
- c. During the initial intake process the Booking Officer must do the following:
 - i. Hand out the PREA brochure, "*You Have the Right to be Safe: A Guide for Inmates/Offenders about Sexual Abuse in Corrections – Know Your Rights and Responsibilities*;"
 - ii. Inform the inmate that they can report incidents of sexual abuse or behavior to any DOC staff member;
 - iii. Inform the inmate of the zero-tolerance policy of sexual abuse and/or sexual harassment whether staff or inmate;
 - iv. Upon completion of Part I of the PREA orientation, sign and date the *PREA Inmate Orientation Form*, and give it to the Case Work Supervisor (CWS)/Living Unit Supervisor (LUS) who will then give it to the assigned Corrections Service Specialist (CSS).¹⁹
- d. As part of the inmate medical screening process, medical personnel must provide the following:
 - i. Review all questions on the *Inmate Guide to Medical Services*;
 - ii. Have the inmate sign the form and place it in their medical file;
 - iii. Ask questions and record the answers in *Section II* of the Sexual Violence Screening Tool (SVS).
- e. As part of the inmate orientation process by the assigned Caseworker, within 5 business days of incarceration the Caseworker must²⁰:
 - i. Provide how to avoid risky situations related to sexual abuse;
 - ii. Provide dialing instructions for the Offender Reporting line;

¹⁶ 28 C.F.R. §115.33(a).

¹⁷ 28 C.F.R. §115.33(d).

¹⁸ 28 C.F.R. §115.16(c).

¹⁹ 28 C.F.R. §115.33(e).

²⁰ 28 C.F.R. §115.33(b).

- iii. Inform how to report an incident;
 - iv. Inform how to obtain medical assistance and/or counseling services if victimized;
 - v. Inform of the risks & potential consequences of engaging in any sexual activity;
 - vi. Inform of the DOC's policies and procedures for responding to incidents with a sexual component;
 - vii. Inform of the right to be free from sexual abuse, sexual harassment and to be free from retaliation for reporting such incidents;
 - viii. Put the completed *Orientation Form* in the inmate file.
- f. Released inmates who have been in the community for less than 90 days and have returned to a facility will be oriented by the Booking Officer only.
 - g. Inmates that are transferred in from another facility and have a signed orientation form in their file will not be reoriented.
 - h. The Facility Superintendent is responsible for ensuring that:
 - i. The brochure "*You Have the Right to be Safe*", and any other designated materials, are made available in all living units and common areas;²¹
 - ii. Policies and procedures are in place that enable 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.²²
 - iii. There is a method in place for staff to privately report sexual abuse or incidents of alleged retaliation.
 - iv. There is a referral to the Vermont State Police in the event there is a criminal element to the incident.²³

3. Sexual Violence Screening²⁴

- a. During the booking process, but no longer than seventy-two hours after arrival, staff will complete the *SVS* in order to ensure that potential victims and/or predators are identified.
- b. The inmate may not be punished for refusing to answer questions on the screening tool.
- c. During the booking process, the booking officer will *complete Sections I of the SVS*. The booking officer will use the inmate's file, electronic database, observed behavior, information from the transporting staff, information provided by the inmate, and prior information to complete the form before giving it to a QHCP.

²¹ 28 C.F.R. §115.33(f).

²² 28 C.F.R §115.15(d).

²³ 28 C.F.R. §115.22(c).

²⁴ 28 C.F.R. §115.41(a-h).

- d. In a private area²⁵, the QHCP will ask the inmate the questions in *Section II* of the *SVS*.
- e. If while conducting the screening it is discovered that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with a medical and mental health practitioner within fourteen days of the intake screening.
- f. If while conducting the screening it is discovered that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow up meeting with a mental health practitioner within fourteen days of the intake screening.
- g. A mental health staff member, or contractor, will attempt to conduct a full mental health evaluation of all known inmate-on-inmate abusers within sixty days of learning such a history and offer treatment when deemed appropriate by mental health practitioners.
- h. Upon completion of Section II of the *SVS*, the QHCP signs and dates the *SVS* before returning it to the booking officer for completion.
- i. Potential Predator/Victim Designation:
 - i. Any inmate with a check next to the identified (*) questions will receive an automatic potential victim and/or perpetrator designation.
 - ii. For any inmate scoring three (“yes” or “check”) or more in each designation the booking officer will fill out the Designation section with either or both “*Inmate identified has exhibited characteristics of being a potential target for victimization*” or “*Inmate identified has exhibited characteristics of predatory behavior.*”
 - iii. The booking officer will sign and date the form and give the completed form to the CFSS.
 - iv. The CFSS will review, sign, and submit the form to the Casework Supervisor/Living Unit Supervisor (CWS/LUS) and give a copy to the PREA Coordinator. The CWS/LUS will review, sign, and give the form to the CSS to be filed in the inmate file.
 - v. Within five business days, the staff assigning housing will use a multidisciplinary approach to develop a facility plan. The goal of the facility plan is to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility plan will be forwarded to the CWS/LUS and the assigned CSS.²⁶
 - vi. DOC shall make individualized determinations about how to ensure the safety of each inmate.²⁷

²⁵ 28 C.F.R. §115.41(i).

²⁶ 28 C.F.R. §115.42(a).

²⁷ 28 C.F.R. §115.42(b).

- vii. The assigned caseworker will enter an electronic case note indicating the designation of the inmate and the facility plan. The assigned case worker will then notify the facility PREA coordinator and the PREA Office.
- j. No Exhibited Characteristics Indicated:
 - i. Any inmate with less than three (“yes” or “check”) for each designation will receive, “*Inmate identified does not exhibit characteristics of either a potential victim or predator.*”
 - ii. The Booking Officer will forward the completed form to the CFSS for signature.
 - iii. The CFSS will review, sign, and submit the form to the CWS/LUS and give a copy to the PREA Coordinator. The CWS/LUS will review, sign, and give the form to the CSS to be filed in the inmate file.
 - iv. If the staff member completing the assessment believes that the appropriate designation did not occur, they will notify the CFSS. The CFSS shall submit a written request with rationale, to the PREA Coordinator, CWS/LUS, and PREA Director. A determination will be made and, if necessary, the assigned CSS will follow the process listed below under, “*Other Assessments.*”
 - v. The Facility PREA Coordinator is responsible for submitting a monthly PREA Designation List to their Superintendent, and the PREA Director.
 - vi. The PREA Office is responsible for communicating the DOC PREA Designation List monthly to the Director of Classification and Facility Designation, Out of State Classification Administrator Casework Supervisor, Director of Facilities Operations, and Deputy Commissioner.
- k. Transfer Cases
 - i. If the inmate is a transfer case from another institution the booking officer will refer to the previously completed assessment when completing a new assessment and follow the process.
- l. Mandatory Thirty Day/Other Assessments
 - i. In a private setting, within thirty days of intake, the assigned Facility Caseworker will reassess each inmate by completing all sections of the *Sexual Violence Screening Tool*. The CSS will sign and date the form and follow any other necessary procedures.
 - ii. New assessments are completed upon receipt of additional information that relates to the inmates risk of victimization or predation or following an allegation of Inmate-on-Inmate sexual victimization.
- m. Designation(s) will not be used to restrict potential victims or perpetrators from services offered within the facility.
- n. Each facility will maintain confidentiality of the information learned through the sexual violence screening process. Sharing on a “need to know” basis only, to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates.

4. Classification and Housing

In order to reduce the likelihood of sexual abuse while an inmate is in custody, the DOC will take the following into account when assigning housing for every inmate upon intake, or in any special circumstances (for example, a cell move for medical reasons.) To minimize the risk of inmate sexual abuse due to housing assignment, except in exigent circumstances, *designated predatory* inmates will not be placed in the same cell with *designated vulnerable* inmates.

- a. Intake
 - i. All inmates will be assessed at intake to determine whether they meet specific criteria indicating either likelihood of victimization or predation, both of which require a *SVS* designation.
 - ii. Except as noted below, all cell assignments for inmates in celled housing will be determined using:
 - A. The DOC Classification assessment
 - B. The *SVS* which recognizes key risk factors and identifiers used to track vulnerable and sexually predatory inmates.
- b. After receiving information regarding a PREA incident from a CFSS, the following will occur:
 - i. When necessary, the CWS/LUS, the Facility PREA Coordinator and the PREA Director will work together to determine PREA housing restrictions.
 - ii. In all cases of inmate-on-inmate sexual abuse, the PREA Director and the CWS/LUS for that site will determine jointly if a separation is necessary between the victim(s) and/or perpetrator(s).
 - iii. After a PREA designation is determined, the SOS is responsible for immediately notifying the Superintendent and the inmate's assigned CSS. The PREA Director is responsible for notifying the Offender Classification & Placement Administrator.
 - iv. A PREA designation will be applied in all cases of substantiated nonconsensual sexual acts.
 - A. Depending on the PREA designation, the perpetrator may still live in the same unit as the victim.
 - B. The CWS/LUS or designee may place inmates involved in PREA incidents together if familiar with all inmates who are in a cell or unit and confident that they do not pose a risk if housed together.
- c. Inmates that have been designated as vulnerable shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four hours while completing the assessment.²⁸

²⁸ 28 C.F.R. §115.43(a).

- d. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document²⁹:
- i. The opportunities that have been limited;
 - ii. The duration of the limitation; and,
 - iii. The reasons for such limitations.
- a. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty days.³⁰
- b. If an involuntary segregated housing assignment is made pursuant to paragraph (c) of this section, the facility shall clearly document³¹:
- i. The basis for the facility's concern for the inmate's safety; and,
 - ii. The reason why no alternative means of separation can be arranged.
- c. Every thirty days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.³²

5. Reporting and Investigating Inmate-on-Inmate and Staff-on-Inmate Incidents³³

DOC has a clear protocol for responding to all incidents of sexual abuse and behavior. This ensures that no matter when or where the incident occurs, victims will get the same level of care, and perpetrators are held to the same level of accountability.

All incidents, regardless of time frames will be investigated. Individuals intentionally making false allegations will be held accountable through internal and external systems. Inmates are encouraged, and staff is required, to immediately report incidents.

When a PREA incident has occurred or is alleged to have occurred, DOC's priorities are safety and security for the victim, the general inmate population, the perpetrator, and the institution. DOC will separate and segregate the involved inmates as necessary to prevent further victimization or retaliation.

Upon notification by an inmate, staff, volunteer, contractor, witness, third party grievance, or anonymous report that an inmate has been victimized³⁴, the staff member shall immediately follow the appropriate steps and/or protocols for each category of incident.

²⁹ 28 C.F.R. §115.43(b).

³⁰ 28 C.F.R. §115.43(c).

³¹ 28 C.F.R. §115.43(d).

³² 28 C.F.R. §115.43(e).

³³ 28 C.F.R. §115.51(a-d); §115.52(a-g).

³⁴ 28 C.F.R. §115.51(a).

Victims of sexual abuse will be provided with timely unimpeded access to all services in which they would be entitled to if they were sexual abuse victims in the community. These services will be comparable to those provided in the community and at no cost to the victim. These services include but are not limited to victim advocate services, SANE/SAFE exams, Medical and mental health care, etc. If the SAFE's or SANE's are not available the exam can be performed by other qualified medical practitioners.³⁵ The facility will document its efforts to provide SANE/SAFE.³⁶ If it is determined that follow care is required (i.e. prenatal care, mental health care, etc.) These services will be offered in the facility or at an outside agency if the facility is unable to provide them internally.

If requested by the victim. The victim advocate, qualified DOC staff member, or qualified community based organization staff member shall accompany and support the victim through the forensics medical exam process and investigatory interviews and shall provide emotional support³⁷, crisis intervention, information and referrals.³⁸

Supervisors will ensure that someone that is trained in investigating sexual assault within a confinement setting is notified of the incident.

- a. Reporting and Investigating Inmate-on-Inmate Incidents
 - i. Sexualized Behavior
 - A. Staff will follow the DOC approved reporting protocol.
 - ii. Inmate-on-Inmate Sexual Abuse
 - A. Sexual Harassment
 - 1) Staff will follow the DOC approved reporting protocol.
 - B. Abusive Sexual Contact
 - 1) Staff will follow the DOC approved reporting protocol.
 - C. Nonconsensual Sexual Acts
 - 1) Staff will follow the DOC approved reporting protocol.
- b. Reporting and Investigating Staff-on-Inmate Incidents
 - i. Staff Sexual Misconduct
 - A. Sexual Harassment, Indecent Exposure, and/or Voyeurism
 - 1) Staff will follow the DOC approved reporting protocol.
 - B. Staff-on-inmate Abusive Sexual Contact/Nonconsensual sexual acts form and protocol.
 - 1) Staff will follow the DOC approved reporting protocol.
 - ii. Upon receipt of information that an inmate was sexually abused while confined at another facility, the superintendent of the facility that received the allegation

³⁵ 28 C.F.R. §115.21(h).

³⁶ 28 C.F.R. §115.21(c).

³⁷ 28 C.F.R. §115.53(a).

³⁸ 28 C.F.R. §115.21(e); 28 C.F.R. §115.21(h).

shall notify the superintendent or appropriate staff at the facility where the alleged abuse occurred.

- A. Notification will be provided as soon as possible but no later than seventy-two hours after receiving the allegation.
 - B. The facility will document that notification was made and to whom the allegation was reported to. This notification will then be sent to the PREA Office.
 - C. The facility superintendent receiving the notification will ensure that the allegation is investigated.
- iii. Following all investigations into an inmate's allegation that he/she suffered sexual abuse at a facility, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Following an inmate's allegation that staff has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless allegation is determined to be unfounded) whenever:
- A. The staff is no longer posted within the inmate's unit as a result of the findings of the investigation;
 - B. The staff is no longer employed at the facility as a result of the allegation;
 - C. The facility learns that the staff has been indicted on a charge related to sexual abuse within the facility; or
 - D. The facility learns that the staff has been convicted on a charge related to sexual abuse within the facility.
- iv. Following an inmate's allegation that he/she has been sexually abused by another inmate, the facility shall subsequently inform the alleged victim whenever:
- A. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - B. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- iv. The facilities obligation to notify the inmate as outlined in this section shall terminate if the inmate is released from DOC custody. Inmates will be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.
- v. All such notifications will be documented.

5. Monitoring

- a. Facilities will begin monitoring for retaliation against alleged victims, reporters, and persons cooperating with the investigation at the receipt of all sexual harassment and sexual abuse allegations. Monitoring the behavior, treatment and conduct of inmates and staff will continue for a minimum of ninety days.³⁹

³⁹ 28 C.F.R. §115.67(c).

- i. Retaliation against inmates will be monitored by the inmate's assigned caseworker, monitoring shall include periodic status checks.⁴⁰
- ii. Retaliation against staff will be monitored by the facility Superintendent or their designee. DOC will take appropriate measures to protect a reporting individual from retaliation given its operational, security, safety and resource needs.⁴¹
- iii. In all instances of retaliation, the facility will 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 that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.⁴²
- iv. The facility shall extend such monitoring beyond ninety days if the initial monitoring indicates a continuing need.
- v. The obligation to monitor is terminated if the allegation is determined to be unfounded.⁴³

6. Post Incident

- a. Within thirty days of the conclusion of a substantiated or unsubstantiated sexual abuse investigation the facility upper management, with input from supervisors, medical and/or mental health practitioner's will conduct a review) of the incident. At a minimum, this review will include an assessment of the area where the incident allegedly occurred to determine if physical barriers may enable abuse, the need to change policy/practice, a review of staffing levels, and electronic video monitoring. The review team will consider whether the incident or allegations was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, queer, questioning, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- b. The committee will submit a written report of its findings to the facility superintendent and the PREA Office.
- c. The facility shall implement recommended improvements or shall document the reason(s) for not doing so.
- d. Ensure all incident based documents, including reports, investigation files and sexual abuse incident reviews are forwarded to the PREA Office.

7. Supplemental Housing (SHCF) – Out of State (OOS) Inmates

The DOC is responsible for the safety of inmates who are placed in supplemental housing correctional facilities. The DOC will have protocols in place with all contract institutions regarding orientation to PREA, inmate reporting mechanisms, victim safety and perpetrator accountability.

⁴⁰ 28 C.F.R. §115.67(a); 28 C.F.R. §115.67(d).

⁴¹ 28 C.F.R. §115.67(e).

⁴² 28 C.F.R. §115.67(b).

⁴³ 28 C.F.R. §115.67(f).

- a. Inmate Orientation at the OOS Facility: As part of the orientation process, within fourteen business days of the inmate being assigned to a Vermont DOC OOS caseworker, the caseworker will send the inmate the following:
 - i. A copy of the PREA Office brochure, "You Have the Right to be Safe: A Guide about Sexual Abuse in Corrections for Inmates at Supplemental Housing Correctional Facilities – Know Your Rights and Responsibilities;"
 - ii. A letter informing them of the:
 - A. Assigned caseworker's contact information;
 - B. Zero-tolerance policy of sexual abuse;
 - C. Reporting protocol at their assigned facility;
 - D. Ability to report incidents of sexual abuse or behavior to any DOC or OOS contracted facility staff member (including contractors and volunteers).
 - iii. The Caseworker will put a copy of the letter in the inmate's file.
- b. Allegation Reporting
 - i. All OOS casework staff are responsible for:
 - A. Notifying the Classification Administrator & OOS Casework Supervisor immediately of any report of sexual abuse;
 - B. Entering appropriate electronic case notes as instructed by the PREA Director and Classification Administrator & OOS Casework Supervisor.
 - ii. The Classification Administrator & OOS Casework Supervisor is responsible for:
 - A. Reporting all allegations to the PREA Director and the Director of Facility Operations immediately.
 - B. Working with staff at the contracted institution and gathering all incident paperwork to be submitted to the PREA Office (E-mail: AHS.DOCPREA@state.vt.us)

TRAINING⁴⁴

The PREA Director has the responsibility and authority to develop all PREA-related training and will work with the Director of Training and Professional Development to ensure that all appropriate personnel are trained in the provisions of this directive within one year of the effective date of the final PREA standards and receive refresher training every two years on the current sexual abuse sexual harassment policies and procedures. In the off years the employees will receive refresher information on these policies and procedures. The DOC will document, through employee signature or other verification that employees understand the training they have received.

1. Facility Superintendents, Facility Assistant Superintendents, Site PREA Coordinators, CLUS Staff, CSS Staff, SOS Staff, CFSS, CHSVT staff, PREA Office Staff and any additional staff as determined by their manager will complete the National Institute of Corrections online course, Your Role: Responding to Sexual Abuse. Upon the post assessment completion, staff will receive an email with their attached certificate. Staff will submit their certificate to the

⁴⁴ 28 C.F.R. §115.31(a-d); 28 C.F.R. §115.32(a-c);

local training coordinator to be entered into the Training Registration Management System (TRMS.)

2. Correctional Officers will successfully complete the PREA/Staff Sexual Misconduct course at the Vermont Correctional Academy. Gender specific training will be tailored to the gender of the inmate in the facility in which the staff member will be working.
3. Volunteers, medical providers, mental health providers, other contract staff and BGS staff will participate in and complete orientation provided at the security/orientation training. This training will include their responsibilities for prevention, detection and responding to the DOC's sexual abuse/harassment policies based upon the level of inmate contact. The DOC will document, through employee signature or other verification that employees understand the training they have received. The DOC Volunteer Coordinator will maintain training files for volunteers.
4. Facility PREA Coordinators will ensure that new staff receive the staff PREA brochure, review the DOC's Zero Tolerance Policy, 13 V.S.A. § 3257 (Staff Sexual Exploitation Statute), this directive, reporting protocol, signs of victimization, and how to maintain appropriate boundaries.

Specialized Training Investigations:⁴⁵

Facility PREA coordinators, their alternate and anyone that investigates sexual abuse incidents are required to successfully complete specialized investigation training. This training can be accomplished by completing and passing a web interfaced course Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course (at: <http://nicic.gov/Library/027695>) Staff successfully completing the Special Investigations Training will be documented by the Facility PREA Coordinator and submitted to the Local Training Coordinator to be entered into TRMS.

Specialized Training Medical and Mental Health Care:

Medical and Mental health care contractor will ensure that full and part-time medical and mental health care practitioners who work regularly in DOC facilities will be trained in:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment;
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

Documentation that medical and mental health care practitioners have received the specialized training will be maintained by the contractor and will be filed in each Facility Medical Unit.

1. Training Topics

The topics listed below will be offered every two years to each category of identified staff.

⁴⁵ 28 C.F.R. §115.34(a-d)

- a. Facility Staff (CO, CFSS, CWS/LUS, CSS, CSTL, etc.)
 - i. Sexual abuse reporting and investigative protocol;
 - A. Zero-tolerance for sexual abuse and harassment;
 - B. How to fulfill your responsibility of sexual abuse and harassment prevention, detection, reporting, and response;
 - C. Inmates' right to be free from sexual abuse and harassment;
 - D. Staff and inmates rights to be free from retaliation.
 - ii. Inmates as Victims & Perpetrators: Strategies for identifying potential perpetrators and protecting potential victims;
 - iii. Maintaining appropriate professional boundaries: Strategies for promoting effective prevention and intervention of staff-on-inmate sexual abuse and harassment.
- b. Medical/Mental Health Providers (QHCP, QMHP)⁴⁶
 - i. PREA, Medical, & Mental Health: Professional Obligation, Institutional Obligation & Victim Care
 - ii. Victim care: The forensic exams process performed by SANEs or SAFEs;
 - iii. How to detect and assess sexual abuse and harassment;
 - iv. Reporting and investigative protocol to include crime scene preservation and evidence collection;
 - v. Mental Health care and referrals.
- c. Other Staff (CHSVT, contract staff)
 - i. Sexual abuse reporting and protocol;
 - ii. Maintaining appropriate professional boundaries: Strategies for promoting effective prevention and intervention of staff-on-inmate sexual abuse and harassment
- d. All Staff should receive training on the following topics
 - i. The dynamics of sexual abuse and harassment in confinement.
 - ii. The common reactions to of sexual abuse and sexual harassment victims.
 - iii. How to detect and respond to signs of threatened and actual sexual abuse.
 - iv. How to avoid inappropriate relationships with inmates.

QUALITY ASSURANCE

DOC will collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set definitions.

The DOC will aggregate the incident-based sexual abuse data at least annually.

⁴⁶ 28 C.F.R. §115.35(a-d)

The incident-based data collected will 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 (DOJ).

The DOC will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The DOC will obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Upon request, the DOC will provide all such data from the previous calendar year to the Department of Justice.

BUSINESS OFFICE

The Business Office is responsible for ensuring the appropriate contract wording (see below) is inserted to any contract with entity providing confinement services for inmates

“Contractor will comply with the Prison Rape Elimination Act of 2003 (28 C.F.R. Part 115, Docket No. OAG-131, RIN 1005-AB34-Date May 17, 2012), and with applicable PREA Standards, DOC Policies and Directives related to PREA for preventing, detecting, monitoring, investigating, and eradicating and form of sexual abuse within DOC. Contractor acknowledges that, in addition to “self-monitoring requirements” VT State staff will conduct announced or unannounced, compliance monitoring to include “on-site “monitoring. Failure to comply with PREA, including PREA Standards and DOC Directives and Policies may result in termination of the contract.”⁴⁷

⁴⁷ 28 C.F.R. §115.12(a); 28 C.F.R. §115.12(b).