

PREA Facility Audit Report: Final

Name of Facility: Marble Valley Regional Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/15/2021

Date Final Report Submitted: 08/17/2021

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input checked="" type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input checked="" type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/> |
| Auditor Full Name as Signed: Melinda Allen | Date of Signature: 08/17/2021 |

| AUDITOR INFORMATION | |
|-------------------------------------|---------------------|
| Auditor name: | Allen, Melinda |
| Email: | preaaudit@gmail.com |
| Start Date of On-Site Audit: | 06/03/2021 |
| End Date of On-Site Audit: | 06/04/2021 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Marble Valley Regional Correctional Facility |
| Facility physical address: | 167 State Street, Rutland, Vermont - 05701 |
| Facility Phone | |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|---------------------------|
| Name: | Sharon Nykiel |
| Email Address: | sharon.nykiel@vermont.gov |
| Telephone Number: | 802-585-6132 |

| Warden/Jail Administrator/Sheriff/Director | |
|--|-------------------------------|
| Name: | Susan Ransom-Kelley |
| Email Address: | sue.ransom-kelley@vermont.gov |
| Telephone Number: | 802-786-5835 |

| Facility PREA Compliance Manager | |
|----------------------------------|---------------------------|
| Name: | Sharon Nykiel |
| Email Address: | sharon.nykiel@vermont.gov |
| Telephone Number: | M: 802-747-4605 |

| Facility Health Service Administrator On-site | |
|---|---------------------------|
| Name: | Luanna Tredwell |
| Email Address: | ltredwell@vitalcorehs.com |
| Telephone Number: | 802-779-9261 |

| Facility Characteristics | |
|--|----------------|
| Designed facility capacity: | 118 |
| Current population of facility: | 95 |
| Average daily population for the past 12 months: | 101 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Males |
| Age range of population: | 37.7 |
| Facility security levels/inmate custody levels: | Minimum/Medium |
| Does the facility hold youthful inmates? | Yes |
| Number of staff currently employed at the facility who may have contact with inmates: | 88 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 2 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 0 |

| 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: | 8022410000 |

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

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

AUDIT FINDINGS

Narrative:

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

The auditor, Melinda Allen, is an independent contractor that contracted directly with the Vermont Department of Corrections (VTDOC) to audit the Marble Valley Regional Correctional Facility (MVRCF). The facility is in Rutland, Vermont. The audit was scheduled to take place June 3-7, 2021. Several interviews were handled off-site to include the SANE, Agency Contract Administrator, and the Agency Head.

MVRCF has been audited twice before, in 2015 and 2018. The contract for this audit was signed on November 8, 2019. There were no barriers to the completion of the audit.

1. Pre-Onsite Audit Phase

During the pre-audit phase, the auditor conducted a review of the Pre-Audit Questionnaire (PAQ) as well as other documentation provided by the facility through June 2, 2021. The auditor also reviewed MVRCF's Annual PREA Reports for 2015 and 2018, their public website, and other related PREA information. During the pre-onsite audit phase, the auditor took part in multiple telephone calls and exchange of emails with the agency's PREA Coordinator. The calls and email discussions centered around the auditor's unimpeded access to every area of the facility, document and record review, and interviews with the staff, volunteers, contractors, and inmates. Additionally, an overview of the audit process, the audit goals, audit expectations and were discussed. The calls and emails also supplied an opportunity to discuss points of contact, communications, coordination, and timelines. The Process Map was provided to the Agency on May 4, 2021.

Notice of Audit Posting:

The Notice of the audit posting was in both English and Spanish and posted on April 16, 2021. The facility supplied a sampling of pictures of the audit posting throughout the facility. The English version said:

The Marble Valley Regional Correctional Facility will be undergoing an audit for compliance with the United States Department of Justice's National PREA Standards to Prevent, Detect, and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) for jails during the following period,

June 3 – June 7, 2021.

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

Melinda Allen

P.O. Box 703

Braselton, GA 30517

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

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

This statement was translated into Spanish and posted also throughout the facility. MVRCF sent the auditor photographic proof of the posting of the Notices of Audit. The facility was advised to treat any mail addressed to the auditor as legal mail to ensure confidentiality. The auditor did not receive any letters of correspondence before the audit as a result of the audit notice postings as of the start of the onsite audit.

B. Timeline:

A kickoff meeting was held with the VTDOC on January 6, 2021. The kickoff meeting included a discussion of logistics for access to the facility and involved the need for unimpeded access to all areas of the facility and access to documents and staff for an interview. A review of the in-brief purpose and process was discussed during the kickoff meeting. A scheduled review of the audit was completed with the PREA Coordinator and included scheduling, the process and timelines for the interim report, corrective action, and recommendations. The agency and auditor decided to use the online audit system (OAS) to complete the audit. The facility initiated the online audit on April 27, 2021. The process map was sent to VTDOC on May 4, 2021, to use as a guideline in the process. The PAQ was completed by the facility

on May 27, 2021. The auditor reviewed the PAQ, and the supporting documents provided before the on-site audit. The MVRCF supplied a tremendous amount of information in the Pre-Audit Questionnaire, going well beyond the norm. The auditor requested a variety of lists from the facility in advance of the audit to include the following:

- Housing Roster
- Youthful inmates
- An inmate with disabilities or Limited English Proficient Inmates
- LGBTQI Inmates
- Inmates in Segregation Housing
- Residents in Isolation
- Inmates who reported Sexual Abuse
- Inmates who reported sexual victimization during Risk Screening
- Staff Rosters
- Medical Roster
- Specialized Staff Identified
- Contractors and Volunteers that have contact with Inmates
- Grievances from the prior 12 months
- Incident reports from the prior 12 months
- All allegations of sexual abuse or sexual harassment in the 12 months preceding the audit
- List of inmates determined to be at risk of sexual abuse
- A list of hotline calls
- List of inmates determined to be at heightened risk of sexual abusiveness
- A reiteration of all Sexual Abuse or Sexual Harassment incidents for the prior 12 months. (Detailed below).

C. Research:

On May 4, 2021, the auditor researched MVRCF to learn if there were articles and information regarding PREA-related news or events and accomplishments. The auditor did not find any articles, about alleged sexual misconduct at the facility.

The facility's 2020 annual report is posted to its public website were reviewed as well as the agency's PREA information on their website to include how to file a third-party report.

The auditor reviewed the mandatory reporting laws for Vermont to find who is mandated to report abuse or neglect of a vulnerable adult. This publication organizes the information in a user-friendly format and expressly proves all staff members of the MVRCF are mandatory reporters in the state of Vermont: dlp.vermont.gov/aps/mandatoryreporting.

D. External Contacts:

External organizations were contacted before the on-site audit phase including Just Detention International (JDI), New Story Center (Community Advocate). Just Detention International reported having not received any information about sexual safety at the Marble Valley Regional Correctional Facility in the last 12 months. MVRCF, who has an LOA with JDI to provide emotional support services, a 24/7 crisis support line, specialized counseling, and with New Story Center to accompany victims to the hospital for forensic medical examinations. AHS is contracted to supply notification of allegations of sexual abuse and sexual harassment originating within the jail to VTDOC officials.

E. List of Allegations:

The MVRCF has thirteen certified PREA investigators who conduct and handle administrative investigations. Administrative cases involving staff may be conducted by the Department of Human Resources Investigative Unit (DHR-IU) or MVRCF Investigators. Criminal investigations are conducted by the Vermont State Police (VSP). During the onsite audit phase, the facility reported the following:

| Allegation Type | Substantiated | Unsubstantiated | Unfounded | Pending |
|------------------------------------|---------------|-----------------|-----------|---------|
| Inmate-On-Inmate Sexual Harassment | 1 | 1 | 0 | 0 |
| Inmate-on-Inmate Sexual Abuse | 0 | 0 | 0 | 0 |
| Staff-on-Inmate Sexual Harassment | 0 | 0 | 0 | 0 |
| Staff-on-Inmate Sexual Abuse | 0 | 0 | 1 | 0 |

2. Onsite Audit Phase

The rated capacity of the facility is 118 inmates. On June 3, 2021, the first day of the onsite audit, the inmate population of the facility was 91 inmates. MVRCF is made up of two buildings and houses all custody levels. There are a total of seven housing units that are multiple

occupancy cells. The facility has a designed capacity of 118 inmates.

Site Review:

The auditor arrived at MVRCF on June 3, 2021, at 07:30 am and met the Assistant Superintendent, PREA Coordinator. The PREA Coordinator verified the identification of the auditor escorted her into the facility. At 7:45 am an in-brief meeting was held in the conference area, attended by the facility Superintendent, PREA Coordinator, PREA Compliance Manager, PREA Compliance Manager for Northeast Regional Correctional Complex (Another facility run by VTDOC), the Security and Operations Supervisor, and the auditor. During the meeting, the auditor explained the audit process and expectations. Following the in-brief, the auditor was escorted by the MVRCF staff for an extensive site review of the facility. The facility is made up of two buildings. There are a variety of housing units in the facility. There are two buildings comprised of seven housing units. There are 63 multi-occupancy cells, and 12 segregation cells. The secondary building houses the Education Unit. A gymnasium is available for inmates to exercise. In most units, the toilets are in the cells with a separate area for showers. In the shower areas, doors or shower curtains were seen as having the capability to prevent cross-gender viewing from camera angles as well. The ISO/segregation unit cells have toilets within the cells. It was noted that throughout the site review cross-gender announcements were being made by staff. The auditor toured and reviewed the following locations/areas:

- Administration
- Intake- no inmates were being processed at the time. The auditor asked the intake staff to walk her through the booking process from intake, screening, classification to housing assignment and discussed the grievance and mail process. A language line is available for interpretation services.
- Central Control
- Kitchen
- Program Areas
- Laundry Areas (Multiple)
- Gymnasium
- Visitation
- Attorney's Visitation
- Segregation ISO Units
- Law Library

Caseworkers were interviewed to discuss the classification process and how they use the risk screening assessment in deciding housing placement.

Housing units. The facility has seven housing units. There are 63 multiple occupancy cells, and 12 segregation cells in the facility. In a typical housing area, inmates have private toilets and showers. The facility has a video monitoring system made up of 34 cameras that record up to twenty-eight days of history depending on the activity in the area. A three-year plan to supplement cameras is in place at the facility. Privacy issues were seen in the facility. Each of these issues was discussed with the facility and has already been addressed in the facility's three-year camera plan. The three-year camera plan has been in place since 2015 but was updated again in January 2021. The auditor observed PREA Posters, Notice of Audit, PREA Newsletters, and other PREA information in each housing unit. The facility has access to a language line for interpretation services for non-English speaking inmates.

The auditor observed processes and spoke with the staff at intake to see the procedure for booking, intake, classification, property, searching, PREA education, and screening protocols while the inmates are being processed into the jail. She observed and reviewed camera placement, potential cross-gender viewing of shower and toilet areas, placement of PREA education materials, placement of PREA reporting options, and the functionality of those reporting options. Particular attention was given to camera placement, lines of sight, privacy for inmates in bathrooms, showers, and changing areas, PREA reporting signs, victim advocacy signage, door, and key security, inmate movement, and staff and inmate interactions. Grievance forms were readily available in all units. Inmates interviewed said the grievance system works. PREA education materials were presented in brochures, in Inmate Handbooks, tablets, and verbalized by the staff when educating the inmates. There were PREA reporting posters and information in the housing units. The posters displayed information on reporting sexual abuse through the phone system to an answering service. The phone number on the poster was tested. The auditor received a response to the call within two hours of leaving a message.

The auditor also conducted informal interviews with staff and inmates encountered while on the site review in the various areas. She saw the audit notification in various locations throughout the facility, including each inmate housing unit, programming and work areas, staff, and visitor access areas to ensure that MVRCF staff, inmates, and visitors had the opportunity to contact the auditor. The Notices of Audit were posted in English and Spanish on colored paper, so they stood out.

3. Interviews:

The auditor requested and was provided with rosters of staff available at the facility for the days of the audit, showing post and shift hours. Also, rosters were received showing which individuals filled specialized staff positions to include the agency head, Superintendent/Warden, PREA Coordinator, and PREA Compliance Manager, and Health Services Administrator. The randomly selected staff from the facility rosters being a diverse sampling of staff to include male and female, various job responsibilities, job assignments, levels of experience, sworn, and civilian. The staff interviews were held in the conference area of the facility. Inmate interviews were held in the visitation area of the jail. Inmate Housing rosters were received detailing all inmates housed at the facility. The facility only had two inmates in the targeted

interview categories of inmates. The auditor interviewed a transgender inmate and an inmate with disabilities. The auditor supplemented the number of interviews needed with more randomly selected inmates. The interviews were held in private and without staff intervention or oversight.

The auditor conducted a total of 17 inmate interviews out of a population of 91 inmates in population on the first day of the audit. This number consisted of 15 random inmates, being interviewed. Inmates were interviewed from every housing unit and security classification, with diversity in age, race, and gender.

The auditor conducted 12 random staff interviews out of 88 staff employed who have contact with inmates. The auditor also conducted 28 interviews with specialized staff. Some specialized staff had multiple responsibilities and supplied information to interviewers from multiple specialized staff interview protocols. Staff members were interviewed from all shifts, and the auditor interviewed sworn staff and contractors. There are currently no volunteers in the facility due to COVID-19 protocols. The Superintendent and Agency Head (2) were interviewed. Formal interviews were conducted with inmates and staff in a private office to ensure confidentiality.

Two contracts allow contractors to enter the facility. The auditor interviewed one contractor. There were no volunteers in the facility.

Interview Selection Methodology:

Random and Targeted Inmates:

The auditor's method for selecting inmates to interview was as follows:

The auditor conducted 15 interviews of random inmates, selected randomly from the various housing units. The auditor selected inmates from every housing unit to interview. Typically, selecting the 1st, 10th, and 20th person in each housing unit. The facility houses minimum, medium, and maximum inmates. Inmates from all demographics and classifications were selected for the interviews.

The auditor conducted two interviews of targeted inmates selected inmates were from the following targeted populations:

- Transgender or Intersex
- Physically Disabled or Limited English Proficient

Random staff:

The Auditor conducted 12 interviews with random staff. Staff members were interviewed, choosing staff from Day, Evening, and Midnight shifts.

Specialized Staff:

The auditor conducted 28 interview protocols with specialized staff, with some staff members being asked questions from multiple interview protocols based on their assigned job responsibilities. The interviews conducted with specialized staff were as follows:

- Agency Head
- Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Agency contract Administrator
- Human Resources staff (2)
- Intermediate or higher-level staff
- Investigative staff (5)
- Staff who Monitor Retaliation
- Staff who supervise Segregated (Isolation)
- Staff who conduct Risk screening
- Medical staff
- Mental Health staff
- Contractor
- Intake
- Classification staff
- SANE
- JDI
- Incident Review Team member
- First responder

- Education and Program Staff
- Line Staff who Supervise Youthful Offenders

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

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

The auditor selected 12 staff, and contractors' files for review. The employee file review for hiring and promotion requirements was conducted in the jail. The contractor files also were reviewed for training requirements. All staff names were selected from the roster provided that included new staff, more seasoned staff, administrators, supervisory staff, line staff, and contractors (Medical and Building Maintenance). These names were also used in reviewing their training records.

The sampling of files the auditor selected was twelve (12) staff to include Correctional Officers, Supervisors, two (2) contractors files to review.

File Review Methodology (Inmate):

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

Sixteen (16) inmate names and associated files were randomly selected to ascertain the following documentation:

- Date and time entered the facility
- Date and time Risk Screening Assessment was conducted
- Date and time Reassessments were conducted
- Applicable medical and mental health follow-up for disclosing prior victimization
- Receipt of PREA information during the intake process
- Comprehensive education is provided within 30 days of intake.

Other files reviewed included:

- Investigative files (4) One of the files reviewed did not fall within the audit period but the auditor requested to review the file.
- Grievance list
- Logs of Unannounced Rounds
- Hotline call list

Facility Debriefing:

On June 4, 2021, the auditor conducted an out-brief with the facility leadership. The auditor discussed the next steps to include additional requests for documentation and the receipt of the interim report within the next 45 days.

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

Conclusion:

The auditor certifies that no conflict of interest exists concerning her ability to conduct an audit of the agency under review. (28 C.F.R. "€ 115.403(a)). Agency-wide policies and procedures follow relevant PREA standards. (28 C.F.R. §115.403(b)).

AUDIT FINDINGS

Facility Characteristics:

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

The MVRCF is in Rutland, Vermont approximately 70 miles South of Burlington, Vermont in Rutland County. The facility, originally opened in 1980, is a sister facility to Northeast Correctional Complex found in St. Johnsbury. The Marble Valley Regional Correctional Facility is a medium-sized direct supervision facility consisting of 118 hard beds. The population at the time of the audit was 91 inmates. The MVRCF campus offers the offenders Life Skills, Budgeting 101, and Renter's Skills courses. There is a separate education building on campus. On June 3, 2021, the on-site audit was completed at MVRCF. The facility's first PREA audit was conducted in 2015 and a subsequent audit was conducted in 2018. The facility has two buildings, one for housing and the other for education. The facility is run with direct supervision. Both the facility design and technology applications installed in the jail have inmate safety in mind. There are seven housing units, The designed capacity is 118 inmates. The facility intake area consists of a vehicle entrance (sally port) and a booking area for the intake of inmates. The booking area includes a search area, holding cells, the main booking desk with excellent visibility of holding cells, and processing areas. There is a medical area that consists of an examination room, storage room, and restroom. There are indoor and outdoor recreation areas. The larger housing units consist of cells on a lower tier and an upper tier, a dayroom, and a separate shower area. The toilets are contained within the cells. These cells have double bunks and a toilet and sink within the cell. The segregation housing unit is single level. There is one cell with a camera placed over the toilet, but the auditor verified that the video system software allows for a black box to be placed strategically on the view of the toilet for privacy. Inmates are housed based upon needs and their respective levels of classification. All inmates are supervised by trained Corrections Officers. The main control room observes all housing units in the facility.

The MVRCF employs 88 staff members who have regular contact with inmates. The facility is equipped with 34 cameras found inside and out. Officers in Central Control monitor these cameras 24 hours a day, 7 days a week. There is a three-year camera plan, updated in January of 2021, to enhance the monitoring system. There are safety and emergency communications systems to increase the safety of employees and inmates.

AUDIT FINDINGS

Summary of Audit Findings:

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

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| Number of standards exceeded: | 5 |
| Number of standards met: | 40 |
| Number of standards not met: | 0 |

The on-site audit was completed June 3-June 4, 2021. The interim report was provided July 15, 2021, to the Marble Valley Regional Correctional Facility reporting the following:

Exceed Standards: 05

Meets standards: 36

Did Not Meet standards: 04

Exceeded Standards:

§115.31, §115.32, §115.33, §115.42, §115.52

Meets Standard:

§115.11, §115.12, §115.13, §115.14, §115.16, §115.17, §115.18, §115.21, §115.22, §115.34, §115.35, §115.41, §115.43, §115.51, §115.53, §115.54, §115.61, §115.62, §115.63, §115.64, §115.65, §115.66, §115.68, §115.72, §115.73, §115.76, §115.77, §115.78, §115.81, §115.82, §115.83, §115.86, §115.88, §115.89, §115.401, §115.403

Did not Meet Standard:

§115.15, §115.67, §115.71, §115.87

Corrective Action Recommendations:

§115.15

Install Shower Curtains in Housing Units that are missing Shower Curtains.

§115.67

Ensure that all retaliation monitoring is documented and preserved.

§115.71

All cases must be investigated and documented. It appears as though DHR-IU does not follow the MOU originally signed in 2015 with AHS-IU. This needs to be rewritten, modified, or abandoned in order for the VTDOC to ensure all incidents of sexual abuse or sexual harassment are thoroughly investigated and documented to the standard imposed by the Prison Rape Elimination Act. The VTDOC could try to preserve all video footage that they have knowledge of being evidence, but there is no guarantee that all areas are being preserved unless they are more involved in the investigation itself.

§115.87

Complete and publish the 2019-2020 Aggregated Data.

Corrective Action Completed:

§115.67 On July 21, 2021, a memorandum was created instructing retaliation monitors to document all retaliation monitoring in the OMS systems and to email backup copies to leadership.

§115.71 On August 3, 2021, the agency provided a new MOU signed with DHR governing how cases will be resolved when an employee terminates before the investigation has been completed. The VTDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information.

§115.15 On August 1, 2021, the facility provided photographs of temporary shower curtains that have been installed. They have a higher grade of the curtain ordered that will allow for additional safety and security.

§115.87 On August 12, 2021, the agency complete and publish the 2019-2020 Aggregated Data on the agency website.

This concludes all corrective action and Marble Valley Regional Correctional Facility.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 410.01 • Marble Valley Regional Correctional Facility Local Procedure 11-01 • Vermont Department of Corrections Organizational Chart • Marble Valley Regional Correctional Facility Organizational Chart <p>2. Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator • PREA Compliance Manager <p>Finding:</p> <p>The VDOC policy 409.09 addresses the Prison Rape Elimination Act. The agency's policy mandates a zero-tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. This is addressed on page one of the policy. The policy outlines, on pages 2 & 3, how the PREA standards are implemented and the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility is expected and does follow the department's policy. Interviews were conducted on-site with the PREA Compliance Manager and Superintendent to confirm the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It was apparent 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 contain definitions as required by the standard. Sanctions against PREA related incidents are covered in policy 410.01, Facility Rules and Inmate Discipline. PREA policy 409.09 addresses agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. These strategies are covered on pages 2, 3, and 10-23 of policy 409.09. The facility has a designated PREA Compliance Manager. The compliance manager showed that she 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. I saw that the PREA Compliance Manager 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 Superintendent of the facility. The agency has a PREA Coordinator and six Compliance Managers as well as a backup Compliance Manager for each facility.</p> |

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| 115.12 | Contracting with other entities for the confinement of inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Marble Valley Regional Correctional Facility Pre-Audit Questionnaire • Contract for Housing Inmates, Page 26, Section 4.3 2. Interviews: <ul style="list-style-type: none"> • Agency Contract Administrator <p>Finding:</p> <p>The Vermont Department of Corrections (VTDOC) has contracted with CoreCivic to house inmates on their behalf. The most recent contract was entered on September 17, 2018. The initial term of the contract was two years with the ability to renew for two additional years. The contract requires that the contractor adopt and comply with the PREA Standards, page 26, Section 4.3. The DOC does not have any current contracts for confinement that do not require compliance and adoption of the PREA Standards. The current contract specifies that the Contractor will comply with the PREA of 2003 (28 C.F.R. Part 115, Docket No. OAG-131. RIN 1005-Dated May 17, 2012) as noted on page 10 of the contract, and will adopt all applicable PREA Standards for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within the Contractor's facilities that house State inmates. State staff has the right to conduct announced and/or unannounced, compliance monitoring to include "on-site" monitoring to ensure that the contractor is complying with PREA standards. This is standard verbiage for contracts for confinement as established through the Agency's PREA policy 409.09 The contract monitor monitors for compliance with all PREA Standards. In interviews with the contract monitor, I determined that the contract monitor regularly reviews the contractor and their work as it applied to PREA. The facility had its PREA Audit in June 2021.</p> |

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| 115.13 | Supervision and monitoring |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <p data-bbox="242 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul data-bbox="282 409 887 535" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Marble Valley Regional Correctional Facility Staffing Plan • Annual Review of Staffing Plan • Three-Year Camera Plan Revised 1.07.2021 <p data-bbox="242 564 378 593">2. Interviews:</p> <ul data-bbox="282 645 716 770" style="list-style-type: none"> • Warden/ Superintendent • PREA Coordinator • PREA Compliance Manager • Intermediate or Higher-level Facility Staff <p data-bbox="242 799 325 828">Finding:</p> <p data-bbox="242 857 1490 1585">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 determine if adjustments are needed to the staffing plan, the deployment of monitoring technology, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. A copy of the staffing plan analysis was secured during the pre-audit phase. The Marble Valley Regional Correctional Facility (MVRCF) uses overtime collapses not-essential (Housing) posts or utilizes 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 determine if adjustments are needed. MVRCF officers are required to complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented in the logbooks as well. The facility has 34 cameras that are monitored by control staff to aid in supervision. The cameras record information for up to 30 days depending on the level of motion detected activity. The current storage was around 26 days. There were numerous blind spots identified in the areas where inmates have access. The facility has a revised three-year camera plan to remedy the blind spots. Each area of concern was pointed out and identified to the Chief of Security who had already identified each area of concern in the plan. The facility has requested an increase in the number of cameras in their annual budget request. The facility uses a screening system to identify vulnerable inmates during the initial screening process prior to placement in a cell. Vulnerable inmates are placed alone in cells adjacent to the officer's desk and extra observation rounds are conducted for heightening security. In order to verify that intermediate or higher-level supervisors conduct unannounced rounds, I reviewed logbook entries and compared the logbook entries to video footage in order to verify the rounds were conducted. In interviews with the intermediate and higher-level supervisors, I determined that unannounced rounds are conducted sporadically and without warning to the staff. Supervisors vary their routes throughout the facility and never announce that they are making rounds. Rounds were verified for day and night shifts.</p> <p data-bbox="242 1619 568 1648"><u>Best Practice Recommendation:</u></p> <p data-bbox="242 1709 1481 1769">Eliminate all blind spots or areas where inmates and or staff could secret away out of sight. The facility has included a three-year plan for additional cameras.</p> |

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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 356" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1294 535" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Marble Valley Regional Correctional Facility Procedure 12.01 dated 1.24.2020 • Marble Valley Regional Correctional Facility Procedure 326.01.02 Placement of Youthful Offenders • Daily Population Report 2. Interviews: <ul data-bbox="284 647 991 739" style="list-style-type: none"> • Line Staff who Supervise Youthful Inmates • Education and Program Staff who Work with Youthful Inmates • There were no Youthful Inmates present during the audit to interview 3. Observations: <ul data-bbox="284 848 1461 907" style="list-style-type: none"> • Visual Review of the Unit where Youthful Inmates would be assigned to include showers, toilet, and dayroom areas. • Visual Review of Recreation Area where Youthful Inmates would have access to large muscle exercise. <p data-bbox="242 938 325 963">Finding:</p> <p data-bbox="242 994 1493 1621">The facility does house juvenile offenders on rare occasions. The auditor observed the housing unit that would be used for Youthful Offenders should one be brought to the facility. There were no Youthful Offenders housed at Marble Valley Regional Correctional Facility in the past year. It is the practice of the State of Vermont to avoid housing Youthful Offenders in adult facilities except in rare situations. MVRCF has a procedure in place for securing sight and sound separation for any youthful offenders that may be housed in the facility. Should the facility receive a YO the facility will move close custody inmate(s) to another unit and house the YO separately. The facility has developed an operational procedure for placement of an under eighteen offender in an adult correctional facility, MVRCF 12-01, which requires them to provide for sight sound separation from the adult inmates. All adults housed in unit F would be removed, the windows "snowed" in units E & F, and juveniles or YO placed in F unit. Recreation occurs throughout the day as staff and resources allow. The RHU officer will ensure that recreation will be offered in the RHU dayroom/bullpen when staffing allows for direct supervision. The Recreation Coordinator or a Correctional Officer accompanies the under eighteen offender(s) to outside recreation, open gym, movie night, and other recreation opportunities as time permits. The facility housed did not house any YO in the past 12 months. Staff assigned to this unit were interviewed who stated sight and sound separation would be provided while YOs are present. The facility does provide for direct staff supervision in areas outside housing units where youthful inmates have sight, sound, or physical contact with adult inmates. If there is a suicide watch inmate that needs to be housed in the same unit, Cell 1 & 2 are the facility suicide cells with cameras, they will place the juvenile offender(s) on constant observations as sound separation would be an issue. While this is not an ideal solution, it is the best solution the facility currently has for housing Youthful Offenders. One consideration may be to swap the inmates from E to F and use E-unit as the Youthful Offender unit, thereby allowing the constant use of the suicide cells as needed.</p> |

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| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 432.01 • Vermont Department of Corrections Agency Policy 409.01 • Marble Valley Regional Correctional Facility Procedure 04-05 Searches • Marble Valley Regional Correctional Facility Post Order 04 • Marble Valley Regional Correctional Facility Post Order 05 • Marble Valley Regional Correctional Facility Post Order 06 • Marble Valley Regional Correctional Facility Post Order 07 • Marble Valley Regional Correctional Facility Post Order 08 • Log of Cross-gender Strip Search (none) • Strip Search Memo dated 3.06.2015 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • There were no female inmates present to interview • Transgender Inmate <p>Finding:</p> <p>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 permitted to conduct pat searches of female inmates absent exigent circumstances. Policy 409.01.01 requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches are documented. I have reviewed documentation of these searches generated from reports in the OMS system, Jail Tracker. Agency policy 409.09 requires staff members of the opposite gender to announce their presence when entering an inmate-housing unit. Interviews with inmates confirm that staff members announce their presence. This was also observed during the on-site review. Inmates confirmed that they can shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. During the facility tour, I observed some showers were missing shower curtains. In some units, there are half doors covering the showers allowing for visibility of the feet and head. Agency policy prohibits the searching of transgender or intersex inmates for the sole purpose of determining their genital status. Interviews with staff and inmates verify that this is not being done. I interviewed transgender inmates to confirm compliance. 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 determines the genital status through conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. 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 are documented. There were no cross-gender pat searches conducted in the previous twelve months. During the on-site review, the auditor noted that one camera observed a toilet in a special housing cell. This was mitigated during the on-site by placing a block on the camera that prevents the viewing of the genital area while an inmate is using the toilet.</p> <p>Corrective Action Recommendation:</p> <p>Install Shower Curtains in Housing Units that are missing Shower Curtains.</p> <p>Update:</p> |

On August 1, 2021, the facility provided photographs of temporary shower curtains that have been installed. They have a higher grade of the curtain ordered that will allow for additional safety and security.

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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Vermont Department of Corrections Agency Policy 371.01 • ADA Handouts • Interpreter Access Card • ADA Training Curriculum from Basic Academy 2. Interviews: <ul style="list-style-type: none"> • There were no disabled or Limited English Proficient Inmates available to interview at the time of the audit. • Random Sample of Staff • PREA Pamphlets in English and Spanish • PREA Inmate Education/Orientation Materials 3. Observations <ul style="list-style-type: none"> • Language Line • Documentation of ADA compliance to include Braille handout <p>Finding:</p> <p>According to the interview with the Agency Head, the agency takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 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 utilizes the services when warranted. The VDOC contracts with Public Communication Services, Inc. for telephonic interpreters. There are some staff members who speak Spanish and both inmates and staff stated 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. There were no inmates with disabilities or limited English proficiency to interview at the time of the audit. Agency policy 409.09, page 11, prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under " §115.64, or the investigation of the inmate's allegations. Interviews with staff and inmates confirm that the policy is being followed.</p> |

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| 115.17 | <p>Hiring and promotion decisions</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Agency Policy 409.09 • 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 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Administrative (Human Resources) Staff at Facility • Administrative (Human Resources) Staff at Agency Level <p>Finding:</p> <p>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 shown 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 thorough background checks are completed prior to hiring or contracting with individuals. The agency inquires if the applicant has ever had an improper relationship with an inmate, sexual or otherwise, ever resigned from employment after becoming aware of, being notified of, or during 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. The agency imposes an affirmative duty for staff to show any misconduct. The agency supplies 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 an employee has applied to work.</p> |
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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="229 318 1509 672" style="list-style-type: none"> <li data-bbox="229 318 1509 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="271 380 1509 515" style="list-style-type: none"> <li data-bbox="271 380 1509 414">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="271 414 1509 448">• Schematic of Camera system <li data-bbox="271 448 1509 515">• Camera Three-Year Plan <li data-bbox="229 515 1509 560">2. Interviews: <ul data-bbox="271 582 1509 672" style="list-style-type: none"> <li data-bbox="271 582 1509 616">• Agency Head <li data-bbox="271 616 1509 672">• Warden/Superintendent <p data-bbox="229 672 1509 716">Finding:</p> <p data-bbox="229 716 1509 1068">Interviews with the agency head and warden/Superintendent staff show that consideration is afforded when modifying, expanding, or designing a facility. There have not been any major structural modifications or construction since the last PREA audit. The MVRFCF has not added any cameras to the video monitoring system since the last audit. The facility has 34 cameras in the facility. Video footage is recorded and kept for approximately thirty days, depending on the activity or movement within the facility. (At the time of the audit there were 26 days of footage stored). The facility uses a combination of standard digital video cameras and pan-tilt-zoom cameras to better monitor the facility. I saw cameras placed throughout the facility consistent with the schematics provided during the facility tour. I also reviewed the cameras to find that there are some obvious blind spots. These blind spots have been documented and cameras requested in a three-year camera plan which was revised on January 07, 2021.</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</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 • Marble Valley Regional Correctional Facility Procedure 11-01, Sexual Abuse Incident Report Form • Pre-Audit Questionnaire completed by MVRFCF • Protocols for responding to Incidents of Sexual Harassment and Sexual Abuse • MOU with AHS IU, now known as DHR IU • MOU with Vermont State Police • LOA with New Story • Uniform Evidence Protocol <p>2. Interviews:</p> <ul style="list-style-type: none"> • SANE/SAFE • Just Detention International • Random Sample of Staff • PREA Compliance Manager • There were no inmates who had reported an incident of Sexual Abuse available to interview during the audit <p>Finding:</p> <p>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 Rutland Regional Medical Center. If for some reason a SANE or SAFE is not available at Rutland Regional Medical Center within the 72 to 96-hour window, they would transport to the next closest hospital with a trained SANE or SAFE Hospital without financial cost, where evidentiarily or medically appropriate. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency documents its efforts to supply SAFEs or SANEs. The Rutland Regional Medical Center offers specialized emergency nursing care for both adults and child sexual assault victims. According to the PREA Compliance Manager, the facility contacts a victim's advocate prior to the victim leaving the facility for a sexual assault. The MVRFCF utilizes the New Story Center to supply a victim's advocate to inmates. The facility has secured a Letter of Agreement with New Story Center to supply advocacy services. The letter was signed on April 21, 2021. The agency has asked that the investigating agencies follow the requirements of paragraphs (a) through (e) of section 115.21. The VDOC has entered an MOU with each of these agencies. Each MOU was signed in 2015.</p> |

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| 115.22 | <p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRCF • MOU with Vermont State Police • MOU with DHR IU • Investigative Files • Protocols for responding to Sexual Harassment and Sexual Abuse incidents. • Agency Website <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Investigative Staff <p>Finding:</p> <p>The agency ensures that an Administrative and Criminal investigation is conducted for allegations of sexual abuse and sexual harassment. This is required in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The website describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at http://doc.vermont.gov/programs/prea/prison-rape-elimination-act-prea/. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. There were three cases that needed documentation during this audit cycle. Each case was sexual harassment. None of the cases required referral for criminal investigation.</p> |
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| 115.31 | Employee training |
| | <p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1029 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 965 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="279 409 1013 672" style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRFCF • 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 2. Interviews: <ul data-bbox="279 779 558 808" style="list-style-type: none"> • Random Sample of Staff <p data-bbox="242 835 327 864">Finding:</p> <p data-bbox="242 891 1492 1525">VDOC supplies 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 proves 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 abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired staff receives the first PREA training prior to reporting to duty in the facility. During the interviews with a random selection of staff, I quizzed staff members on a variety of these topics and staff was able to respond appropriately. The training supplied is specific to the gender of inmates the staff will supervise. If a staff member is transferred from another facility, the staff member would appropriately be retrained. There were no staff members transferred from another facility in 2020. Staff receives refresher PREA training every other year. In years in which an employee does not receive refresher training, the agency supplies refresher information on current sexual abuse and sexual harassment policies. The facility supplied verification of training for all staff during the Pre-audit phase. The use of the examinations to determine the staff knowledge exceeds the standards imposed.</p> |

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Exceeds Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRCF • Training Curriculum • PREA Training Acknowledgment Forms • Examinations <p>2. Interviews:</p> <ul style="list-style-type: none"> • Contractors and Volunteers who have contact with inmates <p>Finding:</p> <p>Contractors and volunteers at the MVRCF are trained in their responsibilities about sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that they are familiar with the agency's zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment. All Contractors and Volunteers receive extensive training regarding PREA to include testing which far exceeds standard requirements. The agency should be commended for this high level of professionalism and regard for sexual safety in their prisons. The agency also included an examination as part of their testing of understanding. This exceeds the standard imposed. During 2020, very few contractors or volunteers have been allowed into the facility due to the COVID-19 pandemic. Only essential contractors have been allowed into the facility.</p> |

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| 115.33 | Inmate education |
| | <p>Auditor Overall Determination: Exceeds Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Pre-Audit Questionnaire completed by MVRCF • Review of Training Curriculum • Inmate Handbooks • Inmate Tablets • PREA Posters • PREA Newsletters • PREA Pamphlets/Brochures • Inmate Acknowledgements of having received training/orientation 2. Interviews: <ul style="list-style-type: none"> • Random Sample of Inmates • Intake Staff • Caseworkers who conduct training with inmates 3. Observations: <ul style="list-style-type: none"> • During the on-site review, the auditor observed PREA posters, signage, pamphlets, and brochures that are readily available in each housing unit. The auditor also observed inmate handbooks and tablets that are available to inmates. The tablets also have the inmate handbook and PREA information available. <p>Finding:</p> <p>Offenders at the MVRCF are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment at once upon entering the facility. Offenders 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 72 hours of arrival at the facility. This far exceeds the 30-day requirement imposed by this standard. The facility provides education through a variety of mechanisms to connect with a broader range of learners. All offenders receive the required training regardless of where they came from being the streets, court, or another facility. 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. The facility documents this training and copies of the training are secured in the offender's file or in the OMS. The facility does an excellent job of supplying continuously available resources using posters, PREA Newsletters, and Inmate Handbooks. The facility exceeds this standard by educating the inmates within 72-hours of entering the facility.</p> |

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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1026 295">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 353" style="list-style-type: none"> <li data-bbox="242 329 959 353">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 906 568" style="list-style-type: none"> <li data-bbox="284 409 906 434">• Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="284 441 842 465">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="284 472 480 497">• Training Records <li data-bbox="284 504 507 528">• Training Curriculum <li data-bbox="284 535 632 560">• Specialized Training Certificates <li data-bbox="242 598 376 622">2. Interviews: <ol data-bbox="242 656 448 680" style="list-style-type: none"> <li data-bbox="242 656 448 680">a. Investigative Staff <p data-bbox="242 714 336 739">Findings:</p> <p data-bbox="242 772 1474 1032">While the more serious Administrative and Criminal investigations would be handled by the DHR-IU or the Vermont State Police, MVRFCF has thirteen investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. I have reviewed both the curriculum and the certificates of completion for the training and found them to 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> |

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 318">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="229 318 1509 705" style="list-style-type: none"> <li data-bbox="229 318 1509 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="271 392 1509 571" style="list-style-type: none"> <li data-bbox="271 392 1509 425">• Vermont Department of Corrections (VTDOC) Policy 409.09 <li data-bbox="271 425 1509 459">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="271 459 1509 492">• Sample Training Records <li data-bbox="271 492 1509 526">• Training Curriculum <li data-bbox="271 526 1509 571">• Specialized Training Certificates <li data-bbox="229 582 1509 705">2. Interviews: <ul data-bbox="271 660 1509 705" style="list-style-type: none"> <li data-bbox="271 660 1509 705">• Medical and Mental Health Staff <p data-bbox="229 716 1509 772">Findings:</p> <p data-bbox="229 772 1509 1099">Agency policy 409.09, page 13, I, C addresses the training of all medical and mental health staff in the PREA standards. I have reviewed the training records of medical and mental health staff that work in this facility and decided that they have received the required training. There are currently sixteen medical and mental health practitioners at this facility and 100% of them have completed the required training. Medical staff at MVRCF do not conduct forensic medical examinations. All medical and mental health staff receive the training provided to contractors and volunteers in addition to the specialized training supplied specifically for medical and mental health staff. Interviews with medical and mental health staff revealed that they have received the training and are aware of the duties needed from them if an incident of sexual abuse or sexual harassment presents itself to them.</p> |

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| 115.41 | Screening for risk of victimization and abusiveness |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 887 537" style="list-style-type: none"> <li data-bbox="284 412 887 439">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="284 443 775 470">• Pre-Audit Questionnaire completed by MVRFCF <li data-bbox="284 474 639 501">• Completed Risk Screening Tools <li data-bbox="284 506 636 533">• Completed Reassessment Tools <li data-bbox="240 568 376 595">2. Interviews: <ul data-bbox="284 645 667 842" style="list-style-type: none"> <li data-bbox="284 645 424 672">• Intake Staff <li data-bbox="284 676 667 703">• Staff that complete Risk Screenings <li data-bbox="284 707 663 734">• Staff that complete Reassessments <li data-bbox="284 739 588 766">• Random Sample of Inmates <li data-bbox="284 770 496 797">• PREA Coordinator <li data-bbox="284 801 592 828">• PREA Compliance Manager <li data-bbox="240 869 408 896">3. Observations: <ul data-bbox="284 949 1257 976" style="list-style-type: none"> <li data-bbox="284 949 1257 976">• During the onsite review, I observed the intake area where the Risk screening tool is completed <p data-bbox="240 1008 328 1034">Finding:</p> <p data-bbox="240 1066 1493 1724">Agency 409.09, page 11, section 4 covers the completion of the Sexual Violence Screening during the booking or intake process. I interviewed intake staff, caseworkers, and inmates to verify that the Sexual Violence Screening Instrument is being used effectively to decide if inmates have been designated as a victim or a predator in order to help ensure sexual safety of the facility. Inmates showed that the questions required by this standard are asked upon entry into the facility. All screenings are conducted within 72 hours of intake. The agency uses a uniform objective screening instrument to help determine if an inmate is vulnerable or possibly a predator. The objective screening instrument considers each of the required components of this standard. Policy 409.09 mandates a thirty (30) day review of the Sexual Violence Screening Instrument. The auditor verified that the 30-day reviews are often completed much quicker than 28 days. In addition to the thirty (30) day reviews, staff will reassess an inmate based on a referral, request, an incident of sexual abuse, or upon receiving more information that may reveal more insight into the inmate's vulnerability or likelihood of predation. Inmates are never disciplined for failure to respond to the sensitive questions included in the Sexual Violence Screening Instrument. A review of disciplinary and grievance records did not show any disciplinary acts for failure to respond to these questions. The agency controls the dissemination of responses to questions on the screening tool within the facility to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. CO II's and higher have access to the Risk Screening Instrument to decide housing placement and programming. As part of my review of this standard, I saw a random sampling of inmate files, interviewed intake and caseworker staff and inmates. All interviews confirmed that the screening instrument is being used and that staff members do consider the responses to the instrument when deciding the placement of the inmates in the facility. MVRFCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory to house them most appropriately.</p> <p data-bbox="240 1756 568 1783"><u>Best Practice Recommendation:</u></p> <p data-bbox="240 1814 1485 1939">I would suggest installing a partition that affords privacy to the inmate. This has not been an issue since the number of intakes has been limited during the pandemic but once operations return to normal rates it would be problematic. Many of the questions in the Screening tool are sensitive in nature. Inmates are generally more forthcoming with sensitive information when they are afforded more privacy.</p> |

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| 115.42 | Use of screening information |
| | <p data-bbox="242 145 766 174">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="242 208 454 237">Auditor Discussion</p> <p data-bbox="242 271 1029 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 965 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="279 409 901 571" 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 MVRFCF • Documentation of Risk-based housing decisions • Documentation of Reassessments 2. Interviews: <ul data-bbox="279 678 678 840" style="list-style-type: none"> • Staff Responsible for Risk Screening • PREA Coordinator • PREA Compliance Manager • Random Sample of Inmates • Transgender or Intersex Inmate 3. Observations: <ul data-bbox="279 947 1364 1041" style="list-style-type: none"> • Auditor toured all housing units and did not find any housing units dedicated to LGBTQI inmates. • Observation of a Teams Meeting during the on-site to review housing assignments or risk-based housing. • Observation of Showers, housing units, and toilet areas within the facility. <p data-bbox="242 1070 327 1099">Finding:</p> <p data-bbox="242 1128 1492 1859">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 deciding the placement of the inmates in housing, bed, work, programming, and education assignments. MVRFCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of inmates who they perceive to be vulnerable or predatory to house them most appropriately. This program curtails many problems and helps the different disciplinary teams understand the dynamics faced with each decision, especially about deciding individualized housing and program assignments helps to ensure the safety of each inmate. The auditor was able to observe a Teams meeting held via video conferencing to experience how risk-based housing decisions are made. The multi-disciplinary team meetings far exceed the standard imposed by the Prison Rape Elimination Act and the facility is commended for going the extra mile in improving sexual safety within the facility. When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates and in making other housing and programming assignments, the agency considers on a case-by-case basis whether the placement would ensure the inmate's health and safety and whether the placement would present management or security problems. The transgender/Intersex inmate's own views with respect to their own safety given serious consideration when making MVRFCF has housed several transgender or intersex offenders in the past 12 months. Interviews with transgender inmates revealed that their own view of their safety is given consideration. Transgender or intersex inmates are allowed to shower alone and have not been excluded from programming assignments based on their status. Interviews with the PREA Compliance Manager and staff said they do conduct screenings of transgender/intersex inmates twice a year for any threats to safety experienced by the inmate. There was one Transgender inmate in the facility at the time of the audit. That inmate had not been in the facility long enough to require another reassessment. The agency has a policy (409.09) that allows transgender/Intersex offenders the opportunity to shower alone. The agency does not keep any dedicated units, wings, or facilities to house LGBTQI offenders. They are not under any court orders, decrees, or legal settlements, or judgments to maintain separate wings, facilities, or housing units.</p> |

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 329 1469 909" style="list-style-type: none"> <li data-bbox="240 329 1469 539">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="280 409 1182 539" style="list-style-type: none"> <li data-bbox="280 409 975 439">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="280 441 1094 470">• Vermont Department of Corrections (VTDOC) Policy 432.01 Protective Custody <li data-bbox="280 472 1182 501">• Vermont Department of Corrections (VTDOC) Policy 432.01 Administrative Segregation <li data-bbox="280 504 844 533">• Pre-Audit Questionnaire (PAQ) completed by VTDOC <li data-bbox="240 566 1469 777">2. Interviews: <ul data-bbox="280 647 1469 777" style="list-style-type: none"> <li data-bbox="280 647 549 676">• Warden/Superintendent <li data-bbox="280 678 839 707">• Staff Who Supervise Inmates in Segregation Housing <li data-bbox="280 710 1469 777">• There were not inmates to interview that had been placed in segregation housing who allege to have suffered sexual abuse. <li data-bbox="240 801 1469 909">3. Observations: <ul data-bbox="280 882 1166 909" style="list-style-type: none"> <li data-bbox="280 882 1166 909">• Reviewed the Segregation Housing Unit during the onsite review. The unit was empty. <p data-bbox="240 938 336 967">Findings:</p> <p data-bbox="240 996 1469 1523">Agency policy 409.09, page 15, Section C, states that inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. By policy, no inmates are placed in involuntary segregation housing who have reported sexual abuse. If they were, they would be allowed to attend or have access to programs, privileges, education, and work opportunities to the extent possible. Interviews with the Warden/Superintendent a staff who supervises restricted housing units show that if the access could not be accommodated, they would document that the opportunities that have been limited; The duration of the limitation; and the reasons for such limitations. In the past 12 months, no offenders were placed in involuntary segregation based on the facility's inability to find alternative housing, therefore no inmates were found to interview for this standard about involuntary segregation. Agency policy 409.09 does require that if the facility had to use involuntary segregation housing it would only be used until an alternative means of separation could be found, never to exceed 30 days. There were no cases of involuntary segregation due to victimization to review for the prior 36 months therefore there was no documentation of the facility's concern for the offender's safety or reasons why no alternative means of separation can be arranged. Policy 409.09, page 16, section 4, C allows for the reviews of status as protective custody are completed after seven days and every 30 days thereafter the first seven-day period. Staff members interviewed that work segregation housing showed that the reviews would be conducted according to policy.</p> |

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| 115.51 | Inmate reporting |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 906 636" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 • Vermont Department of Corrections (VTDOC) Policy 315.02 • Inmate PREA Brochure • Resident Handbooks • PREA Posters • Third-Party Reporting Poster • Just Detention International Posters for Staff and Inmates 2. Interviews: <ul data-bbox="284 745 592 840" style="list-style-type: none"> • Random Sample of Staff • Random Sample of Inmates • PREA Compliance Manager 3. Observations: <ul data-bbox="284 949 1485 1010" style="list-style-type: none"> • The auditor observed PREA Posters, Pamphlets, JDI posters, and PREA Newsletters in all of the housing units toured and in a variety of common areas throughout the facility. <p data-bbox="242 1039 336 1068">Findings:</p> <p data-bbox="242 1095 1493 1758">The agency supplies multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, third-party reporting posters throughout the facility. I saw at least one poster in each housing unit and most units also had the PREA Reporting line Poster and PREA Newsletters posted. Interviews with a sampling of inmates revealed that inmates are familiar with a variety of ways to report a PREA incident. The information is also readily available in the Resident Handbook and the PREA Pamphlets provided during intake. Inmates were familiar with the mechanisms available for privately reporting a case of sexual harassment or sexual abuse, how to report retaliation, and staff neglect. Most inmates said that they would tell an officer or their caseworker. The offenders feel comfortable reporting directly to the officers in this facility. The agency has supplied at least one way for an offender to privately report an incident to a public/government or private entity that is not a part of the agency. Offenders may write to the Agency of Human Services to report an incident. The mechanism that most offenders referred to is the use of the reporting line. The reporting line is checked by the Central office of the Department of Corrections. Sexual Abuse reports are then sent to facility leadership 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. Agency policy 315.02 addresses Foreign Nationals. The policy requires that inmates detained solely for civil immigration purposes be supplied information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. Interviews with intake staff reveal that they are aware of the policy and directives. Policy 409.09, Page 16, Section 5 addresses reporting. Staff members are mandatory reporters of all incidents of sexual harassment and sexual abuse. Interviews with staff reveal that they are aware of this requirement. Staff also showed that they must document all complaints in writing. When asked how staff could privately report an incident of sexual harassment or sexual abuse, most staff showed that they would report the incident directly to their supervisor. They also said that they could send an email, drop an anonymous note, call, or write Vermont Agency of Human Services.</p> |

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| 115.52 | Exhaustion of administrative remedies |
| | Auditor Overall Determination: Exceeds Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 320.01 Grievances • Vermont Department of Corrections (VTDOC) Interim Revision Memo dated September 2014 • Inmate PREA Brochure • Resident Handbook • Third-Party Reporting Poster <p>2. Interviews:</p> <ul style="list-style-type: none"> • There were no Inmates Who Reported Sexual Abuse at the facility during the onsite review <p>Findings:</p> <p>Agency policy 320.01, page 5, section b and Page 8, Section 9, govern the grievance system for sexual abuse claims and specifically emergency grievances. The memorandum that revised the Grievance policy dated 09.23.2014 clarifies that an inmate may file a grievance about sexual abuse without a time limitation. The offender does not have to use the formal grievance procedures or to give a complaint to their alleged abuser to file a complaint or grievance. The memorandum states that the offender can give the grievance to any staff member. Staff that receives a formal grievance alleging sexual abuse must forward it to their supervisor or another supervisor who is not the subject of the alleged abuse. The memorandum requires staff to address the grievance and issue a final determination on the case within 90 days. A 70-day extension can extend the response if needed. The facility received one grievance related to sexual misconduct in the past 12 months. A review of the grievance shows that grievances are taken seriously and responded to on time. None of the cases reviewed extended beyond the 90-day limitation. The Central Resident Handbook, page 18, includes information notifying the inmate in writing of any such extension and supplies a date by which a decision will be made. The initial response and final agency decision shall document the agency's determination whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance, and the Resident Handbook also includes information regarding how inmates may have assistance in utilizing a third party including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies. The MVRCF Resident Handbook, pages 26-28, provides inmates with detailed information about filing a PREA related grievance to include requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance. The handbook also says that emergency grievances will receive a response within 8 hours. The standard required is 48 hours. This far exceeds the standard. Agency policy 320.01 Memo Revision in 14.b addresses the duty to provide an initial response within 48 hours, and that a final agency decision be made within five days. Agency policy allows for disciplinary actions if the grievance was filed only in bad faith. The one grievance filed was unfounded and the inmate was disciplined for filing a grievance in bad faith.</p> |

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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 887 734" style="list-style-type: none"> <li data-bbox="284 409 887 436">• Vermont Department of Corrections Agency Policy 409.09 <li data-bbox="284 441 775 468">• Pre-Audit Questionnaire completed by MVRCF <li data-bbox="284 472 440 499">• LOA with JDI <li data-bbox="284 504 517 530">• JDI Letter to Inmates <li data-bbox="284 535 485 562">• JDI Letter to Staff <li data-bbox="284 566 424 593">• JDI Posters <li data-bbox="284 598 584 624">• LOA with New Story Center <li data-bbox="284 629 507 656">• Resident Handbook <li data-bbox="284 660 580 687">• Inmate Education Materials <li data-bbox="284 692 715 719">• Immigration Information related to PREA <li data-bbox="240 768 376 795">2. Interviews: <ul data-bbox="284 846 1165 907" style="list-style-type: none"> <li data-bbox="284 846 603 873">• Random Selection of Inmates <li data-bbox="284 878 1165 907">• There were no inmates present during the audit that had filed a report of sexual abuse <p data-bbox="240 936 325 963">Finding:</p> <p data-bbox="240 994 1485 1518">MVRCF provides a victim advocate for any inmate needing to speak with an advocate. Outside advocates are available to all offender victims of sexual abuse. Offenders are supplied with the names, addresses, and telephone numbers of several advocacy groups in the PREA Pamphlet and in the Resident Handbook. Offenders interviewed were familiar with the availability of services and some could supply specific names of the agencies. Offenders are aware of where the information is found and how to contact them if needed. Offenders are also provided with immigrant services agencies for persons detained solely for civil immigration purposes. Offenders are afforded access to these services via mail or telephone in as confidential a manner as possible. Page 26 of the Resident Handbook states, "All telephone conversations, with the exception of privileged communications (lawyer phone), shall be recorded and may be monitored." I was unable to find an inmate that had reported sexual abuse. I interviewed Medical and Mental Health staff to decide that they inform inmates, 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 New Story Center and Just Detention International to provide inmates with emotional support services related to sexual abuse. The LOA with the New Story Center was signed on April 21, 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> |

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| 115.54 | Third-party reporting |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1043 568" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Third-Party Reporting Poster/Signage • PREA Posters • Agency Website 2. Interviews: <ul data-bbox="284 678 363 705" style="list-style-type: none"> • None 3. Observations: <ul data-bbox="284 815 850 842" style="list-style-type: none"> • Posting of Third-Party Reporting Signage in the facility <p data-bbox="242 871 336 898">Findings:</p> <p data-bbox="242 927 1489 1088">The VDOC has supplied a mechanism for third-party reporting. The policy is posted on the DOC website found at http://doc.vermont.gov/programs/prea/prison-rape-elimiation-actprea/. The website also supplies a printer-friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff show that all third-party reports will be taken seriously and followed up on appropriately. Third-Party Reporting posters/signage were seen throughout the facility to include areas of egress where visitors and attorneys would pass through on a regular basis.</p> |

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| 115.61 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 405 Reporting • PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Random Sample of Staff • Warden/Superintendent • PREA Coordinator <p>Findings:</p> <p>Agency policy 409.09, page 9, section b requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with a random sample of staff confirm that they must report any knowledge, suspicion, or information about 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 have 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.</p> |

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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1211 501" style="list-style-type: none"> <li data-bbox="284 412 1211 439">• Vermont Department of Corrections Marble Malley Regional Correctional Facility (MVRCF) <li data-bbox="284 443 906 470">• Vermont Department of Corrections (VTDOC) Policy 320.01 <li data-bbox="284 474 568 501">• Inmate Grievances Memo <li data-bbox="242 535 379 562">2. Interviews: <ul data-bbox="284 616 555 705" style="list-style-type: none"> <li data-bbox="284 616 443 642">• Agency Head <li data-bbox="284 647 549 674">• Warden/Superintendent <li data-bbox="284 678 555 705">• Random Sample of Staff <p data-bbox="242 736 336 763">Findings:</p> <p data-bbox="242 795 1490 1055">Agency policy 409.09, page 2, number 2 requires staff to take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse. Interviews with staff showed that staff members are aware of their duties to protect all inmates, especially those that are at risk of imminent sexual abuse. Staff interviewed said they would take every precaution necessary to protect the individual by separating them from the potential abuser, maintaining a visual on the individual, and contacting their supervisor in order to make more permanent arrangements in protecting the individual. There were no cases where inmates were identified as a substantial risk of imminent sexual abuse. I interviewed a random sample of staff as well as the Warden/Superintendent to verify that offenders at imminent risk of sexual abuse would be protected to prevent the abuse from happening.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Review of Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent • Random Sample of Staff <p>Findings:</p> <p>Agency policy 409.09, page 17, b, ii, requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or 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 Superintendent confirm that the standard policy would be to notify the other superintendent directly to report an incident. There were no cases reported at MVRCF that required reporting to another facility in the past 12 months. If the facility is the recipient of such a claim, the case is investigated following the PREA standards. No cases were reported to the MVRCF in the past 12 months from another facility.</p> |

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| 115.64 | Staff first responder duties |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting • Marble Valley Procedure 11-01, Sexual Abuse Incident Report Form • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Guidance Procedures for Investigations • Investigations Directive • Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • Security Staff and First Responders • There were no inmates present that had reported sexual abuse <p>Findings:</p> <p>The agency has a policy 409.09, page 17, Section a, which supplies protocols for responding to allegations of sexual abuse. In fact, they have developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Inmate on Inmate Sexualized behavior (not mandated to be tracked, but the VTDOC does track this valuable information), Inmate on Inmate Sexual Harassment, Inmate on Inmate Sexual Abuse, Inmate on Inmate Sexual 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 evidence and notify security staff. There were no sexual abuse cases in the past 12 months where an allegation was reported to a non-security staff member.</p> |

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| 115.65 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1110 504" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1110 468">• PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="284 472 852 499">• MVRCF Procedure 11-01 Coordinated Response Plan <li data-bbox="240 533 379 560">2. Interviews: <ul data-bbox="284 611 549 638" style="list-style-type: none"> <li data-bbox="284 611 549 638">• Warden/Superintendent <p data-bbox="240 667 336 694">Findings:</p> <p data-bbox="240 723 1493 920">The facility has a written institutional response plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. I have secured and reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse. 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 detailed in MVRCF 11-01.</p> |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Collective Bargaining Agreement Effective July 1, 2020-June 30,2022 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head <p>Findings:</p> <p>The agency has entered a collective bargaining agreement with the Vermont State Employees Association, Inc. The contract, Effective July 1, 2020 — Expiring June 30, 2022, 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, 2020, and expiring June 20, 2022, 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> |

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| 115.67 | Agency protection against retaliation |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Retaliation Monitoring Form • Investigative Files • Marble Valley Regional Correctional Facility Procedure 11-01 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent • Retaliation Monitor • There Were no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) • There were no inmates who had reported sexual abuse in the facility during the onsite review <p>Findings:</p> <p>Agency policy 409.09, Page 2, Section 3 states that staff members are charged with protecting inmates from retaliation. Interviews with a random sample of staff ensured familiarity with this standard. The facility has appointed the caseworkers as the Retaliation Monitors for MVRCF. The agency has also created a Retaliation Monitoring Form to use to aid 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 checks 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 first monitoring shows a continuing need. I have reviewed investigative files and decided 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. Facility leadership was able to provide the auditor with the Retaliation Monitoring Form provided to the retaliation monitors to conduct the monitoring, but the actual monitoring documentation is missing.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that all retaliation monitoring is documented and preserved.</p> <p>Update:</p> <p>On July 21, 2021, a memorandum was created instructing retaliation monitors to document all retaliation monitoring in the OMS systems and to email backup copies to leadership. Subsequent samples of completed retaliation monitoring were provided to the auditor on August 11, 2021.</p> |

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Restrictive Housing Memo 410.06 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Staff that work Segregation Housing • There were not Inmates Placed in Segregation Housing to interview <p>Findings:</p> <p>Agency policy 409.09, page 15, section C states that Inmates that have been designated as vulnerable shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than twenty-four hours while completing the assessment. During the past 12 months, there were no victims placed in involuntary segregation housing. I was unable to find any offender victims that had been placed in segregation housing unless they had requested. I toured the facility and did not find any inmates who had been designated as vulnerable housed in segregation. There were no inmates in segregation at the time of the audit.</p> |

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

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

- Vermont Department of Corrections (VTDOC) Policy 409.09 PREA
- Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline
- Vermont Department of Corrections (VTDOC) Policy 126
- PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF)
- MOU with AHSIU/ now known as DHR-IU
- MOU with Vermont State Police (VSP)
- Investigations Flowchart
- Vermont Department of Corrections (VTDOC) Policy 405 Incident Reporting
- Incident Protocols
- Vermont Department of Corrections (VTDOC) Policy 409.08 Crime Scene Preservation
- Vermont Department of Corrections (VTDOC) Policy 434 Investigations
- Sample Investigative Reports

2. Interviews:

- Warden/Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Investigative Staff

Finding:

The VTDOC has the policy to investigate all crimes related to sexual abuse and sexual harassment in their facilities. Policy 409.09, Page 1, paragraph 3, states that the VDOC will respond to, investigate, and support the prosecution of sexual abuse within Vermont's correctional system and externally in partnership with law enforcement. The system that has been established for conducting investigations is fairly simple in that VDOC conducts inmate-on-inmate sexual harassment investigations, DHR-IU conducts administrative investigations involving staff and the Vermont State Police conducts criminal investigations. Interviews with VTDOC investigative staff show that all incidents are taken seriously and investigated according to policy and procedure. Investigations are conducted promptly, thoroughly, and objectively. Reports received from third parties or anonymous sources are investigated. The VTDOC policies state that administrative investigations will be conducted by the Agency of Human Services Investigative Unit (AHS- IU)/now known as DHR IU and all criminal cases are investigated by the Vermont State Police. In interviews with DHR-IU, I discovered that once an employee terminates they stop their investigation. They do not document the investigation in a report unless it was already written. According to DHR IU investigators, the case is remanded to the VTDOC to complete the investigation. This goes against the MOU previously signed with AHS IU. DHR IU investigators informed me that when they were shifted from AHS- IU to DHR-IU their role changed, and they no longer complete the investigations if the employee leaves the employment of the State of Vermont. If the employee tries to be rehired, the case would be reopened. This is a violation of this standard. DHR- IU says the case is remanded to the VTDOC to complete, but evidence has shown that this can take a while to happen. In one case reviewed, the DHR-IU declined to investigate an incident and the case was referred to the VTDOC to investigate. The case was over 30 days old by the time the VTDOC received the case back, which limited the preservation of more video footage that would have been available if the case had been more thoroughly investigated when the case was initially received. Some witnesses may no longer be in custody or found once released from prison. This has been problematic when DHR IU does not request video footage or other time-sensitive physical evidence. Most video recordings in VTDOC facilities are only preserved for 30 days. If the facility is not aware of the location or a change of location in an investigation, the video evidence can be overwritten and may no longer be available. If DHR IU decides they are not going to conduct the investigation and the case is returned to the VTDOC to investigate, the evidence, which could have been preserved may no longer be available. This could have a profound effect on the outcome of the investigation. Oftentimes, the only evidence available is video recordings or testimonial evidence of witnesses These must be secured and preserved as quickly as possible to preserve all available evidence. MVRCF facility has investigators trained to conduct sexual abuse or sexual harassment investigations. These investigators have received the required specialized training for conducting investigations in a confinement setting. I interviewed a sampling of the investigators from the VTDOC, DHR IU, and VSP and reviewed their training records for compliance with this standard. Investigators are trained to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; they can interview alleged victims,

suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. If an incident appears to be criminal in nature, the case is sent to the Vermont State Police (VSP) for investigation. The VSP will refer cases for prosecution when warranted. The facility will not conduct compelled interviews. These interviews would be conducted by the VSP. Investigators assess the credibility of the witness on an individual basis. Investigators use the standard preponderance of the evidence when considering or weighing the evidence in a case. The investigators do not use a polygraph or other truth-telling devices in sexual abuse or sexual harassment investigations. I interviewed inmates at the facility that had reported sexual abuse. Administrative investigations are not always documented by DHR IU. DHR IU will stop investigating when an employee terminates. They do not always include an analysis of whether staff actions or failure to act contributed to the incident. The VTDOC entered an MOU with the AHSIU/ DHR IU in February 2015 that supports the retention of these files. This is documented in the MOU, Page 2, section f. Interviews with VTDOC and VSP investigative staff confirmed that investigations will continue even upon the departure of the alleged abuser or victim from the employment or control of the facility or agency. . The MOU with AHS-IU/DHR-IU, page 2, section g states, "If the alleged abuser is terminated from employment or released, AHS IU will continue the investigation." All criminal investigations are documented in a written report that has a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where possible. All substantiated allegations of conduct that appear to be criminal are referred for prosecution by the VSP. All written reports referenced in paragraphs (f) and (g) of this section are kept for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The Agency Head, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all confirmed in interviews that when AHS-IU/DRH-IU or VSP is investigating on their behalf, they will cooperate fully to ensure the investigative entity has access as needed and attempt to remain informed about the progress and status of the investigation.

Corrective Action Recommendation:

All cases must be investigated and documented. It appears DHR-IU does not follow the MOU originally signed in 2015 with AHS-IU. This needs to be rewritten, changed, or abandoned for the VTDOC to ensure all incidents of sexual abuse or sexual harassment are thoroughly investigated and documented to the standard imposed by the Prison Rape Elimination Act. The VTDOC could try to preserve all video footage that they know of being evidence, but there is no guarantee that all areas are being preserved unless they are more involved in the investigation itself.

Update:

On August 3, 2021, the agency provided a new MOU signed with DHR governing how cases will be resolved when an employee terminates before the investigation has been completed. The VTDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information.

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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • MOU with AHSIU • MOU with Vermont State Police(VSP) <p>2. Interviews:</p> <ul style="list-style-type: none"> • DOC Investigative Staff • DHR IU Investigative Staff • VSP Investigative Staff <p>Findings:</p> <p>Agency policy 409.09, page 4, footnote 6, states that incidents are substantiated if it is proven by the preponderance of the evidence. This was confirmed in interviews with Investigative Staff and through the review of investigative files. Interviews with investigative employees confirm the facility imposes no standard higher than a preponderance of the evidence in deciding whether allegations of sexual abuse or sexual harassment are substantiated. All 2020 investigative files were reviewed for compliance.</p> |

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| 115.73 | Reporting to inmates |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> <li data-bbox="240 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 412 1110 636" style="list-style-type: none"> <li data-bbox="284 412 975 439">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 443 1110 470">• PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="284 474 483 501">• MOU with AHSIU <li data-bbox="284 506 687 533">• MOU with Vermont State Police(VSP) <li data-bbox="284 537 624 564">• Inmate Victim Notification Form <li data-bbox="284 568 628 595">• Sample of Investigative Reports <li data-bbox="284 600 671 627">• Completed Inmate Notification Form <li data-bbox="240 667 376 694">2. Interviews: <ul data-bbox="284 748 549 806" style="list-style-type: none"> <li data-bbox="284 748 549 775">• Warden/Superintendent <li data-bbox="284 779 488 806">• Investigative Staff <p data-bbox="240 837 336 864">Findings:</p> <p data-bbox="240 896 1493 1518">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 on time. When the agency does not conduct the investigation themselves, they do ask that the investigative agency let them know of the outcome or status of the case. A review of the case files revealed that notices in each file. When an inmate leaves the facility prior to the completion of the investigation, the facility tries 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 to inform the inmate. A review of investigative case files shows attempts to follow up with investigators. The agency policy 409.09 requires that inmates be notified if following an inmate's allegation that a staff member has committed sexual abuse against the inmate, (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted 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 did review an investigative file that met this requirement, and the proper notice was given to the inmate. Agency policy 409.09 requires that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently must inform the alleged victim whenever the agency learns that the alleged abuser has been indicted 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 shows that this is the practice at the facility. The facility documents in writing notices supplied to alleged sexual abuse victims.</p> |

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| 115.76 | <p>Disciplinary sanctions for staff</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Investigations Flowchart • Vermont Department of Corrections(VTDOC)Policy 126 Dated 2.22.15 • Review of Personnel Files <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Investigative Staff <p>Findings:</p> <p>According to agency policy 126, page 2, paragraph 3, agency staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Policy 126, Page 2, paragraph 3 states, "...Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse." There were no disciplinary actions to review of staff related to an incident of sexual abuse or sexual harassment at this facility in the past three years. All disciplinary sanctions imposed for violations of agency policies relating to sexual abuse or sexual harassment (other than 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, no cases where staff should have been reported to law enforcement or to the relevant licensing body.</p> |
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| 115.77 | Corrective action for contractors and volunteers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections (VTDOC) Policy 126 Sexual Misconduct with Offenders • Vermont Department of Corrections (VTDOC) Policy 376.01 Volunteer Services Management <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent <p>Findings:</p> <p>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.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | <p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 329 959 358" style="list-style-type: none"> <li data-bbox="242 329 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1267 537" style="list-style-type: none"> <li data-bbox="284 409 975 439">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1110 470">• PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="284 472 1102 501">• Vermont Department of Corrections (VTDOC) Policy 410.06 Restrictive Housing <li data-bbox="284 504 1267 533">• Vermont Department of Corrections (VTDOC) Policy 410.01 Facility Rules and Inmate Discipline <li data-bbox="242 564 376 593">2. Interviews: <ul data-bbox="284 645 628 703" style="list-style-type: none"> <li data-bbox="284 645 547 674">• Warden/Superintendent <li data-bbox="284 676 628 703">• Medical and Mental Health Staff <p data-bbox="242 732 336 761">Findings:</p> <p data-bbox="242 790 1493 1319">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 shows 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 deciding what sanctions to impose. The facility offers a variety of therapeutic services to abusers to address and correct underlying reasons or motivations for the abuse. The facility does not mandate participation in the therapy as a prerequisite to taking part in facility programming. Services offered are Mental Health and Risk Reductions courses. The facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no inmate disciplinary actions to review where inmates sexually abused staff without consent. If an offender files a report in good faith the offender will not be disciplined for falsely reporting the incident. The VTDOC prohibits all sexual activity between inmates and may discipline inmates for such activity. The agency does not consider the activity to constitute sexual abuse if it determines that the activity is not coerced. This information collaborated a thorough review of the Resident Handbook and the facility rules and the Inmate Discipline policy. MVRCF provided the auditor with three investigative case files for review.</p> |

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| 115.81 | Medical and mental health screenings; history of sexual abuse |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRFCF) • There weren't any Medical and Mental Health Secondary Records that Document Compliance to review. No inmates disclosed prior victimization in the past year. 2. Interviews: <ul style="list-style-type: none"> • Medical and Mental Health Staff • There were no Inmates who Disclose Sexual Victimization at Risk Screening on site • Staff Responsible for Risk Screening <p>Findings:</p> <p>The VTDOC has contracted with Vital Core Health Strategies health care provider to review the screening instrument and if an offender says that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, 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. A review of offender files shows that all follow-up meetings were offered in less than 14 days. Interviews with Medical and Mental Health providers support the limitation of fourteen days. There were not any Medical and Mental Health Secondary Records that Document Compliance to review. No inmates that had prior victimization were admitted in the past year and they have a new service provider for Medical/Mental Health Services. The staff that conducts the screening showed 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. Discussion around sexual violence is part of the intake process with medical staff. Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Security staff members have access to this information on a need-to-know basis to assist in determining housing assignments, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with Medical and Mental Health staff confirm that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. This facility does house inmates under the age of 18 on rare occasions.</p> |

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| 115.82 | <p>Access to emergency medical and mental health services</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • PREA Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • There were no Inmates who Disclosed Sexual Victimization at Risk Screening • Staff Responsible for Risk Screening/ Intake Joint effort <p>Finding:</p> <p>According to medical and mental health practitioners, inmate victims of sexual abuse receive prompt, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are according to their professional judgment. The VTDOC has established a working relationship with local hospitals to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. VTDOC protocols call for contacting the receiving hospitals in advance to ensure a SANE will be made available and to request a victim's advocate be provided upon arrival. Locally, the Rutland Regional Medical Center supplies a SANE as needed. The SANE nurses work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. Interviews with Medical and Mental Health staff show that the services provided are in accordance with their professional judgment. Facility protocols for responding to a sexual abuse incident mandate that security staff first responders immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse, while incarcerated, are offered prompt information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This service is provided at the local hospital when the inmate victims go in to see the SANE. All inmate victims receive medical services without incurring any expense whether they cooperate in the investigation or not.</p> |
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| 115.83 | <p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • PREA Incident Protocols <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • There were no inmates identified that had reported abuse in the facility at the time of the audit <p>Findings:</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. 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. MVRCF is considered a Male only facility. However, they do occasionally hold females in intake until they can be transferred to Chittenden. 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 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.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | <p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1026 300">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="240 331 959 358" style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="282 412 1112 537" style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Sexual Abuse Incident Review Team Report Form (SART) • Sample of Investigative Reports 2. Interviews: <ul data-bbox="282 645 632 770" style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team <p data-bbox="240 801 336 828">Findings:</p> <p data-bbox="240 860 1485 1487">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. 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. The facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To decide compliance with this standard, I interviewed the PREA Compliance Manager, Medical, Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent. I reviewed all PREA related Investigative files and saw Incident Review Team forms. While the facility has not had any incidents requiring the completion of the Incident Reviews recently, older files do show they are completed as required.</p> |

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| 115.87 | Data collection |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections PREA Webpage • OMS PREA Categories for Classifying Incidents • 2018 SSV Report to Department of Justice • 2019 SSV Report to Department of Justice • Aggregated Data from 2018-2019 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Warden/Superintendent • PREA Compliance Manager • Incident Review Team • Agency Contract Monitor <p>Findings:</p> <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. Page 22 of the policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the VTDOC follows the SSV as guidance for the collection of 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. 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. 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 2020 has been completed and posted on the website. The contracted agency aggregated reports are posted publicly on the VTDOC webpage. I reviewed the 2020 and 2019 aggregated reports as well as the annual report generated by the VTDOC.</p> <p>Corrective Action Recommendation:</p> <p>Complete and publish the 2019-2020 Aggregated Data.</p> <p>Update:</p> <p>On August 12, 2021, the agency complete and publish the 2019-2020 Aggregated Data on the agency website.</p> |

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| 115.88 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections PREA Webpage (https://doc.vermont.gov/prison-rape-elimination-act-prea) • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • PREA Coordinator • PREA Compliance Manager <p>Findings:</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 2016, 2017, 2018, 2019, and 2020 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 2011-2020.</p> |

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| 115.89 | Data storage, publication, and destruction |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1026 297">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="242 331 959 358" style="list-style-type: none"> <li data-bbox="242 331 959 358">1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul data-bbox="284 409 1110 539" style="list-style-type: none"> <li data-bbox="284 409 975 436">• Vermont Department of Corrections (VTDOC) Policy 409.09 PREA <li data-bbox="284 441 1110 468">• PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) <li data-bbox="284 472 834 499">• Vermont Department of Corrections PREA Webpage <li data-bbox="284 504 533 530">• Annual PREA Reports <li data-bbox="242 566 378 593">2. Interviews: <ul data-bbox="284 645 592 739" style="list-style-type: none"> <li data-bbox="284 645 445 672">• Agency Head <li data-bbox="284 676 496 703">• PREA Coordinator <li data-bbox="284 707 592 734">• PREA Compliance Manager <p data-bbox="242 768 336 795">Findings:</p> <p data-bbox="242 824 1493 1021">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. 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> |

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| 115.401 | <p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • None <p>Findings:</p> <p>The VTDOC operates six state prisons and has completed all cycle one and Cycle two audits of their facilities. This is the first audit conducted in year two of the third 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 to properly triangulate the data and evidence of compliance. All interviews of staff and inmates were completed in a private area. Staff interviews were conducted in a conference room, which afforded great privacy. Inmate interviews were conducted in the visitation area. There was not any visitation going on at the time of the interviews. During the on-site review, the auditor saw Notices of Audit that were provided to the facility in all housing units, common areas, attorney's booths, visitation, lobby, and other locations throughout the facility. The Notices of Audit were displayed in both English and Spanish. Inmates interviewed confirmed that the notices had been displayed for a couple of months. The auditor did not receive any correspondence from inmates in this facility prior to the audit.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents Reviewed: (Policies, directives, forms, files, records, etc.) <ul style="list-style-type: none"> • Vermont Department of Corrections (VTDOC) Policy 409.09 PREA • PREA PAQ Completed by Marble Valley Regional Correctional Facility (MVRCF) • Vermont Department of Corrections PREA Webpage • Annual PREA Reports 2. Interviews: <ol style="list-style-type: none"> a. None <p>Findings:</p> <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. One-third of their facilities were audited in year one of the third audit cycle. Two facilities have been audited in year two, the current year, of the audit cycle.</p> |

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

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| 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 consideration: Any applicable State or local laws, regulations, or standards? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | na |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |

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| 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).) | no |
| | 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 facility does not have female inmates.) | na |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |

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| 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 | |
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| | 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 with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |

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| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |

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| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | na |
| | 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 |

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| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

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| 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? | no |
| | 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 |

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| 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 |

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

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| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |
| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

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| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |
| 115.42 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

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| 115.42 (d) | Use of screening information | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) | Use of screening information | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) | Use of screening information | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) | Use of screening information | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| 115.43 (a) | Protective Custody | |
| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |

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| 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 |

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | 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 this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |

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| 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 |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | yes |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |

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| 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 |

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| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |

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| 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 |

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| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |

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| 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 |

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| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |
| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |

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| 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 |

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| 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 |

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| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | no |
| 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 |

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