

PREA Facility Audit Report: Final

Name of Facility: Northeast Correctional Complex

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/19/2024

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input 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 type="checkbox"/> |
| Auditor Full Name as Signed: Alton Baskerville | Date of Signature: 11/19/2024 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------------|
| Auditor name: | Baskerville, Alton |
| Email: | alton.abm@preaauditors.com |
| Start Date of On-Site Audit: | 10/07/2024 |
| End Date of On-Site Audit: | 10/08/2024 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Northeast Correctional Complex |
| Facility physical address: | 1266-1270 US Route 5, St. Johnsbury, Vermont - 05819 |
| Facility mailing address: | Vermont |

| Primary Contact |
|-----------------|
|-----------------|

| | |
|--------------------------|------------------------------------|
| Name: | Christopher Correctional Cadorette |
| Email Address: | christopher.cadorette@vermont.gov |
| Telephone Number: | 8027510683 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|-----------------------------|
| Name: | Michael Koehler |
| Email Address: | michael.koehler@vermont.gov |
| Telephone Number: | 802-751-1405 |

| Facility PREA Compliance Manager | |
|---|-----------------------------------|
| Name: | Christopher Cadorette |
| Email Address: | christopher.cadorette@vermont.gov |
| Telephone Number: | (802) 751-0692 |
| Name: | Steve Russell |
| Email Address: | stephen.russell@vermont.gov |
| Telephone Number: | (802) 751-1431 |
| Name: | Penelope Powers |
| Email Address: | penelope.powers@vermont.gov |
| Telephone Number: | (802) 751-1476 |
| Name: | Jonathan Porter |
| Email Address: | jonathan.porter@vermont.gov |
| Telephone Number: | (802) 751-0692 |

| Facility Health Service Administrator On-site | |
|--|------------------------|
| Name: | Laine Cadorette |
| Email Address: | LCadorette@wellpath.us |

| | |
|--------------------------|--------------|
| Telephone Number: | 802-474-1767 |
|--------------------------|--------------|

| Facility Characteristics | |
|---|-----------------------------------|
| Designed facility capacity: | 238 |
| Current population of facility: | 176 |
| Average daily population for the past 12 months: | 162 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Both womens/girls and mens/boys |
| Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5) | |
| Age range of population: | 18-68 |
| Facility security levels/inmate custody levels: | minimum, medium and close custody |
| Does the facility hold youthful inmates? | Yes |
| Number of staff currently employed at the facility who may have contact with inmates: | 91 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 38 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 14 |

| 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: | 8022412442 |

| Agency Chief Executive Officer Information: | |
|--|---------------------------|
| Name: | Nicholas J. Deml |
| Email Address: | nicholas.deml@vermont.gov |
| Telephone Number: | (802) 241 - 2442 |

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

| Facility AUDIT FINDINGS | |
|--|--|
| Summary of Audit Findings | |
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 1 | <ul style="list-style-type: none"> 115.61 - Staff and agency reporting duties |

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2024-10-07 |
| 2. End date of the onsite portion of the audit: | 2024-10-08 |

Outreach

| | |
|---|--|
| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Advocacy Program at Umbrella and Just Detention International |

AUDITED FACILITY INFORMATION

| | |
|--|--|
| 14. Designated facility capacity: | 238 |
| 15. Average daily population for the past 12 months: | 162 |
| 16. Number of inmate/resident/detainee housing units: | 8 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

| | |
|--|-----|
| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 163 |
| 19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit: | 0 |
| 20. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 21. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 2 |
| 22. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 23. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 27 |
| 24. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 2 |

| | |
|---|---|
| <p>25. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p> | <p>3</p> |
| <p>26. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>1</p> |
| <p>27. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>28. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>29. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>Auditor has no additional information to report.</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>31. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>46</p> |

| | |
|--|--|
| 32. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 0 |
| 33. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees: | 17 |
| 34. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | Auditor has no additional information to report. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 14 |
| 36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None |

| | |
|---|--|
| 37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | They were selected from the lists that describe the inmate population. Also, I interviewed some inmates who I spoke with in the housing areas. |
| 38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 39. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | I have no additional comments to add. |
| Targeted Inmate/Resident/Detainee Interviews | |
| 40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 8 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol: | 0 |

| | |
|---|---|
| <p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p> |
| <p>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</p> | <p>Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> |
| <p>42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>43. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

| | |
|---|---|
| <p>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.0</p> |
| <p>45. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> |
| <p>46. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>1</p> |
| <p>47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>2</p> |

| | |
|---|---|
| <p>48. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>1</p> |
| <p>49. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>2</p> |
| <p>50. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>1</p> |
| <p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |
| <p>51. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>51. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Staff in segregation as well as administrative staff concurred with no inmates being placed in segregation for risk of sexual victimization.</p> |

| | |
|--|---|
| <p>52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>This auditor has no additional information to add.</p> |
|--|---|

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

| | |
|--|-----------|
| <p>53. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |
|--|-----------|

| | |
|--|--|
| <p>54. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p> <input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p> |
|--|--|

| | |
|---|---|
| <p>55. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p> |
|---|---|

| | |
|---|---|
| <p>56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>Staff was available for timely interviews.</p> |
|---|---|

Specialized Staff, Volunteers, and Contractor Interviews

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

| | |
|--|-----------|
| <p>57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>22</p> |
|--|-----------|

| | |
|--|--|
| 58. Were you able to interview the Agency Head? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 59. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 60. Were you able to interview the PREA Coordinator? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 61. Were you able to interview the PREA Compliance Manager? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

62. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

| | |
|--|---|
| | <input type="checkbox"/> Other |
| 63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 63. Enter the total number of VOLUNTEERS who were interviewed: | 2 |
| 63. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 64. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| 64. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 65. Provide any additional comments regarding selecting or interviewing specialized staff. | Specialized staff was cooperative and expressed knowledge of PREA. |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

| | |
|--|--|
| 66. Did you have access to all areas of the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was the site review an active, inquiring process that included the following: | |
| 67. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 68. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 70. Informal conversations with staff during the site review (encouraged, not required)? | <input checked="" type="radio"/> Yes <input type="radio"/> No |

| | |
|---|---|
| <p>71. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>Auditor was able to access all areas of the facility.</p> |
| <p>Documentation Sampling</p> | |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p> | |
| <p>72. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>73. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> | <p>The auditor reviewed 12 random employee files of diverse staff. Documentation was in order. The auditor reviewed twelve random resident files. One was selected from each month of the audited period. The twelve random resident files were not compliant and required corrective action from the facility.</p> |
| <p>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p> | |
| <p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p> | |
| <p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p> | |

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 4 | 3 | 4 | 3 |
| Staff-on-inmate sexual abuse | 4 | 1 | 4 | 0 |
| Total | 8 | 4 | 8 | 3 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Staff-on-inmate sexual harassment | 5 | 0 | 5 | 0 |
| Total | 6 | 0 | 6 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 2 | 2 | 0 |
| Staff-on-inmate sexual abuse | 0 | 4 | 0 | 0 |
| Total | 1 | 6 | 2 | 0 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 1 | 0 |
| Staff-on-inmate sexual harassment | 2 | 3 | 1 | 0 |
| Total | 2 | 3 | 2 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|---|
| 80. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 8 |
|--|---|

| | |
|---|---|
| <p>81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>4</p> |
| <p>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>4</p> |
| <p>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

| | |
|--|--|
| <p>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>6</p> |
| <p>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| Staff-on-inmate sexual harassment investigation files | |
|---|---|
| 93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 5 |
| 94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | Auditor was not able to get hard copies of the sexual abuse and sexual harassment investigation files during the onsite audit. All their reports were on the computer which made it difficult to review. A CAP was implemented to enable the auditor to get appropriate and complete investigative files. |
| SUPPORT STAFF INFORMATION | |
| DOJ-certified PREA Auditors Support Staff | |
| 97. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Non-certified Support Staff

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

- Yes
 No

98. Enter the **TOTAL NUMBER OF NON-CERTIFIED SUPPORT** who provided assistance at any point during this audit:

2

AUDITING ARRANGEMENTS AND COMPENSATION

99. Who paid you to conduct this audit?

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

| Standards | |
|--|--|
| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> • 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 | |
| <p>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.</p> | |

| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 410.01 • Vermont Department of Corrections Interim Memo • State of Vermont Agency of Human Services Department of Corrections Agency Policy 126, 02/22/2015 • Vermont Department of Corrections Organizational Chart • Northeast Correctional Complex Facility Organizational Chart • Interviews: <ul style="list-style-type: none"> PREA Coordinator PREA Compliance Manager Staff <p>Auditor Discussion</p> <p>The VDOC policy 409.09 addresses the Prison Rape Elimination Act. The agency's</p> |

policy mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is addressed on page one of the policy. The policy outlines, on pages 2 & 3, how the PREA standards are implemented and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is expected and does follow the department's policy. Interviews were conducted on-site with the PREA Compliance Managers and Superintendent to confirm the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It was clear through the facility walk-through that the facility takes sexual safety seriously through the observation of PREA posters, PREA Newsletters, informational pamphlets, and educational programs. The policy pages 3-8 hold definitions as required by the standard.

NECC 11-01 states, "Discipline

1. As appropriate, and done in accordance with contractual agreements, NECC management may remove alleged staff 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. If the allegation is unsubstantiated, any reference to the allegation will be expunged from the staff member's personnel file.

Disciplinary sanctions for staff.

1. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

4. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Disciplinary sanctions for inmates.

1. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

2. Sanctions shall be 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.

3. The disciplinary process shall consider whether an inmate's mental disabilities or

mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

4. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

5. The Department of Corrections may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

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.

VDOC Agency of Human Services Policy 126 states "A Department of Correction's mandate is to "...foster their [offenders] human dignity and preserve the human resources of the community." It is our belief that all relationships between employees, contractors, volunteers, and offenders shall remain respectful and professional and shall not compromise the integrity of any individual and/or the department. When professionalism is not maintained, the safety and security of individual sites may be jeopardized, and an individual's judgment may be impaired.

The department will establish uniform procedures for preventing, reporting, investigating and prescribing sanctions for substantiated employee misconduct involving offenders to discourage and prevent sexual misconduct against any persons committed to the department.

It is the policy of the Department of Corrections (DOC) that any sexual activity between correctional employees and offenders under DOC supervision is always considered coercive and never consensual. This is because of the imbalance of power between the parties. Any exceptions to this policy are addressed in Directive 126.01, Personal Relationships with Offenders/Conflict of Interest. Employee sexual misconduct will not be tolerated. DOC will make serious efforts to prevent employee sexual misconduct with offenders. DOC will investigate, or refer for investigation, all reports to ensure accountability for all those who are involved in sexual misconduct, including those who fail to report sexual misconduct and those who provide false testimony in the investigation of any employee/personnel misconduct allegation. Given the coercive nature of the staff-offender relationship, all allegations of sexual misconduct between staff and an offender will be investigated by a department

investigator, agency investigator, and/or referred to the proper law enforcement authority. If there is evidence, of any amount, of a criminal component, then the investigation will be conducted by law enforcement. DOC will administratively investigate the allegation of sexual misconduct to the fullest extent possible. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

DOC shall provide information on substantiated allegations of sexual abuse or harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work.

The department will develop directives that establish processes for the following:

1. Prevention of sexual misconduct to include training and staff support.
2. Reporting of sexual misconduct for staff, offenders, contractors and volunteers.
3. Investigating sexual misconduct allegations which include evidence, interviewing, choosing investigators, medical/mental health assistance, retaliation, maintaining information, false allegations, confidential information, tracking, and interim procedures during pending investigation.
4. Quality assurance review regarding incidents of sexual misconduct- post incident management reviews, substantiated incidents, avoiding incidents, how to use information to enhance training, security, investigation.
5. Personal relationships with offenders/conflict of interest.

Analysis/Reasoning:

PREA Coordinator reports to the Director of the Office of Professional Standards and Compliance who reports to the Commissioner. The facility has a designated PREA Compliance Manager.

The compliance manager showed that he does not have sufficient time to coordinate the facility's efforts to comply with the PREA standards. As with most governmental agencies, staff members must juggle a plethora of duties and be expected to complete each of the duties in a prompt fashion. This auditor saw that the PREA Compliance Manager's authority to coordinate the facility's efforts to comply with the PREA standards. The required work is being completed, as some PREA related duties are being distributed amongst other staff in the future to assist in the efficiency of the processes. The PREA Compliance Manager serves as the Assistant Superintendent of the facility and has the requisite authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports directly to the

| | |
|--|---|
| | <p>Superintendent of the facility.</p> <p>Conclusion</p> <p>The Auditor conducted a thorough review of the agency's policies, procedures, organizational chart, Employee Work Profiles and conducted interviews with staff and offenders. The Auditor determined the Vermont Department of Corrections has developed an appropriate zero-tolerance policy that includes its prevention, detection, and response approaches towards allegations of sexual abuse and sexual harassment. The agency has designated appropriate staff members that have sufficient authority and effort to develop, implement and oversee agency efforts. The Auditor determined that NECC and VDOC meets the requirements of this standard.</p> |
|--|---|

| | |
|---------------|--|
| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 PREA • Northeast Correctional Complex Pre-Audit Questionnaire • Contract for Housing Inmates, Page 26, Section 4.3 • Interviews: <p>Facility Superintendent PREA Coordinator Random Staff</p> <p>Auditor Discussion</p> <p>VDOC policy 409.09</p> <p>"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."</p> <p>Contract for Housing Inmates</p> <p>The Vermont Department of Corrections contracts for confinement of its inmates with CoreCivic, Inc. Department of Corrections (DOC) contract provides adult male incarcerated individuals with housing, necessary care, treatment, and inmate rights in</p> |

accordance with ACA standards. This contract provides for the capacity of up to 300 beds and includes up to 150 of those beds being reserved for incarcerated individuals on Medicine Assisted Treatment (MAT). DOC underwent an extensive Request for Proposals (RFP) process in 2022/2023 in which only one proposal was received. This contract has a maximum amount of \$21,463,095 and is for a two-year term beginning, October 1, 2023 - September 30, 2025, and allows for two additional one-year extensions with agreement of the parties.

Analysis/Reasoning:

State shall have the right to inspect, unhindered and at all times, the Facility housing State incarcerated individuals as determined by the State to monitor the Contractor's operational compliance with the Contract and the health and welfare of State incarcerated individuals. State shall have the right to inspect or otherwise evaluate the work performed or being performed under this Contract. Contractor shall allow access to and provide State with paper and digital records required for such inspections and evaluations to include the review of surveillance camera footage. Contractor shall allow and provide the State all documents needed for defense of claims and/or lawsuits against the State, State agencies or any State personnel/ employees. Contractor shall allow State contract monitors to attend regularly scheduled operational meetings between Facility administration and staff pertaining to Contractor's obligations under the Contract except for attending meetings with Contractor's legal counsel, corporate officials or meetings involving employee disciplinary matters. State contract monitors shall not have access to records pertaining to incarcerated individuals from other jurisdictions.

There is (1) number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later. There is (0) number of above contracts that DID NOT require contractors to adopt and comply with PREA standards.

Conclusion:

The Auditor reviewed agency policies, contracts, contract renewals with the CoreCivic, Inc, the confinement of VDOC offenders include the requirements of this standard and require monitoring by agency personnel. The Auditor determined the Vermont Department of Corrections meets the requirements of this standard.

| | |
|---------------|--|
| 115.13 | Supervision and monitoring |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 |

- Northeast Correctional Complex Staffing Plan
- Annual Reviews of Staffing Plan
- Camera Plan
- Interviews with the following:
Facility Superintendent
PREA Coordinator

The facility has a formalized, written staffing plan that addresses the mandatory elements required by the standard. The staffing plan is reviewed annually for consideration of needs to improve sexual safety in the facility. The facility, in collaboration with the PREA Coordinator, reviews the staffing plan to decide if adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. A copy of the staffing plan analysis was secured during the pre-audit phase. The Northeast Correctional Complex (NECC) uses overtime collapses not-essential (Housing) posts or uses overtime if needed to maintain minimum staffing levels. Daily reports are used to document any deviations from the staffing plan. An annual review is completed to figure out if adjustments are needed. NECC officers must complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented in the logbooks as well.

Analysis/Reasoning

This year NECC was able to get additional camera coverage installed outside by the freezer as identified in our last PREA audit. Currently NECC has video components being upgraded by their state contractor, so they are faster and more efficient. The facility has been identified for an overall door locks and controls project which will include a full facility wide camera system upgrade.

The Auditor conducted formal interviews with staff and supervisors from various shifts. Staff were asked if supervisors conduct unannounced rounds throughout the facility. Each staff member stated supervisors do make unannounced rounds throughout the facility. Supervisors were asked if they were required to make unannounced rounds. The Auditor conducted formal interviews with offenders. Offenders were asked if supervisors announce their presence when entering housing units. Offenders informed the Auditor female supervisors do announce their presence as a female when entering housing units and male supervisors announce their presence as a male officer when entering housing units. The Auditor observed PREA Logbooks include a notation of opposite gender announcements for male and female supervisors.

Conclusion:

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates is (165). Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated (165).

The Auditor concluded the facility has an adequate staffing plan to ensure the

| | |
|--|--|
| | <p>protection of offenders from sexual abuse. The staffing plan is reviewed in accordance with this standard. The Auditor reviewed policies, procedures, post audit, post audit review, Daily Duty Rosters, PREA Logbook, camera reports, interviewed staff and offenders and made observations to determine the facility meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|--|
| 115.14 | Youthful inmates |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 326.01 • Daily Population Reports <p>Auditor Discussion:</p> <p>VDOC Policy 326.01</p> <p>The DOC’s policy is to ensure that all emerging adults who are aged 18 and younger are safely admitted to, and housed in, a correctional facility while under the custody of the DOC. The DOC recognizes that emerging adults who engage in high-risk behaviors resulting in criminal charges may have experienced trauma and that their admission to a correctional facility may cause a stress response. To that end, the DOC is committed to providing compassionate and trauma-informed care to all emerging adults who are aged 18 and younger.</p> <p>DOC complies with both the Prison Rape Elimination Act (PREA) and the Juvenile Justice Reform Act (JJRA), which are different federal standards, in the housing of emerging adults.</p> <p>C. Process for Housing and Providing Care to Emerging Adults Aged 17 and Younger</p> <ol style="list-style-type: none"> 1. The following provisions align with the PREA standards that facility staff shall follow when housing an emerging adult who is aged 17 and younger. 2. The Director of Classification, or designee, shall consult with DCF regarding the housing and care of all emerging adults who are aged 17 and younger. 3. An emerging adult who is aged 17 and younger shall not be housed in a unit, including units with shared common spaces or dayrooms, bathrooms, and sleeping quarters, in which they may have sight, sound, or physical contact with any incarcerated individuals who are aged 18 and older. 4. In areas outside of housing units, facility staff shall: <ol style="list-style-type: none"> a. Ensure the emerging adult who is aged 17 and younger is completely b. Directly supervise any sight, sound, or physical contact between any 5. The facilities shall: <ol style="list-style-type: none"> a. Obtain consent for medical care by a qualified health care professional at the behest of the Commissioner, as appropriate; and |

b. Provide emerging adults who are aged 17 and younger with an opportunity to engage in daily large-muscle exercise and any special education services.
 6. Emerging adults who are aged 17 and younger shall also have access to other programs and work opportunities.

Analysis/Reasoning:

The Auditor was informed the facility does house youthful offenders. While touring the facility the Auditor observed areas in which youthful offenders are housed and maintained out of sight and sound from adult offenders while awaiting transportation to a designated facility. In the past 12 months, there are one (1) number of housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. In the past 12 months, there were zero (0) number of youthful inmates placed in SAME HOUSING UNIT as adults at this facility.

In the past 12 months, there were three (3) number of youthful inmates who have been placed in isolation in order to separate them from adult inmates. Per Pre-questionnaire, in order to have site/sound separation, NECC uses a segregation cell. This is not an isolated cell; residents have more access to move and be in larger spaces.

Conclusion:

The Auditor determined the NECC meets the requirements of this standard.

| 115.15 | Limits to cross-gender viewing and searches |
|--------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 409.01 • Vermont Department of Corrections Agency Policy 432.01 • Curriculum on Contraband and Searches • NECC Procedure 04-05, Searches • Academy Curriculum for Searches • Log of Cross-gender Strip Search (none) • Strip Search Memo dated 03-06-2015 <p>Interviews with: Facility Superintendent PREA Coordinator Random Staff Random Resident</p> |

Auditor Discussion:

VDOC Agency Policy 409.09 requires staff members of the opposite gender to announce their presence when entering an inmate-housing unit. Interviews with inmates show that staff members do not consistently announce their presence. This was also seen during the on-site review. Inmates confirmed that they can shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

VDOC Agency Policy 409.01 governs pat searches of inmates. Staff would only conduct a cross-gender strip or cross-gender visual body cavity searches of inmates in emergency situations. In the past year, there have been no emergency situations that required cross-gender strip searches. When a female staff member is not available to conduct a pat search, the female inmate is placed in intake under observation until a female staff member can be summonsed to conduct the pat search. Facilities are not allowed to conduct pat searches of female inmates absent exigent circumstances.

VDOC Agency Policy 432.01**Strip Searches**

- A. Strip searches will not be done for the sole purpose of observing the inmate's genitalia or determining gender.
- B. Request to remove appearance related items such as prosthetics, clothing that conveys gender identity, and cosmetics shall be consistent with the requirements for the removal of similar items for cisgender individuals.
- C. Transgender and/or intersex individuals shall not be subject to more invasive searches than cisgender individuals.
- D. Strip searches will be conducted in a professional and respectful manner, and in the least invasive manner possible, consistent with security needs and according to local procedure.
- E. If an inmate has undergone a surgical procedure and gender reassignment has occurred, the search will be conducted by the inmate's current gender status.

Analysis/Reasoning:

Staff members were well versed in this policy. The VDOC uses a Gender Identify Form that all inmates must complete upon admission into the facility. If an inmate's genital status is unknown, the facility decides the genital status through conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Facility staff members have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

In interviews with staff, I asked staff to explain the process of conducting a cross-gender pat search as well as a search of transgender and intersex inmates. Staff members were well versed in conducting searches in a professional and respectful manner. All cross-gender pat-downs of females would be documented. There were no

cross-gender pat searches conducted in the previous twelve months. This facility houses males and female inmates.

Conclusion:

The Auditor conducted a tour of the facility, including all housing units. Auditor observed the lack of opposite gender announcements while touring some of the housing units. In addition, when the announcements were made, they were not always logged in the daily unit register. The superintendent sent out instructions correcting this problem. Subsequent copies of the unit daily registers from all housing units and both shifts from October 8, through November 7, 2024 indicate that this problem has been corrected. The facility is in compliance with this standard.

| | |
|--|--|
| | |
|--|--|

| | |
|--|--|
| | |
|--|--|

| | |
|---------------|---|
| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 PREA • Vermont Department of Corrections Agency Policy 371.01 ADA • Agency of Human Services Department of Corrections Effective Communication for Deaf and Hearing Impaired #316 • ADA Handouts • ADA Training Curriculum from Basic Academy • PREA Brochure/Pamphlet English & Spanish • PREA Inmate Education/Orientation Materials • Interviews: <ul style="list-style-type: none"> Agency Head Random Staff |

Random Residents

Auditor Discussion:

VTDOC Agency Policy 409.09

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.

VTDOC Agency Policy 371.01

Any change in the facility or field environment, policies or procedures, or the manner in which tasks are completed that enables a qualified individual with a disability to participate in and receive the same benefits from a program or service, or the opportunity to receive the same benefit of service, unless to do so would result in a fundamental alteration in the nature of a program or activity.

Effective Communication for Deaf and Hearing Impaired #316

It is DOC policy to identify incarcerated individuals with a hearing disability as soon as reasonably possible and provide access to a qualified interpreter or other appropriate auxiliary aids and services to ensure effective communication. DOC shall take appropriate steps to ensure communications with persons with a hearing disability are as effective as communications with other incarcerated individuals. DOC shall also provide incarcerated individuals with a hearing disability equal opportunity to participate in and enjoy the benefits of DOC services, programs, and activities.

Analysis/Reasoning:

According to the interview with the Agency Head, the agency takes proper steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. She expounded on the resources that have been made available to inmates. PREA handouts and inmate handbooks are provided in English and Spanish languages.

The agency also has a contract for other language interpretations and uses the services when called for. The VTDOC contracts with Purple for interpreters. There are some staff members who speak Spanish and both inmates and staff said inmates are not used as interpreters for issues with sexual abuse and sexual harassment. The facility also has a PREA brochure in Braille if they have a blind inmate. PREA information would be explained to the inmates with low functioning or inability to read by a caseworker and is available through a video as well. The facility does have access to a language line, a TTY machine, Braille handouts and staff are available to explain and educate offenders verbally on a level that they can understand.

Residents who cannot read English or Spanish can benefit from the facility's PREA

information through the use of the language line service. The agency maintains a contract with a provider for telephonic translation services. When the agency cannot provide a staff interpreter, staff read the information to the interpreter who translates the information to the offender. Each staff member interviewed was asked if the facility relies on offender interpreters or readers. Staff informed the Auditor they do not rely on offender interpreters or readers.

Each resident entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided the comprehensive education within 10 days of arriving at the facility. Residents are required to sign receipt of the written information and comprehensive educational session. The information and education is provided during booking. Each resident is provided a written copy of the Offender Handbook during the booking process. Offenders sign a Preventing Sexual Abuse and Assault Training Acknowledgement form for the information and education.

During the pre-audit, the auditor was provided with a copy of a contract and the subject matter of this contract is services generally on the subject of translation & interpretation services detailed services to be provided by Contractor are described in Attachment A.

In the past 12 months, there have been zero (0) instance where offender interpreters, readers, or other types of offender assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.64, or the investigation of the resident's allegations.

Conclusion:

The Auditor conducted a thorough review of the agency's policies, procedures, Offender Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, interpretive services contracts, offender records, training records, conducted interviews with staff, residents, and made observations to determine the agency meets the requirements of this standard.

| | |
|---------------|--|
| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 122.01 Staff Selection and Promotion • Vermont Department of Corrections Agency Policy 376.01 Volunteer Services • Review of Applications of newly hired employees • Review of files of newly promoted staff • Pre-Audit Questionnaire (PAQ) completed by VTDOC • Background Checks of Volunteers and Contractors |

- Interviews:
Staff

Auditor Discussion:

VTDOC Agency Policy 122.01

Policy 122.01 addresses the hiring, promotion, and discipline of staff and has procedural guidelines that the agency must follow when considering hiring someone. The agency inquires about sexual abuse and sexual misconduct to include the questions detailed in 115.17 (a) in the written application and during the formal interviews. The applicant's responses are recorded and kept in the staff, contractor, or volunteer's file. The Vermont Department of Corrections conducts a reasonable investigation into the background of prospective employees, contractors, and volunteers, who, by the nature of the position to be filled, will have access to sensitive information, facilities, computer systems, clients, detainees, inmates, procedures, and/or reports. To minimize the State's risk exposure, this policy has been established to ensure fair and consistent evaluation.

All candidates for full and part-time employment with the VTDOC undergo a comprehensive background investigation prior to being made a final offer. A review of staff and contractor/volunteer files shows that background checks are not always completed prior to hiring or contracting with individuals. The agency inquires if the applicant has ever had an improper relationship with an inmate, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during an investigation about their behavior/actions while employed as a law enforcement officer correctional officer at another location. The agency also inquires what the investigations were about and what is the status of that investigation, and if the applicant has ever been a party to a lawsuit because of their actions in the performance of their job.

Interviews with staff showed that they check the VCIC and NCIC III for criminal background checks and check the Sex Offender Registry as part of their background investigations.

VTDOC Agency Policy 376.00

2. Status of Volunteers

a. Volunteers must follow DOC's administrative directives, interim memos, and rules. Volunteers will not be allowed into facilities or to work with offenders until successfully completing a background check, interview, and training.

Analysis/Reasoning:

During the onsite audit visit, this Auditor randomly selected (12) employee personnel files to review at the time of the interview with the Human Resource professional onsite. The VTDOC requires that all applicants apply for any positions online. Included in the employment application are the (4) required PREA questions. If any of those

questions are answered with a “yes”, the system will automatically kick the application out of the system as ineligible for employment. If an applicant makes a false statement of material fact, including responses to screening questions, which misrepresent the applicant's qualifications, s/he may be disqualified from each posting for which they have applied.

The Auditor conducted formal interviews with contractors. Contractors were asked if they were aware the agency conducts a criminal record background check. Each contractor was aware the facility conducts such checks prior to services and every five years. The Auditor asked each if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they are asked those questions on the Background Investigation Questionnaire. Each stated they are required to sign the form prior to performing services. Each contractor was aware the VTDOC has a continuing affirmative duty to disclose acts of sexual harassment and sexual abuse.

In the past 12 months, there were 25 number of persons hired who may have contact with inmates who have had criminal background record checks. In the past 12 months, there were eleven (11) number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Conclusion:

The Auditor concluded the NECC is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies, procedures, employee records, contractor records, Background Investigation Questionnaire, Confidential Summary Background Investigation Report, Employment Application, Employee Self-Assessment, Criminal History Background Check Tracking, and interviewed staff and contractors to determine the agency meets the requirements of this standard.

| 115.18 | Upgrades to facilities and technologies |
|--------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • NECC PREA Pre-Questionnaire • Interview: Staff <p>Per the PAQ, the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last</p> |

| | |
|--|--|
| | <p>PREA audit, whichever is later. Entire camera system replacement will be occurring in 2025. NECC has privacy squares on video monitored cells. Installed a camera which covers a previously vulnerable area.</p> <p>Conclusion:</p> <p>The Auditor conducted a review of the agency's policies, procedures, interviewed staff and made observations to determine the facility meets the requirements of this standard.</p> |
|--|--|

| 115.21 Evidence protocol and forensic medical examinations | |
|---|--|
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 409.08, Crime Scene Preservation • Vermont Department of Corrections Agency Policy 405 Incident Reporting • Incident Reporting Guidance • MOU with AHS-IU, now known as DHR-IU • MOU with Vermont State Police • Pre-Audit Questionnaire completed by NECC • Protocols for responding to Incidents of Sexual Harassment and Sexual Abuse • Uniform Evidence Protocol • LOA with Vermont Network Against Domestic Violence • Interviews <ul style="list-style-type: none"> Staff SANE Victim Advocate <p>VTDOC Agency Policy 490.09</p> <p>5. Reporting and Investigating Inmate-on-Inmate and Staff-on-Inmate Incidents 33</p> <p>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.</p> <p>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.</p> |

Upon notification by an inmate, staff, volunteer, contractor, witness, third party grievance, or anonymous report that an inmate has been victimized, the staff member shall immediately follow the appropriate steps and/or protocols for each category of incident. 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. The facility will document its efforts to provide SANE/SAFE. 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 support, crisis intervention, information and referrals.

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

VTDOC Agency Policy 409.08

When an inmate, Department staff, contractor, volunteer, or visitor is suspected of committing a crime or in some circumstances misconduct, staff must follow specific steps to ensure the preservation of evidence for the State's case and the protection of legal rights of the accused.

Staff must follow the below steps when collecting and handling evidence:

- Use clean disposable gloves for collecting items of evidence; (To avoid cross contamination, gloves should be changed between collection of unrelated items of evidence or when visibly soiled.)
- Minimize the number of individuals handling the evidence;
- Maintain the chain of custody for each evidence item;
- Place all physical evidence in the proper container/bag and label appropriately. If necessary, attach an adhesive evidence label to the container/bag.
- Secure an evidence tag to items too large for a bag or container.
- The collecting staff will seal the bag or container with evidence tape and accurately enter all information on the chain of custody label.

For allegations involving a penetrating sexual act, follow the protocol listed on the PREA Incident Form Inmate-on-Inmate Sexually Abusive Penetration or PREA Incident Form Staff-on-Inmate Sexually Abusive Penetration/Contact found with Administrative Directive 409.09, Prison Rape Elimination Act (PREA) & Staff Sexual Misconduct Facilities, which includes the usage of a strip search kit.

iv. Biohazard Evidence

- Mark all evidence possibly contaminated with blood, bodily fluids, or other potentially infectious materials as biohazard by placing it in a biohazard bag

(preferably a paper bag or envelope) or affixing a biohazard label/sticker except for forensic evidence collected in a PREA allegation.

- Use extreme caution in handling sharp objects (razor blades, needles, syringes, shanks, glass, etc.). These items are to be placed in a puncture-resistant container prior to removing it from the scene. The container must be labeled as biohazard and placed in the evidence repository.

c. Place clothing and linens contaminated with blood, body fluids, or other potentially infectious materials in a clean paper bag. The paper bag must then be placed in a red biohazard bag for transport. Once in the evidence repository, the biohazard bag will be opened and rolled down so that the paper bag is exposed to air and resting on top of the biohazard bag to prevent leakage. These types of contaminated items must be allowed to

air dry to preserve their evidentiary value.

v. Non-biohazard physical evidence such as drugs, papers, and non-liquid items will be placed in an evidence bag. Use separate bags for each type of evidence collected; drugs should be placed in a separate bag.

vi. Place a sample of discovered homemade alcohol (“hooch”) in a bottle container with a lid that can be tightly secured to prevent leakage. The actual amount discovered must be recorded in the evidence logbook. The sample must be placed in the container designated for “hooch” near the evidence repository. Once administrative hearings have been completed, this evidence may be disposed of.

vii. Keep urine samples in the container in which they were collected and tested. The container must be sealed with evidence tape, and initialed by both the person giving and the person collecting the sample.

viii. Ensure that all suspected narcotics under the control of a specific inmate are identified by a field test kit.

ix. Ensure that all evidence collected and placed inside a bag or evidence envelope is sealed with evidence tape and initialed by the individual sealing the envelope. Bags designed for evidence collection that are self-sealing will be sealed in accordance with label instructions to prevent tampering or opening.

Analysis/Reasoning:

The agency is responsible for ensuring that administrative and criminal sexual abuse investigations are conducted. The agency shares responsibility for administrative investigations with DHR-IU. Vermont State Police complete all criminal investigations. Facility staff may be involved in conducting some administrative investigations but would never be responsible for conducting an administrative sexual abuse claim. The Department of Human Resources Investigative Unit (DHR-IU) would investigate these cases.

The uniform evidence protocol was developed from the DOJ's National Protocol. All victims of sexual abuse have access to forensic medical examinations, at the Springfield Hospital. All victims of sexual abuse have access to forensic medical examinations, at the Springfield Hospital, without financial cost, where evidentially or medically appropriate. The Springfield Hospital and Health Center offers specialized emergency nursing care for both adults and child sexual assault victims. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual

| | |
|--|--|
| | <p>Assault Nurse Examiners (SANEs).</p> <p>If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency had documented its efforts to supply SAFEs or SANEs. The facility has an LOA with the Vermont Network against Domestic Violence to supply an advocate when needed. The Vermont Network Against Domestic and Sexual Violence offers SANE nurses who work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers.</p> <p>According to the PREA Compliance Manager, the facility contacts a victim's advocate prior to the victim leaving the facility for a sexual assault examination so they are aware that they will be needed at the hospital. The facility documents its efforts to provide a victim's advocate from the Rape Crisis Center to accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The agency has asked that the investigating agencies follow the requirements of paragraphs (a) through (e) of section 115.21. The VTDOC has entered an MOU with each of these agencies. Each MOU was signed on 05/10/ 2024.</p> <p>Conclusion:</p> <p>Department of Human Resources Investigations Unit conducts administrative investigations. Vermont State Police (VSP) have primary criminal investigation responsibilities for incidents involving criminal activity in Vermont Correctional Facilities. The CFSS and medical shall offer the inmate the option of having a SANE/SAFE examination done if the incident occurred within the last 128 hours.</p> <p>There was zero (0) number of exams performed by SANEs/SAFES during the past 12 months. NECC does not provide onsite SANE/SAFE or forensic medical examinations. Victims are transported to the local hospital. There were zero (0) number of exams performed by a qualified medical practitioner during the past 12 months. There have been no circumstances in the past 12 months that a victim advocate service has not been available. VTDOC also has QMHPs (Qualified Mental Health Professional) on call 24/7.</p> <p>The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner. The Auditor reviewed the VTDOC policies, procedures, Memorandums of Understanding, and conducted interviews with staff, SANE, and Victim Advocate. The Auditor determined the agency meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|---|
| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- Vermont Department of Corrections Agency Policy 409.09
- Pre-Audit Questionnaire completed by NECC
- MOU with Vermont State Police
- Investigative Files
- Agency Website
- Protocols for responding to Sexual Harassment and Sexual Abuse incidents.
- Interviews
 - Staff
 - Offenders

Auditor Discussion:

VTDOC Agency Policy 409.09

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

Analysis/Reasoning:

The agency ensures that an Administrative and Criminal investigation is conducted for allegations of sexual abuse and sexual harassment. This is mandated in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The webpage describes the responsibilities of both the agency and the investigating entity. The

| | |
|--|--|
| | <p>information is made publicly available at http://doc.vermont.gov/programs/prea/prison-rape-elimination-actprea/. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>During the past 12 months, there has been (14) allegations of sexual abuse and sexual harassment that was received. During the past 12 months, there has been (14) allegations resulting in an administrative investigation. During the past 12 months, there have been (4) allegations referred for criminal investigation.</p> <p>Conclusion:</p> <p>The Auditor concluded the NECC appropriately refers criminal allegations of sexual abuse and sexual harassment to the VSP office who maintains the legal authority to conduct criminal investigations in the facility. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, website, investigative records, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|---|
| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NECC • Training Curriculum for PREA in Academy Part I and Part II • Gender, Care and Custody Training • PREA and Staff Sexual Misconduct Curriculum • Review of Staff Training Rosters • Review of Staff Acknowledgements of having received PREA Training • PREA Examinations <ul style="list-style-type: none"> • Interviews • Staff • Offenders <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 409.09</p> <p>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</p> |

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 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.

Analysis/Reasoning:

VTDOC provides all employees PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. Staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plans shows all the required areas are reviewed. A review of staff training files shows that all staff members have been trained. In addition to completing the training, staff members must complete an examination showing their understanding of the training presented.

Interviews of staff members demonstrated an understanding of the agency's zero-tolerance policy; The agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, the common reactions of sexual

| | |
|--|---|
| | <p>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.</p> <p>All newly hired staff receives the first PREA training prior to reporting to duty in the facility. During the interviews with a random selection of staff, staff members were asked questions on a variety of these topics and the staff was able to respond appropriately. The training supplied is specific to the gender of inmates (all genders) the staff will supervise. If a staff member is transferred from another facility, the staff member would appropriately be retrained.</p> <p>Conclusion: The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.31. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, tests, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.</p> |
|--|---|

| 115.32 | Volunteer and contractor training |
|---------------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NECC • Training Curriculum • PREA Training Acknowledgment Forms • Examinations • Interview: <ul style="list-style-type: none"> Contractor Volunteer <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 409.09</p> <p>3. The Statewide and Unit Volunteer Coordinator or the Department and Unit Internship Coordinator, as 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/</p> |

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.

Analysis/Reasoning:

Contractors and volunteers at the NECC 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 meets the standard requirements.

There were 52 number of volunteers and contractors, (14 volunteers. 21 Medical (Wellpath), 17 BGS/grounds contractors) who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Conclusion:

The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, brochure, acknowledgment forms and interviewing contractors and volunteer personnel the facility meets the requirements of this standard.

| | |
|---------------|---|
| 115.33 | Inmate education |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 403.00.03 • Pre-Audit Questionnaire completed by NECC • Review of Training Curriculum • Inmate Handbooks • Inmate Tablets • PREA Posters • PREA Newsletters |

- PREA Pamphlets/Brochures
- Inmate Acknowledgements of having received training/orientation

Interviews with Staff

Interviews with Incarcerated Individuals

Observations

Auditor Discussion:

VTDOC Agency Policy 403.00.03

G. Specific:

Admissions Control Officer will:

1. Ensure that a briefing from the previous A/C officer is received.
2. Receive the portable radio, keys, handcuffs, cut down tool and OC spray. You will document (in the log-book and inventory log) receipt of the radio, keys, and all other equipment. This entry must include the radio number, the key ring number (and number of keys), and any/all other equipment at the post. Any discrepancies with the keys, radio, phone, or any other equipment must be documented in the log book; and the CFSS will be notified of the discrepancy immediately.
3. Ensure that the Headcount board numbers match the facility headcount in OMS.
4. Remain alert always.
5. Maintain the unit logbook with any pertinent information
6. Record all facility headcount changes.
7. Complete and log all observation checks required on inmates in the A/C area (Hotel-1 and Hotel-2).
8. Review logbook for the AC area at the beginning of each shift and make a physical inspection pursuant to the Facility Procedure on Security Checks.
9. Review and sign post orders each shift.
10. Ensure storage room remains secured always.
11. Distribute all inmate requests and other forms in a timely manner per department directives.
12. Monitor inmate behavior, enforce facility, unit and department rules, and phone usage.
13. On a weekly basis review the fire plan.
14. Not leave their post unattended for any reason. You must be properly relieved to leave.
15. Be familiar with and adhere to the Admission/Release Procedure.
16. Provide visual security backup for the Echo Officer.
17. Search the H-01 and H-02 cells each shift and record it in the unit log.
18. Make phone contact and log victim's notifications when VANS system is down.
19. Ensure that A/C is cleaned each day on each shift.
20. Supervise and record the sanitization of each mattress and record this in the log.
21. Notify the local ASA worker, NEKMH of all ICP's ready for release.
22. Ensure cleaning equipment is secured when not in use.
23. Ensure inmate property, valuables and money are properly inventoried as new

inmates enter the facility.

24. Complete Bookings to include;

1. ID Face Sheet (OMS)
2. Columbia-Suicide Severity Rating Scale (OMS)
3. Offender/Inmate Orientation to ADA (OMS) and Request for Reasonable Accommodation/Response Form (if accommodation is requested) (Manual -paper)
4. Booking PREA Inmate Orientation (OMS) and Handout (given to inmate)
5. Booking Sexual Violence Screening Tool (Directive 409.09) (OMS)
6. Intake Child Survey (OMS)
7. Offender/Inmate Notice of Right to Grieve (OMS)
8. Medical Intake Screening Form (OMS)
9. Health Care Programs Application (manual -paper)

25. Make inmate identification cards as needed.

26. Complete Daily Inventories.

27. Notify the SOS when the Livescan Fingerprinting machine is not working.

i. Every Wednesday morning at the beginning of 1st shift the machine is to be rebooted and the log sheets faxed to the number on the bottom of the log.

11. If an error message is shown, 1st shift can call VCIC Jon Creighton at 802-241-5261 or Tricia Cuenin at 802-241-5265 if you need assistance w/an AFIS or fingerprinting issue.

Analysis/Reasoning:

Most offenders at the NECC are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment immediately upon entering the facility. The facility disclosed in the PAQ that (982) of inmates admitted during past 12 months were given this information at intake. Residents are supplied a PREA brochure that details basic PREA standards, as well as a list of resources available to them should they need. Offenders interviewed were familiar with the basics of PREA. Most offenders interviewed were able to articulate how they would report an incident to include reporting to staff, the PREA hotline, by writing Prisoner's Rights, going through a third party, or in writing. Inmates are familiar with available outside resources for dealing with sexual abuse. Offenders have the information at their disposal in the PREA Pamphlets that are given to them at intake.

This information is also on the tablets that are available to inmates. Caseworkers provide more in-depth training with the offenders within 28 days of arrival at the facility. The facility provides education through a variety of mechanisms to connect with a broader range of learners. All offenders receive the required training regardless of where they came from being the streets, court, or another facility. The PREA education is available in Spanish, English, and Braille. For offenders with limited reading abilities, vision or hearing problems, caseworkers supply the training in a format that is easily understandable for the offender. If an offender speaks a language other than Spanish or English, a language line interpretation would be supplied for the offender.

Conclusion:

| | |
|--|---|
| | <p>The Auditor believes the offender population at the NECC has been appropriately educated in the agency's zero-tolerance policy, how to report allegations, rights to be free from sexual abuse, sexual harassment, retaliation, and the agency's policies and procedures for responding to such. The facility maintains appropriate documentation of such in each offender's record. The Auditor reviewed the agency's policies, procedures, offender records, Offender Handbook, Zero Tolerance Brochure, training outlines, interviewed staff and offenders to determine the facility meets the requirements of this standard.</p> |
|--|---|

| | |
|---------------|--|
| 115.34 | Specialized training: Investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VTDOC • Training Records • Training Curriculum • Specialized Training Certificates • Interviews: Investigators <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 409.09</p> <p>Specialized Training Investigations: 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.</p> <p>Analysis/Reasoning:</p> <p>While the more serious Administrative and Criminal investigations would be handled by the DHR-IU or the Vermont State Police, NECC has (8) investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence needed to substantiate a case for administrative action or prosecution referral. I have reviewed both the curriculum and</p> |

| | |
|--|--|
| | <p>the certificates of completion for the training and found them to follow the requirements of this standard. The investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor reviewed a sample of investigative files for completeness and thoroughness.</p> <p>Conclusion:</p> <p>The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, PowerPoint Presentations, training records, investigative reports and conducted interviews with agency investigators to determine the agency meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|--|
| 115.35 | Specialized training: Medical and mental health care |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VTDOC • Sample Training Records • Training Curriculum • Specialized Training Certificates • Contractor Training Records • Interviews: <ul style="list-style-type: none"> • Medical Practitioners • Mental Health Practitioner <p>VTDOC Agency Policy 409.09 Specialized Training Medical and Mental Health Care:</p> <p>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:</p> <ol style="list-style-type: none"> 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 <p>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</p> |

Facility Medical Unit.

1. Training Topics

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

a. Facility Staff (CO, CFSS, CWS/LUS, CSS, CSTL, etc.)

1. 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.

11. 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)

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 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.

Analysis/Reasoning:

There are (19) number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. One hundred percent (100%) of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy.

Conclusion:

The Auditor concluded medical and mental health professionals at the NECC have been appropriately trained. The facility maintains documentation that medical and mental health professionals have received specialized medical training, and the same training offered to all VTDOC staff. The auditor conducted a review of VTDOC policies, procedures, training curriculum, training records and interviewed medical and mental health professional and determined the facility meets the requirements of this standard.

| | |
|---------------|---|
| 115.41 | Screening for risk of victimization and abusiveness |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by NECC • Completed Risk Screening Tools • Completed Reassessment Tools • Interviews <ul style="list-style-type: none"> Staff Incarcerated Individuals <p>Auditor Discussion: VTDOC Agency Policy 409.09</p> <p>3. Sexual Violence Screening</p> <p>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.</p> <p>b. The inmate may not be punished for refusing to answer questions on the screening tool.</p> <p>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.</p> <p>1. Mandatory Thirty Day/Other Assessments</p> <p>1. 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.</p> <p>2. 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.</p> <p>Analysis/Reasoning:</p> <p>All offenders that arrive at NECC should be asked questions from a classification assessment. It is conducted the first day of arrival at the facility. After reviewing this assessment, the required questions are included in this assessment. There is a "PREA Reassessment" that is required to be conducted within (30) days after the arrival at the institution. This reassessment is conducted by the offender's Case Management Counselor. This Auditor reviewed the risk assessments and reassessments of residents that were interviewed at the facility and indicated that they did not in fact answer the assessment questions.</p> <p>According to the prequestionnaire, there were 463 number of incarcerated individuals</p> |

| | |
|--|--|
| | <p>entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.</p> <p>There were 269 incarcerated individuals entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.</p> <p>Conclusion: The Auditor determined the NECC meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|--|
| 115.42 | Use of screening information |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections (VTDOC) Policy 432.01 • Pre-Audit Questionnaire completed by NECC • Documentation of Risk-based housing decisions • Documentation of Reassessments • Interviews <ul style="list-style-type: none"> Random Staff Random Incarcerated Individuals <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 409.09</p> <p>h. The Facility Superintendent is responsible for ensuring that:</p> <ol style="list-style-type: none"> 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; 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. 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.

VTDOC Agency Policy 432.01

3. Classification and Housing

a. DOC will not classify inmates solely on the basis of their LGBTQI status or perceived LGBTQI status.

b. DOC will respond to abuse or harassment (or threat of abuse or harassment) of LGBTQI inmates or residents by considering the individual circumstances of the situation, and in a manner consistent with the facility rules and inmate discipline detailed by Directive #410.01. DOC will not rely on the isolation or segregation of LGBTQI inmates or residents in these situations and will resort to this method only if necessary to assure safety and security.

c. LGBTQI inmates will not be placed in segregation housing due to the sole purpose of their gender identity or status. Trans gender and intersex inmates who are placed in administrative segregation or other special management housing for their safety and security shall adhere to DOC policies 410.03 and 410.06.

d. Whenever an inmate is identified as transgender and/or intersex, the facility multidisciplinary team will meet within seventy-two hours of the inmate's arrival or intake and conduct a review in order to assess the on-going and long-term medical, psychological and facility needs of the individual, using and considering the following criteria:

i. The Gender Preference Form.

ii. Sexual Violence Screening Tool

iii. The anatomy of the inmate.

iv. The individual's incarcerated history.

v. Other psychosocial factors that may contribute to either the individual's resiliency or vulnerability.

vi. The inmates' privacy concerns.

vii. Available housing.

viii. Recommendations from the inmate's mental health providers.

ix. LGBTQI inmates can make informal requests to staff, or utilize the grievance system to express issues concerning privacy concerns, housing, factor's related to the inmate's emotional and physical well-being, and the inmate's self evaluation of his or her safety.

e. LGBTQI inmates will not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

f. Classification determinations will be made using the information from the risk screening to determine housing, bed, work, education, and program assignments with the goal of keeping separate LGBTQI inmates at risk of being sexually victimized from those at risk of being sexually abusive.

g. The multi-disciplinary team will review the determination as necessary but within thirty days of the initial assessment to determine if any adjustments or reconsiderations need to be made.

h. The multi-disciplinary team will review placement and programming assignments

for each transgender or intersex inmate shall be reassessed at least twice a year to review any threats to safety experienced by the inmate.

i. Transgender and intersex inmates will be given the opportunity to shower separately from other inmates.

j. DOC can house trans gender or intersex inmates according to their gender identity rather than their birth sex. In deciding whether to assign an transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, DOC will consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. DOC will consider the physical layout of the facility and privacy issues/concerns when determining the location of a transgender or intersex inmate. If deemed necessary for safety, DOC can place transgender or intersex inmates according to their birth sex to protect their physical and emotional well-being, while assuring the facility's safety and security. All determinations regarding the housing of a transgender and/or intersex inmate will be made by a management team consisting of the Director of Correctional Facilities; the Health Services Director; the Corrections Case

Work Director; and a DOC employee with the ability and knowledge needed to represent LGBTQI interests.

k. LGBTQI inmates can make requests to have their housing re-evaluated using the grievance system.

l. If an indication of need arises, the facility may consult with an identified member of the LGBTQI or allied community to provide external resources and support in assistance with the LGBTQI population.

Analysis/Reasoning:

The facility provided me with demographic data for staff and incarcerated individuals. The random sample of incarcerated individuals selected was based on mirroring the demographics of the incarcerated individual population. Additionally, individuals were selected from each housing unit in the facility. Careful attention was made to ensure the sex, race, and age of incarcerated individuals mirrored the population of the facility. Individuals were selected from every housing unit to be interviewed. When selecting files to review, I sampled the same individual files of the individuals that I interviewed. The same held true for random staff interviews and file reviews.

Targeted incarcerated individuals and the targeted staff were selected from lists provided by the facility of individuals that met the criteria being targeted, or in the case of staff, by position or duty.

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. When considering placement of the offenders in that NECC hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory in order to house them most appropriately. This program curtails many problems and helps the different disciplinary teams understand the dynamics faced with each decision,

especially in regard to determining individualized housing and program assignments helps to ensure the safety of each inmate.

The multi-disciplinary team meetings meet the standard imposed by the Prison Rape Elimination Act and the facility is commended for 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. Transgender or intersex inmates are permitted to shower alone and they have not been excluded from programming assignments based on their status. Interviews with the PREA Compliance Manager and staff stated they do conduct screenings of transgender/intersex inmates twice a year for any threats to safety experienced by the inmate.

Conclusion:

At the time of the audit NECC was not under a consent decree, legal settlement, or legal judgement for the purpose of protecting lesbian, gay, bisexual, transgender or intersex incarcerated individuals. The Auditor concluded counselors are making individualized determinations when assigning housing, bed, work, programming and education assignments to offenders. The agency has appropriate policies, procedures and practices in place to protect those identified at high risk of victimization. Transgender and intersex offenders can shower separately from other offenders. The Auditor conducted a thorough review of policies, procedures, offender records, made observations and interviewed staff and offenders to determine the facility meets the requirements of this standard.

| | |
|---------------|---|
| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 432.01 Protective Custody • Vermont Department of Corrections (VTDOC) Policy 410.03 Administrative Segregation • Pre-Audit Questionnaire (PAQ) completed by (VTDOC) • Interviews: <ul style="list-style-type: none"> Staff <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 409.09</p> |

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.

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.

b. If an involuntary segregated housing assignment is made pursuant to paragraph (c) of this section, the facility shall clearly document:

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.

VTDOC Agency Policy 432.01

c. LGBTQI inmates will not be placed in segregation housing due to the sole purpose of their gender identity or status. Transgender and intersex inmates who are placed in administrative segregation or other special management housing for their safety and security shall adhere to DOC policies 410.03 and 410.06.

DOC staff are responsible for protecting the civil rights, the physical and emotional well-being, and the safety of LGBTQI inmates while in custody to the fullest extent possible while recognizing exigent circumstances which prevent this.

VTDOC Agency Policy 410.06

Procedural Guidelines

1. Establishment of Restrictive Housing Units

a. Restrictive housing units shall be established in all facilities for the placement of inmates on Administrative Segregation and Disciplinary Segregation status with the exception of facilities designated as a work camp.

b. Protective custody inmates shall be placed in the least restrictive housing that affords the most protection. This may include a restrictive housing unit

c. Inmates pending a classification hearing for placement in close custody shall be placed on Administrative Segregation pending their hearing or awaiting transfer to a close custody housing unit.

2. Restrictive Housing Unit Placement

a. Placement in a restrictive housing unit shall be limited to those inmates assigned to segregation status according to the provision of administrative directives Placement on Administration Segregation #410.03, Protective Custody #410.05 and Facility Rules & Inmate Discipline #410.01.

i. In regional facilities, incapacitated persons and inmates returned on a graduated sanction or a notice of suspension may be housed in a restricted housing unit.

b. While recognizing the challenge of managing unpredictable numbers of inmates at any given time, general population inmates may not routinely be housed in restrictive housing units.

3. General Conditions for Restrictive Housing Status

The basic level of conditions described below shall apply to an inmate in restrictive housing status. These conditions are for normal unit operations. However, individual inmates may require further restrictions for order and/or control when required, based upon their past history or current behavior. Any such restrictions shall be noted in the housing unit log and on the Segregation Confinement Log Sheet, Attachment 5.

An incident report shall be completed if an inmate has all of their property removed as a consequence of their behavior while on any restrictive housing status. An inmate in restrictive housing status shall be limited to the specific provision and standards outlined in the Restrictive Housing Status Provisions and Management Standards, Attachment 1.

Analysis/Reasoning:

The Vermont Department of Corrections prohibits placing offenders at high risk for sexual victimization in restrictive housing without their consent unless an assessment of all available alternatives has been made, and a determination has been made by the Qualified Mental Health Professional and there is no available alternative means of separation from likely abusers. Policy requires the facility clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. This information is documented by the CWS/LUS, the Facility PREA Coordinator and the PREA Director on the Sexual Abuse/Sexual Harassment Available Alternatives Assessment form. Policy allows the offender to be placed in restrictive housing unit for up to two hours if the assessment cannot be completed immediately.

Agency policy provides programs and services similar to those available to general population offenders to offenders in restrictive housing, to the extent feasible. Policy clearly requires staff document the opportunities that have been limited, the duration of the limitation and the reason for such limitations on the Denial of Activity or Service form when those identified as HRSV, or who have alleged to have suffered sexual abuse or sexual harassment are denied activities or services while in restrictive housing.

Staff may place such offenders in restrictive housing only until an alternative means of separation from likely abuse can be arranged. The agency stipulates the assignment will not ordinarily exceed 30 days.

Conclusion:

The facility has appropriate procedures in place to ensure offenders identified at high risk of sexual victimization who are placed in involuntary segregated housing receive appropriate placement, reviews and other privileges. The Auditor reviewed VTDOC policies, procedures, classification records, housing records, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, made observations and interviewed staff and offenders to determine the facility meets the requirements of this standard.

| | |
|---------------|---|
| 115.51 | Inmate reporting |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 1193 378">Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul data-bbox="256 427 1453 875" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 • Vermont Department of Corrections (VTDOC) Policy 410.06 • The Vermont Department of Corrections (DOC) and the Agency of Human Services Central • Inmate PREA Brochure • Resident Handbooks • PREA Posters • Third-Party Reporting Poster • Interview <ul style="list-style-type: none"> Random Staff Random Incarcerated Individuals <p data-bbox="256 954 568 987">Auditor Discussion:</p> <p data-bbox="256 1028 719 1061">VTDOC Agency Policy 409.09</p> <p data-bbox="256 1102 1378 1135">5. Reporting and Investigating Inmate-on-Inmate and Staff-on-Inmate Incidents</p> <p data-bbox="256 1176 1474 1747">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 victimized , the staff member shall immediately follow the appropriate steps and/or protocols for each category of incident.</p> <p data-bbox="256 1787 1474 1944">When asked how staff could privately report an incident of sexual harassment or sexual abuse, most staff indicated that they would report the incident directly to their supervisor. They also advised that they could send an email, drop an anonymous note, call or write Vermont Agency of Human Services.</p> <p data-bbox="256 1984 719 2018">VTDOC Agency Policy 410.06</p> <p data-bbox="256 2058 608 2092">Procedural Guidelines</p> |

1. Establishment of Restrictive Housing Units

- a. Restrictive housing units shall be established in all facilities for the placement of inmates on Administrative Segregation and Disciplinary Segregation status with the exception of facilities designated as a work camp.
- b. Protective custody inmates shall be placed in the least restrictive housing that affords the most protection. This may include a restrictive housing unit.
- c. Inmates pending a classification hearing for placement in close custody shall be placed on Administrative Segregation pending their hearing or awaiting transfer to a close custody housing unit.

2. Restrictive Housing Unit Placement

- a. Placement in a restrictive housing unit shall be limited to those inmates assigned to segregation status according to the provision of administrative directives Placement on Administration Segregation #410.03, Protective Custody #410.05 and Facility Rules & Inmate Discipline #410.01.
 - i. In regional facilities, incapacitated persons and inmates returned on a graduated sanction or a notice of suspension may be housed in a restricted housing unit.
 - b. While recognizing the challenge of managing unpredictable numbers of inmates at any given time, general population inmates may not routinely be housed in restrictive housing units.

3. General Conditions for Restrictive Housing Status

The basic level of conditions described below shall apply to an inmate in restrictive housing status. These conditions are for normal unit operations. However, individual inmates may require further restrictions for order and/or control when required, based upon their past history or current behavior. Any such restrictions shall be noted in the housing unit log and on the Segregation Confinement Log Sheet, Attachment 5. An incident report shall be completed if an inmate has all of their property removed as a consequence of their behavior while on any restrictive housing status. An inmate in restrictive housing status shall be limited to the specific provision and standards outlined in the Restrictive Housing Status Provisions and Management Standards, Attachment 1.

Analysis/Reasoning:

The agency provides multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, and third-party reporting posters throughout the facility. I observed at least one poster in each housing unit and units also had the PREA Reporting Poster and PREA Newsletters posted. Interviews with a sampling of Incarcerated Individuals revealed that they are familiar with a variety of ways to report a PREA incident. The information is also readily available in the Incarcerated Individual Handbook and the PREA Pamphlets provided during intake. Incarcerated Individual (II) were familiar with the mechanisms available for privately reporting a case of sexual harassment or sexual abuse, how to report retaliation, and staff neglect. Incarcerated Individuals indicated that they would tell an officer or their caseworker. They feel comfortable reporting directly to the officers in this facility. The agency has provided at least one way for an Incarcerated

| | |
|--|--|
| | <p>Individual to privately report an incident to a public/ government or private entity that is not a part of the agency. Offenders may write a letter to the Vermont Agency of Human Services. The mechanism that most incarcerated individuals referred to is the use of the PREA Reporting line. The messages go to Central Office and are then sent to the facilities to investigate. The reporting line was tested at the facility during the on-site and the auditor received a response within a couple of hours.</p> <p>Conclusion: The Vermont Department of Corrections provides multiple ways for offenders to report allegations of sexual abuse and sexual harassment, including a public office that is not part of the agency who immediately forwards reports of sexual abuse and sexual harassment to the PREA Manager. The facility requires staff to accept, report and document all allegations of sexual abuse and sexual harassment. The Auditor reviewed the agency's policies, procedures, Incarcerated Individuals Handbook, Right to be Safe Brochure, Website, postings, investigative reports, MOU, training records, made observations, interviewed staff and incarcerated individuals, and determined the facility meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|--|
| 115.52 | Exhaustion of administrative remedies |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 320.01 Grievances • Inmate PREA Brochure • Incarcerated Individuals Handbook • Third-Party Reporting Poster • Interview <p>Staff Random Incarcerated Individuals</p> <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 320.01</p> <p>5. Upon the request of an incarcerated individual, staff shall coordinate with the grievance coordinator to obtain and provide written translations of the grievance policy and its accompanying documents in the incarcerated individual's preferred language. If the incarcerated individual's preferred language does not have a writing system, staff shall arrange for an interpreter to translate the documents into spoken language.</p> <p>Analysis/Reasoning:</p> |

The "Grievance Procedure for Sexual Abuse/Sexual Harassment" section states, "There is no time limit on when you may file a grievance regarding an allegation of sexual abuse or sexual harassment. You are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject of your sexual abuse or sexual harassment allegation. Grievances regarding sexual abuse or sexual harassment will not be referred to the staff member who is the subject of the grievance.

The Auditor conducted formal interviews with Incarcerated Individuals. Incarcerated Individuals were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Incarcerated Individuals asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism. Incarcerated Individuals were aware they could file a grievance to report sexual abuse anonymously. None of the Incarcerated Individuals interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse.

The Auditor conducted interviews with facility staff. Staff were asked if Incarcerated Individuals could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware Incarcerated Individuals could file such grievances. Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the offender. The Auditor was informed the offender is provided a response within 48 hours and 8 hours for an emergency grievances. The Auditor asked what is included in the written response. The Auditor was informed the response to the offender includes whether the offender is at substantial risk of imminent sexual abuse and the supervisor's actions taken in response to the emergency grievance.

In the past 12 months, there was two (2) number of grievances filed that alleged sexual abuse; In the past 12 months, there were zero (0) number of grievances alleging sexual abuse that reached final decision within 90 days after being filed; In the past 12 months, there was one (1) number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 70 days and there were zero (0) number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

Conclusion:

The Auditor determined that the VTDOC has appropriate policies and procedures in place for addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed the agency's policies, procedures, incarcerated individuals handbook, grievances, investigative records, and conducted interviews with staff and incarcerated individuals to determine the facility meets the requirements of this standard.

| | |
|---------------|---|
| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>Vermont Department of Corrections Agency Policy 409.09</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire completed by VTDOC • JDI Contract • JDI Letter to Inmates • JDI Letter to Staff • JDI Posters • VTDOC Resident Handbook • NECC Handbook • Incarcerated Individuals Education Materials • Immigration Information related to PREA • Interviews <p>Staff Random Incarcerated Individuals</p> <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 409.09</p> <p>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. The facility will document its efforts to provide SANE/SAFE. 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.</p> <p>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 support crisis intervention, information, and referrals.</p> <p>Analysis/Reasoning:</p> <p>NECC provides a victim advocate for any incarcerated individuals needing to speak with an advocate. Outside advocates are available to all offender victims of sexual abuse. Incarcerated Individuals are supplied with the names, addresses, and telephone numbers of several advocacy groups in the PREA Pamphlet and in the Resident Handbook. Incarcerated Individuals interviewed were familiar with the availability of services and some could supply specific names of the agencies.</p> |

| | |
|--|---|
| | <p>Incarcerated Individuals are aware of where the information is found and how to contact them if needed. Incarcerated Individuals are also provided with immigrant services agencies for persons detained solely for civil immigration purposes. Incarcerated Individuals are afforded access to these services via mail or telephone in as confidential a manner as possible. The Resident Handbook states, "All telephone conversations, with the exception of privileged communications (lawyer phone), shall be recorded and may be monitored." I was unable to find an Incarcerated Individuals that had reported sexual abuse. I interviewed Medical and Mental Health staff to decide that they inform Incarcerated Individuals, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency has entered LOAs with the Women’s Freedom Center and Just Detention International to provide inmates with emotional support services related to sexual abuse. The LOA with the Women’s Freedom Center was signed on April 19, 2021. Just Detention International supplies an Inside Line, which is a FREE, unrecorded, unmonitored, anonymous, and confidential sexual abuse and sexual harassment emotional support line for Vermont DOC prisoners. This agreement was dated January 17, 2020.</p> <p>Conclusion:</p> <p>The facility maintains documentation it provides emotional support services for sexual abuse victims through written agreements. Contact information with the organization is provided by intake personnel through the Resident Handbook, Right to be Safe Brochure and comprehensive education.</p> <p>The Auditor reviewed the VTDOC policies, procedures, LOA, Resident Handbook, training acknowledgements and interviewed staff, incarcerated individuals and victim advocate to determine the facility meets the requirements of this standard.</p> |
|--|---|

| | |
|---------------|--|
| 115.54 | Third-party reporting |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PAQ Completed by Northeast Correctional Complex (NECC) • Third-Party Reporting Poster/Signage • PREA Posters • Agency Website • Interviews <p>Staff Random Incarcerated Individuals</p> |

Observations

VTDOC Agency Policy 409.09

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. Inmates in the custody of VTDOC 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. VTDOC 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.

Analysis/Reasoning:

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-rape-elimination-act/prea/>. The website also provides a printer-friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff indicate that all third-party reports will be taken seriously and followed up on appropriately. Third-Party Reporting posters/signage were observed throughout the facility to include areas of egress where visitors and attorneys would pass through on a regular basis.

The Auditor conducted formal interviews with offenders. Each offender was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The offenders stated they could tell a staff member or any person they trust, file an emergency grievance, call the sexual abuse hotline, or have another person make the allegation on their behalf. Each offender understood how to have a third-party file an allegation on their behalf. Each offender understands they can file an allegation anonymously. The Auditor conducted formal interviews with facility and Investigators. Investigators were asked in what ways they have received reports of sexual abuse and sexual harassment. Each explained they have received allegations by a third-party. Investigators explained they conduct investigation of all allegations, regardless of how they are made.

Conclusion:

The Auditor determined the facility accepts all reports, including third party reports, of sexual abuse and sexual harassment. The public is informed through the agency's website how to make a third-party report on behalf of an offender. The Auditor reviewed agency policy, procedures, website, posted PREA materials, Resident Handbook, Right to Be Safe Brochure, Third Party Reporting Form, Investigative Records, interviewed staff and incarcerated individuals, made observations and determined the facility meets the requirements of this standard.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Policy, Materials, Interviews and Other Evidence Reviewed

- Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- PAQ Completed by Northeast Correctional Complex (NECC)
- Investigative Reports
- Interviews:
 - Staff
 - Random Incarcerated Individuals

VTDOC Agency Policy 409.09

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 incident 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;
- 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.

Analysis/Reasoning:

Interviews with a random sample of staff confirm that they are required to report and knowledge, suspicion, or information regarding sexual harassment or sexual abuse, retaliation, or staff neglect. Staff members are familiar that they should not share private information surrounding a claim or incident of sexual harassment or sexual abuse other than disclosing the information to their supervisor(s) or other staff in

order to assist in making treatment, investigation, and other security and management decisions.

Interviews with Medical and Mental Health staff revealed that apart from reporting to designated supervisors or officials, medical and mental health staff refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions unless prevented by Federal, State or local law. While the facility does not house offenders under the age of 18, if they were to have a vulnerable adult in the facility that claimed sexual harassment or sexual abuse, they would be required to report the allegation, including third-party and anonymous reports, to the facility's designated investigators. A review of Investigative reports reveals that the agency investigates reports made by third-party or anonymous complainants.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. Each offender was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Most offenders stated they do feel staff would maintain confidentiality of the information.

The Auditor reviewed agency training curriculum. Training curriculum for staff, volunteers and contractors include reporting of sexual abuse and sexual harassment allegations. Each is required to read the agency's policies and sign receipt for such on an annual basis. The Auditor verified through training records each staff member, contractor and volunteer had received training and read the policies how to report sexual abuse and sexual harassment information.

The Auditor conducted an interview with a facility volunteer. The volunteer was asked if they are required to report allegations of sexual abuse and sexual harassment. The volunteer stated the agency requires them to immediately report such allegations. The Auditor asked if he had received training from the facility. The volunteer stated he had received training and he was informed in training of the agency's requirement to report all allegations.

Conclusion:

The Auditor concluded staff, volunteers and contractors are aware of the VTDOC requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understand the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with medical and mental health practitioners revealed they understand the requirements for reporting sexual abuse that occurred in a community setting and for youthful offenders. The Auditor reviewed agency policies, procedures, training curriculum, investigative reports and conducted interviews with staff, contractors, volunteers and Incarcerated Individuals to determine the facility exceeds the requirements of this standard.

| | |
|---------------|---|
| 115.62 | Agency protection duties |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 1193 378">Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul data-bbox="256 389 1394 707" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 410.05 Protective Custody • PAQ Completed by Northeast Correctional Complex (NECC) • Interim Memo: Staff Discipline with Regards to the Prison Rape Elimination Act (PREA) • Interviews <ul data-bbox="277 636 743 707" style="list-style-type: none"> Staff Random Incarcerated Individuals <p data-bbox="256 748 719 781">VTDOC Agency Policy 409.09</p> <p data-bbox="256 819 1445 893">DOC will, to the degree possible within investigation protocol, limited resources and applicable laws:</p> <ol data-bbox="256 904 1477 1980" style="list-style-type: none"> 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; 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; 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. <p data-bbox="256 2024 576 2058">Analysis/Reasoning:</p> |

In the past 12 months, there were zero (0) number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours-48) that passed before taking action. The Auditor conducted formal interviews with facility supervisors. Supervisors were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and potential aggressor would be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the risk. One of the offenders would be moved to another housing unit to maintain the safety of both offenders. Randomly selected staff were interviewed by the Auditor. Each was asked what steps they would take after learning an offender was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor and stay with the at-risk offender.

The Auditor participated in a detailed tour of the NECC. The Auditor observed multiple housing units that provide an opportunity to ensure incarcerated individuals who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor. The facility has the ability to transfer offenders to another facility if the offender could not be housed safely.

Conclusion:

The Auditor concluded the NECC takes immediate and appropriate actions to ensure the protection of offenders who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, conducted interviews with staff and incarcerated individuals, made observations and determined the NECC meets the requirements of this standard.

| | |
|---------------|---|
| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PAQ Completed by Northeast Correctional Complex (NECC) • Review of Investigative Reports • Interview Facility Warden/Superintendent <p>VTDOC Agency Policy 409.09</p> <p>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 shall notify the superintendent or appropriate staff at the facility where the alleged abuse occurred.</p> |

| | |
|--|--|
| | <p>Analysis/Reasoning:</p> <p>The NECC reported there was one (1) allegations received that an offender had allegedly been abused while confined at another facility. The policy requires that upon receiving an allegation that an Incarcerated Individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or proper office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the Warden/Superintendent confirm that the standard policy would be to notify the other Superintendent.</p> <p>In the past 12 months, there were two (2) number of allegations of sexual abuse the facility received from other facilities.</p> <p>The Auditor conducted formal interviews with NECC staff. Each staff member was asked what actions they take if an incarcerated individual alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information. The Auditor was informed the agency investigator would immediately be notified. The investigator stated he would ensure the Facility Warden/Superintendent is notified so proper notification could be made in a timely manner. The investigator stated he would conduct an investigation into the allegation.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency's policies, procedures, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard.</p> |
|--|--|

| | |
|---------------|--|
| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting • Investigations Directive • Guidance Procedures for Investigations • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Incident Protocols • Interviews <ul style="list-style-type: none"> Security First Responders Non-Security First Responders |

Auditor Discussion:

VTDOC Agency Policy

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.

Analysis/Reasoning:

VTDOC has developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Inmate on Inmate Sexualized behavior (not mandated to be tracked, but the VTDOC does track this valuable information), Inmate on Inmate Sexual Harassment, Inmate on Inmate Sexual Abuse, Inmate on Inmate Sexual Abusive Penetration, Staff on Inmate Voyeurism, Indecent Exposure, Sexual Harassment, and Staff on Inmate Sexual Abuse Penetration/Contact.

The policy and protocols require that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Interviews with a random sampling of staff revealed that security staff members are very proficient with these requirements. There were no cases reported in the past twelve months that potentially allowed for the collection of physical evidence and in each case, the victim and abuser were asked to refrain from washing, brushing, going to the restroom, showering, etc.

Agency policy 409.09 requires that if the first staff responder is not a security staff member, the responder must ask that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Non-security staff (caseworkers, medical and mental health staff) interviewed were aware of their duty to request the victim and abuser to not take any actions that could destroy physical

| | |
|--|--|
| | <p>evidence and notify security staff.</p> <p>The NECC reported the number of allegations that an inmate was sexually abused was five (5). Of these allegations of sexual abuse in the past 12 months, there was five (5) number of times the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12 months, there was (0) number of allegations where staff were notified within a time that still allowed for the collection of physical evidence. Of the allegations that an inmate was sexually abused made in the past 12 months, there were zero (0) number of times a non-security staff member was the first responder.</p> <p>Conclusion:</p> <p>The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor appeared proficient in their duties. The Auditor reviewed agency policies, procedures, Sexual Assault Response, investigative reports, interviewed staff and determined the facility meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|--|
| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • NECC Coordinated Response Plan • Interviews <ul style="list-style-type: none"> Staff Random Incarcerated Individuals <p>Auditor Discussion:</p> <p>VTDOC Coordinated Response Plan</p> <p>The Vermont Department of Corrections requires each agency develop a written 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.</p> <p>19. All investigations will be a Coordinated Response and will include, at least, the following actions to be taken:</p> <ul style="list-style-type: none"> A. Separating the alleged perpetrator(s) from the alleged victim B. Ensuring Superintendent has been informed C. Interview with the alleged victim |

- D. Mental Health Follow-Up for the alleged victim
- E. Medical Assessment for the alleged victim
- F. Securing physical evidence, if any
- G. Review of applicable facility materials to include video recordings, log entries, DR history, casenotes, etc.
- H. Securing any available physical (including DNA) evidence
- I. Initiate report with Investigative agencies upon decision of Superintendent to refer allegation (administrative or criminal)

Analysis/Reasoning:

NECC has a written institutional response plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse.

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

The Sexual Assault Response Checklist requires the staff include the date and time each action listed above is taken. The Auditor conducted formal interviews with staff listed in the agency's Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in the NECC Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor found facility staff, volunteers and contractors have been trained in their responsibilities in response to an allegation of sexual abuse. The agency's training includes elements of its coordinated response plan.

The Auditor verified all agency personnel, volunteers and contractors had received the training. The Auditor conducted formal interviews with offenders. Offenders were asked if they feel safe in the facility. Most stated they do feel safe in the facility. Offenders were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Most offenders interviewed stated they are confident in staff's abilities. Incarcerated Individuals informed the Auditor that staff is helpful to the population.

Through interviews the Auditor determined staff understands they are required to immediately ensure the safety of each Incarcerated Individuals who alleges sexual abuse. There were no incidents that required staff implement first responder duties as required in the facility's Coordinated Response Plan.

Conclusion:

The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan. Based on a review of the agency's policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, training

| | |
|--|---|
| | records, and interviews with staff and incarcerated individuals, the Auditor determined the NECC meets the requirements of this standard. |
|--|---|

| | |
|---------------|---|
| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Collective Bargaining Agreement Effective July 1, 2024-June 30, 2026 • Interviews: Staff <p>The agency has entered a collective bargaining agreement with the Vermont State Employee's Association, Inc. The contract, Effective July 1, 2024 — Expiring June 30, 2026, does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. I interviewed the Agency Head and confirmed that the agency has entered a collective bargaining agreement with the Vermont State Employees Association, Inc. A copy of the agreement, effective July 1, 2024 and expiring June 30, 2026, 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> <p>Conclusion: The Auditor determined the facility meets the requirements of this standard.</p> |

| | |
|---------------|--|
| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Retaliation Monitoring Form • Investigative Files • Interview |

Retaliation Monitor
Random Incarcerated Individuals

Auditor Discussion:

VTDOC Agency Policy 409.09

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;

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;

Analysis/Reasoning:

The facility has designated the caseworkers as the Retaliation Monitors for NECC. The agency has also created a Retaliation Monitoring Form to use to assist the monitor in keeping track and notes of the monitoring. The agency employs multiple protective measures, to protect victims from abusers to include housing changes, transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Interviews with the Agency Head/Director, Warden/Superintendent, and Retaliation Monitor all conclude that the facility will take a variety of measures to protect the victim from their abuser. I reviewed investigative files of incidents where the victims were protected from potential retaliation.

Agency policy mandates that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation. The facility monitors inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. I have reviewed investigative files and determined that the facility does monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor also indicate that monitoring may continue as needed to protect the victim.

| | |
|--|--|
| | <p>Conclusion:</p> <p>The Auditor determined the agency has appropriate policies and practices in place to ensure staff and offenders are protected from retaliation. The Auditor reviewed the VTDOC policies, procedures, retaliation monitoring log, investigative reports, conducted interviews with staff and incarcerated individuals and determined the facility meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|--|
| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Restrictive Housing Memo 410.06 • Observations • Interviews <p>Staff Random Incarcerated Individuals</p> <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 409.09</p> <p>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.</p> <p>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.</p> <p>If an involuntary segregated housing assignment is made pursuant to paragraph (c) of this section, the facility shall clearly document:</p> <ol style="list-style-type: none"> 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. <p>Analysis/Reasoning:</p> <p>During the past 12 months, there has been no offender who alleged to have suffered sexual abuse who were held in involuntary segregated housing for one to 24 hours</p> |

awaiting completion of an assessment. During the past 12 months, there has been no offender who alleged to have suffered sexual abuse who was assigned to involuntary segregated housing for longer than 30 days while awaiting an alternative assessment. During the pre-audit, the auditor was provided with documentation showing a statement for the basis for facility's concern for the offender's safety, and the reason why alternative means of separation could not be arranged. If an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.

Staff interviews confirm the agency's policy prohibiting placing offenders at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from likely abusers. If an offender were to be held in involuntary segregated housing for this reason, they would be moved as soon as less restrictive housing became available.

Conclusion:

The agency's policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a thorough review of the agency's policies and procedures, Sexual Abuse/Sexual Harassment Available Alternatives Assessment form, housing records, investigative records, making observations, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.

| | |
|---------------|---|
| 115.71 | Criminal and administrative agency investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 126 • PREA PAQ Completed by Northeast Correctional Complex (NECC) • MOU with Vermont State Police (VSP) • DHR Investigations Flowchart • Sample Investigative Reports • Interview: <p>Warden/Superintendent PREA Coordinator PREA Compliance Manager VTDOC Investigative Staff DHR IU Investigative Staff</p> |

| | |
|--|---|
| | <p>VSP Investigative Staff</p> <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 409.09</p> <p>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.</p> <p>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 sexualized behavior; facilitate identification of the causal factors; and annually incorporate 'lessons learned' into improved operations services and training toward a zero-tolerance standard.</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted a formal interview with a facility investigator. The investigator discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation the interviews the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. The Investigator stated criminal record are reviewed, institutional history, grievances, discipline history, Incident Reports, Request Forms, video footage, telephone records, previous complaints and any other relevant information. The investigator was asked how he determines the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, and statements made during the interview and subsequent interviews.</p> <p>Conclusion:</p> <p>This Auditor is satisfied that the NECC conducts investigations consistent with the intended requirements of provision (a) of the standard and its practice demonstrate substantial compliance.</p> |
|--|---|

| | |
|---------------|---|
| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 434 • PREA PAQ Completed by Northeast Correctional Complex (NECC) • MOU with Vermont State Police (VSP) • Interview: Investigators <p>VTDOC Agency Policy 409.09</p> <p>An incident is substantiated if it is proven by the preponderance of the evidence.</p> <p>VTDOC Agency Policy 434 Investigations</p> <p>It is the policy of the Vermont Department of Corrections (DOC) to actively investigate allegations of staff misconduct and offender misconduct. These investigations include, but are not limited to, allegations of sexual abuse and/or harassment, violations of: (1) state or federal law; (2) work rules; or (3) violations of state, Agency of Human Services (AHS), and DOC policy. Some incidents of misconduct may require the investigations by outside agencies; this includes, but is not limited to, personnel matters and incidents of misconduct involving suspected criminal activity. The DOC takes all incidents of misconduct seriously. Investigations must be made in order to determine the facts surrounding the incident of misconduct. When outside agencies decline/or are not suited for investigation, then the DOC conducts an internal investigation to determine whether the allegation of misconduct can be substantiated.</p> <p>Analysis/Reasoning:</p> <p>The Auditor conducted a formal interview with facility Sexual Abuse Investigator. The Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Based on policy review, investigative file review, and interviews noted above, Northeast Correctional Complex meets requirements of this standard.</p> |
|--|---|

| | |
|---------------|--|
| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • MOU with Vermont State Police (VSP) Inmate Victim Notification Form Sample of Investigative Reports |

- Completed Inmate Notification Forms
- Interviews:
Staff

Auditor Discussion:

VTDOC Agency Policy 409.09

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

- 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.

Analysis/Reasoning:

The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are notified in a timely manner. When the agency does not conduct the investigation themselves, they do request that the investigative agency notify them of the outcome or status of the case. A review of the case files revealed that notices in files. When an inmate departs the facility prior to the completion of the investigation, the facility attempts to notify the victim of the outcome of the case. When the agency does not conduct the investigation into an inmate's allegation of sexual abuse in the facility, the agency requests the relevant information from the investigative agency in order to inform the inmate. A review of investigative case files indicates attempts to follow up with investigators.

The agency policy 409.09 requires that inmates are notified if following an inmate's allegation that a staff member has committed sexual abuse against the inmate, (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I reviewed investigative files that met this requirement and the appropriate notice was given to the victims.

Agency policy 409.09 requires that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently must inform the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the

facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative files indicates that this is the practice at the facility. The facility documents notices in writing to alleged sexual abuse victims.

Conclusion:

NECC had (14) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, there were (9) inmates who were notified, verbally or in writing, of the results of the investigation. There were (5) number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, there were (1) number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation.

The Auditor concluded the PCM understands the requirement and the agency has appropriate procedures in place to notify offenders of investigative results at the conclusion of an investigation of sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, interviewed staff and offenders to determine the agency meets the requirements of this standard.

| | |
|---------------|---|
| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Investigations Flowchart • Vermont Department of Corrections (VTDOC)Policy 126 Dated 2.22.15 • Review of Personnel Files • Interviews: Staff <p>Auditor Discussion:</p> <p>VTDOC Agency Policy 126</p> <p>Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the</p> |

nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Analysis/Reasoning:

There was zero (0) disciplinary action to review of staff related to an incident of sexual abuse or sexual harassment at this facility in the past year. All disciplinary sanctions imposed for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero (0) case where staff should have been reported to law enforcement or to the relevant licensing body.

Conclusion:

During this audit period, NECC reported zero (0) referrals to any Law Enforcement agencies or relevant licensing bodies and did not have any staff that was disciplined or terminated for violating the agency's sexual abuse or sexual harassment policy. The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed the agency's policies, procedures, investigative records, and conducted interviews with staff and determined the agency meets the requirements of this standard.

| | |
|---------------|--|
| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections (VTDOC) Policy 126 Sexual Misconduct with |

Offenders

- Vermont Department of Corrections (VTDOC) Policy 376.01 Volunteer Services Management

- Interviews:

- Contractors

- Volunteer

- Staff

Analysis/Reasoning:

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with an inmate is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency Directive 376.01 treats all volunteers as employees of the state and the same rules govern the volunteers as staff. Contractors and volunteers who engage in sexual abuse are prohibited from future contact with inmates. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. There were no incidents reported involving a contractor in the past 12 months.

An interview with the Warden/ Superintendent revealed that it is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation related to sexual harassment or sexual abuse.

The NECC reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with a volunteer and contract personnel. Each were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. The volunteer and contractors informed the Auditor they would be terminated from the facility. The Auditor asked if each is aware they would be reported to a law enforcement agency if found to have committed a criminal act of sexual abuse. Each is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.

Volunteers and contractors are made aware of the VTDOC sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attend training and signs a form of receipt of such. All volunteers and contractors are required to read the agency's policies and procedures related to sexual abuse and sexual harassment and sign a receipt after doing so. The Auditor verified through training records each volunteer and contractor in the facility had received training and reviewed the policies.

Conclusion:

The VTDOC maintains appropriate policies to ensure contractors and volunteers at the NECC are removed from offender contact after committing an act of sexual abuse or sexual harassment of an incarcerated individual. The Auditor reviewed the agency's policies, procedures, training records, training curriculum and conducted formal interviews with staff, volunteer and contractors to determine the facility meets the requirements of this standard.

| | |
|---------------|--|
| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing • Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline • Investigative Files • Interviews: <ul style="list-style-type: none"> Investigator Medical Practitioners Mental Health Practitioner Random Incarcerated Individuals <p>Analysis/ Reasoning:</p> <p>Agency policy 410.01 governs inmate discipline. The policy states that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or a criminal finding that an inmate engaged in inmate- on-inmate sexual abuse. In the twelve months of the review, there were no administrative allegations of inmate-on-inmate sexual abuse. There were no criminal cases of inmate-on-inmate sexual abuse. A review of investigative and disciplinary reports indicates sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and sanctions for comparable offenses committed by other inmates with similar histories. An inmate's mental disability would be considered when determining what sanctions to impose. The facility offers a variety of therapeutic services to abusers in order to address and correct underlying reasons or motivations for the abuse. The facility does not mandate participation in the therapy as a prerequisite to participate in facility programming.</p> <p>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 II's files a report in good faith the II's will not be disciplined for falsely reporting the incident. The VTDOC prohibits all sexual activity between inmates and may discipline inmates for such activity. The agency does not deem the activity to constitute sexual abuse if it determines that the activity is not coerced. This information was collaborated through a review of the Resident Handbook, facility rules, and the Inmate Discipline policy.</p> <p>Conclusion:</p> <p>The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is</p> |

| | |
|--|---|
| | <p>applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, II's records, interviewed staff and II's. The Auditor determined the facility meets the requirements of this standard.</p> |
|--|---|

| | |
|---------------|---|
| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Medical and Mental Health Secondary Records that Document Compliance • Interviews <ul style="list-style-type: none"> Medical Practitioners Mental Health Practitioner Staff Random Incarcerated Individuals <p>Auditor Discussion:</p> <p>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.</p> <p>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.</p> <p>Analysis/Reasoning:</p> <p>Incarcerated Individuals that had prior victimization were interviewed to determine that they were seen by Mental Health. The staff that conducts the screening states that a follow-up meeting would be requested at once. The intake officers complete the Risk Screening Instrument at the facility. Likewise, if an offender risk screening shows that an offender has a history of being an abuser, they are offered a follow-up meeting with mental health within 14-days. The healthcare provider reviews inmate screening instruments to decide if an offender had indicated that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. The staff ensures that inmates are provided a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>Discussion around sexual violence is part of the intake process with medical staff.</p> |

| | |
|--|--|
| | <p>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 eighteen.</p> <p>Conclusion:</p> <p>A record review of randomly selected Incarcerated Individuals, one record review for each month of the 12-month audit period was completed. It was observed that no Incarcerated Individual had been referred for a follow-up meeting with a Med/MH staff within 14 days from arrival. The Auditor requested a list of all intakes from October 8 thru November 7, 2024. This list was reviewed to determine compliance with the follow-up meeting with a Med/MH staff within 14 days from arrival. The 26 files reviewed showed substantial compliance with this standard.</p> |
|--|--|

| | |
|---------------|---|
| 115.82 | Access to emergency medical and mental health services |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • PREA Incident Protocols • Interviews: <ul style="list-style-type: none"> Medical Practitioners Mental Health Practitioner Staff Random Incarcerated Individuals <p>Auditor Discussion:</p> <p>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.</p> <p>The facility will document its efforts to provide SANE/SAFE. 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</p> |

| | |
|--|--|
| | <p>them internally.</p> <p>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 support, crisis intervention, information and referrals. Supervisors will ensure that someone that is trained in investigating sexual assault within a confinement setting is notified of the incident.</p> <p>Conclusion: The Auditor reviewed the agency's policies, procedures, Sexual Assault Response Checklist and interviewed staff, incarcerated individuals and SANE. The Auditor determined the agency meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|---|
| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • PREA Incident Protocols • Medical Records • Interviews: <ul style="list-style-type: none"> Medical Practitioners SANE Staff <p>Auditor Discussion:</p> <p>The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This collaborated through observation of facility programs that deal specifically with domestic violence and sexual abuse and thorough review of resources made available to inmate victims.</p> <p>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.</p> <p>NECC houses both male and female residents. Female victims of sexual abuse would be supplied prompt and comprehensive information about, and timely access to, all lawful pregnancy- related medical services. Victims of sexual abuse while</p> |

incarcerated are offered tests for sexually transmitted infections as medically appropriate. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility, functioning as a prison, does conduct a mental health evaluation of all convicted known inmates-on-inmate abusers with 60 days of learning of the sexual abuse history and offers treatment when thought appropriate. Both Medical and Mental Health professionals interviewed confirmed that inmate victims receive the care needed within this standard.

Analysis/Reasoning:

Incarcerated Individual victims have the right to follow up and counseling services after they have been abused at the facility. These services are all provided to the II's victim regardless of whether the II's names their abuser or agrees to cooperate with the investigation. If an II's is sent out for a forensic medical examination, they will be required to come back to medical when they arrive at the facility. This gives the medical personnel time to review the documentation provided by the hospital and follow those recommendations. When questioned about whether the level of care offender victims receive at the facility is equal to or higher than the level provided in the community at large, the answer was better than what the offender can expect in the community. The mental health personnel at the facility are able to provide reasonable care to those that are lower functioning.

Conclusion:

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed policies, procedures, offender records, interviewed offenders, SANE and medical/mental health practitioners to determine the facility meets the requirements of this standard.

| | |
|---------------|--|
| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Sexual Abuse Incident Review Team Report Form (SART) • Sample of Investigative Reports • Interviews: Staff <p>Auditor Discussion:</p> |

The agency has a policy, 409.09, page 23, the second paragraph to conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. All Incident Reviews were completed within the required 30 days of the close of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. In the files reviewed, the team includes include upper-level management front-line supervisors, investigators, and medical or mental health practitioners.

The agency has created an Incident Review Form to ensure the required elements are being reviewed. The elements include (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Analysis/Reasoning:

In the past 12 months, there were (3) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.
 In the past 12 months, there were (3) criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

The Auditor determined the facility understands the requirement to conduct an incident review within 30 days of the conclusion of each substantiated and unsubstantiated sexual abuse investigation. The Incident Review Team documents the performance of each incident review on a formatted form.

Conclusion:

The Auditor reviewed the VTDOC policies, procedures, PREA Report of Incident Review, investigative records and conducted interviews with staff and determined the facility meets the requirements of this standard.

| | |
|---------------|--|
| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |

| | |
|--|--|
| | <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections PREA Webpage • OMS PREA Categories for Classifying Incidents • SSV Reports to Department of Justice • Aggregated Data <p>The Vermont Department of Corrections, policy 409.09, details the standardized definitions on pages 3-8. The agency collects uniform data of each allegation within the agency, including contracted facilities. The policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VTDOC follows the SSV as guidance for the collection of proper data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked to answer all questions on the Survey of Sexual Violence by the Department of Justice.</p> <p>The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that houses inmates on their behalf.</p> <p>The VTDOC is supplied with a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and checked. The reports are then provided to the PREA Director for the VTDOC who compiles the annual reports for the agency. The report for 2023 and 2024 have been completed and posted on the website. The contracted agency aggregated reports are posted publicly on the VTDOC webpage. I reviewed the 2024 aggregated reports as well as the annual reports generated by the VTDOC.</p> <p>Conclusion:</p> <p>The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies, procedures, website, annual reports, Survey of Sexual Violence and interviewed staff and determined the facility meets the requirements of this standard.</p> |
|--|--|

| | |
|---------------|--|
| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |

| | |
|--|---|
| | <p>Auditor Discussion</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections PREA Webpage (https://doc.vermont.gov/prison-rape-elimination-act-prea) • Annual PREA Reports • Interview: Staff <p>Auditor Discussion:</p> <p>Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house inmates. The VTDOC has six state prisons and contracts with a private company to house some inmates out of state. The VTDOC has constructed a written analysis of the data from 2015, 2016, 2017, 2018, 2019, 2020, 2021, and 2023 comparing and analyzing if there are areas of concern that should be addressed to further improve sexual safety in the facilities. The data is specifically reviewed to decide if any problem areas within the facilities should be addressed to curtail abuse if corrective action is called for and reviewing each facility's aggregated data as well as the agency on an annual basis. Once the annual aggregated reports are complete, the agency head approved the report by signature, and the reports are posted on the agency webpage at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. The agency has not had to redact any material from an annual report but would if necessary, curtail any threat to the safety and security of a facility. I have reviewed all reports posted on the VTDOC webpage from 2015-2023.</p> <p>Conclusion:</p> <p>The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data from its facilities, including a private facility that the agency contracts for the confinement of VTDOC offenders. The annual report addresses problem areas and corrective actions taken and is approved by the Director prior to publishing on the agency's website. The Auditor reviewed the agency's policies, procedures, website, Annual Reports and interviewed staff to determine the agency meets the requirements of this standard.</p> |
|--|---|

| | |
|---------------|--|
| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 252 Records Retention • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports • Interviews: <ul style="list-style-type: none"> Staff Observations <p>The VTDOC has several safeguards in place to securely retain PREA related data. In addition to having an information security policy that addresses access, systems, and use, the agency requires that desktop computers require a password, and all mobile devices are needed to keep a strong password. Passwords must be updated periodically as required by agency policy. The agency makes available the aggregated data to the public on their website. The data from contracted facilities are also available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA related data will be kept for at least 10 years after the date of the first collection unless Federal, State, or local law requires otherwise.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency's website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.</p> |
|--|---|

| | |
|----------------|--|
| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>The VTDOC operates six state prisons and has completed all cycle one and cycle two and three with the start of cycle one and two of year four audits of their facilities. This is the first audit conducted in year four of the first cycle. The agency has a plan in place to ensure the standard of one-third of all facilities operated are audited annually. I have seen the PREA Final reports that were posted on the agency's webpage. Inmates interviewed said that the Notices of audit had been up for at least six weeks. The auditor was afforded full access to all areas of the audited facility. A thorough on-site review of the facility was conducted on the first day of the audit. The auditor requested and received a plethora of documents from the agency and facility in order to properly triangulate the data and evidence of compliance. All interviews of staff and inmates were completed in a private area.</p> |

| | |
|--|---|
| | <p>Staff interviews were conducted in a private area to ensure confidentiality. Incarcerated Individuals interviews were conducted in private offices or program offices. During the onsite review, the auditor saw Notices of Audit that were provided to the facility in all housing units, common areas, visitation, lobby, and other locations throughout the facility. The Notices of Audit were displayed in both English and Spanish.</p> <p>The Auditor reviewed the agency's previous PREA audit report and observed the facility complied with all standards without the requirement of a formal corrective action period. The Auditor communicated with a victim advocate with the Virginia Sexual and Domestic Violence Action Alliance and the Sexual Assault Nurse Examiner with the local hospital to gain an understanding of services offered through the Memorandums of Understanding with the VTDOC.</p> <p>Conclusion: The Auditor concluded the Northeast Correctional Complex meets the requirements of this standard.</p> |
|--|---|

| 115.403 | Audit contents and findings |
|----------------|--|
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Northeast Correctional Complex (NECC) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>I have observed the PREA Final reports that were posted on the agency's webpage. The agency completed audits for all facilities in Cycle One and Cycle Two and Third Cycle. This is year four of the audit cycle one and the agency has had two facilities audited this year.</p> <p>Conclusion: The Auditor determines the agency meets the requirements of this standard.</p> |

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

| | | |
|-------------------|---|-----|
| | 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.) | |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | na |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into | yes |

| | | |
|-------------------|---|-----|
| | consideration: Any applicable State or local laws, regulations, or standards? | |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

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

| | | |
|-------------------|---|-----|
| | facility does not have female inmates.) | |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
|-------------------|--|-----|
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication | yes |

| | | |
|-------------------|---|-----|
| | with inmates with disabilities including inmates who: Have intellectual disabilities? | |
| | 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 | yes |

| | | |
|-------------------|--|-----|
| | 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? | |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |

| | | |
|-------------------|---|-----|
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |

| | | |
|-------------------|--|-----|
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

| | | |
|-------------------|---|-----|
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |

| | | |
|-------------------|--|-----|
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | 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 | yes |

| | | |
|-------------------|---|-----|
| | Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | |
| | 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 | yes |

| | | |
|-------------------|--|-----|
| | suspicious 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.) | |
| 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 | yes |

| | | |
|-------------------|--|-----|
| | screening instrument? | |
| 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) | yes |

| | | |
|-------------------|---|-----|
| | Whether the inmate is detained solely for civil immigration purposes? | |
| 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 | yes |

| | | |
|--|--|-----|
| | information is not exploited to the inmate's detriment by staff or other inmates? | |
| 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 | yes |

| | | |
|-------------------|--|-----|
| | present management or security problems? | |
| 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 | yes |

| | | |
|-------------------|---|-----|
| | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.) | |
| 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 | yes |

| | | |
|-------------------|---|-----|
| | anonymous upon request? | |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from | yes |

| | | |
|-------------------|--|-----|
| | this standard.) | |
| | 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, | na |

| | | |
|-------------------|--|-----|
| | 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.) | |
| | 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 | yes |

| | | |
|-------------------|--|-----|
| | abuse or sexual harassment or retaliation? | |
| 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 | yes |

| | | |
|-------------------|---|-----|
| | response to an incident of sexual abuse? | |
| 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 | yes |

| | | |
|-------------------|--|-----|
| | 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? | |
| | 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 | yes |

| | | |
|-------------------|---|-----|
| | 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).) | |
| | 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 | yes |

| | | |
|-------------------|---|-----|
| | 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? | |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |

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

| | | |
|-------------------|---|-----|
| | evidence sufficient to substantiate the allegation? | |
| 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 | yes |

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

| | | |
|-------------------|---|-----|
| | victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |

| | | |
|-------------------|---|-----|
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |

| | | |
|-------------------|---|-----|
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant | yes |

| | | |
|--------------------|--|-----|
| | 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? | |
| 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.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | no |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 | Audit contents and findings | |

| (f) | | |
|------------|--|-----|
| | <p>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.)</p> | yes |