

PREA Facility Audit Report: Final

Name of Facility: Northwest State Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/20/2022

Date Final Report Submitted: 06/14/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Melinda Allen	Date of Signature: 06/14/ 2023

AUDITOR INFORMATION	
Auditor name:	Allen, Melinda
Email:	preaaudit@gmail.com
Start Date of On-Site Audit:	10/05/2022
End Date of On-Site Audit:	10/07/2022

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

Primary Contact	
Name:	Amy Jacobs
Email Address:	Amy.Jacobs@vermont.govv
Telephone Number:	(802) 527-4347

Warden/Jail Administrator/Sheriff/Director	
Name:	Greg Hale
Email Address:	Greg.Hale@vermont.gov
Telephone Number:	802-527-4343

Facility PREA Compliance Manager	
Name:	Amy Jacobs
Email Address:	amy.jacobs@vermont.gov
Telephone Number:	O: (802) 527-4347
Name:	Callum Sullivan
Email Address:	callum.sullivan@vermont.gov
Telephone Number:	O: (802) 527-4328

Facility Health Service Administrator On-site	
Name:	Erica Lavallee
Email Address:	elavallee@vitalcorehs.com
Telephone Number:	802-527-0765

Facility Characteristics	
Designed facility capacity:	247
Current population of facility:	175

Average daily population for the past 12 months:	162
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	Adult
Facility security levels/inmate custody levels:	Minimum/Medium/Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	126
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	38
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	3

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

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-05
2. End date of the onsite portion of the audit:	2022-10-07

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	SANE Klona Health, JDI, and local advocates.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	247
15. Average daily population for the past 12 months:	162
16. Number of inmate/resident/detainee housing units:	11
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	178
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>124</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	36
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The random sample of incarcerated individuals was selected based on mirroring the demographics of the incarcerated individual population. Individuals were selected from each housing unit in the facility. Careful attention was made to ensure the sex, race, and age of incarcerated individuals were met.

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	10
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the inmate housing rosters and discussed with case managers to determine if any Blind or low-vision individuals were incarcerated at the time of the audit. I was unable to locate anyone that was more severe than simply needing corrective lenses.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and discussed with case managers to determine if any hard-of-hearing or deaf individuals were incarcerated at the time of the audit. I was unable to locate anyone who met this requirement.</p>

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	5
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	3
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility has a policy against using segregated housing to isolate individuals at risk of sexual victimization. At-risk individuals may be transferred to another facility or placed in an alternate housing area away from the threat(s).</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>I considered age, tenure, sex, race, work assignments, shift assignments and rank when selecting staff to interview. I reviewed the demographics of the staff and mirrored them by percentages to ensure a good cross-section was represented.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>19</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	0
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Tested telephones for the hotline, and outside advocates and tested the grievance process. Observed intake and case workers completing intake and education processes.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>I oversampled investigative files as I reviewed them all.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	4	0	4	0
Staff-on-inmate sexual abuse	5	0	5	0
Total	9	0	9	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	3	0	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	3	0	3	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	1	0	0	0
Staff-on-inmate sexual abuse	0	2	0	0	0
Total	0	3	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	3	0
Staff-on-inmate sexual abuse	0	3	2	0
Total	0	4	5	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

12

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>4</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	I reviewed all investigative cases. There were multiple cases referred to VSP for review for prosecution. In each of the cases presented to VSP for criminal investigation, the agency has already unfounded or unsubstantiated the cases, they offered the cases to VSP for review. None of the cases were presented for prosecution by VSP.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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, Prison Rape Elimination Act and Staff Sexual Misconduct June 2, 2014 Vermont Department of Corrections Agency Policy 410.01, Facility Rules and Inmate Discipline October 6, 2006 Vermont Department of Corrections Agency Policy 126, Sexual Misconduct with Offenders February 22, 2015 Vermont Department of Corrections Directive 126.01, Personal Relationships with Offenders- Conflict of Interest Vermont Department of Corrections Work Rules April 7, 1997 Staff Discipline Memo with Regards to the Prison Rape Elimination Act, dated February 22, 2015

- Vermont Department of Corrections Organizational Chart
- Northwest State Correctional Facility Organizational Chart

2. Interviews:

- PREA Coordinator
- PREA Compliance Manager

Finding:

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, paragraph 2 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 by observing PREA posters, PREA Newsletters, and informational pamphlets. Policy 409.09, pages 3-8 contains definitions as required by the standard. Sanctions against incarcerated individuals for violating the sexual abuse and sexual harassment policies are incidents are covered in policy 410.01, Facility Rules and Incarcerated Individual Discipline. Sanctions against staff are covered in policy 126. and in directive 126.01, Personal Relationships with Offenders- Conflict of Interest. PREA policy 409.09 addresses agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of incarcerated individuals. 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 indicated 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 responsibilities in a prompt fashion. Working as a team, leadership has been able to get the work done. I observed the PREA Compliance Manager's authority to coordinate the facility's efforts to comply with the PREA standards. The required work is being completed, as some PREA-related duties are being distributed amongst other staff in the future to assist in the efficiency of the processes. The PREA Compliance Manager serves as the Assistant Superintendent of the facility and has the requisite authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager reports directly to the Superintendent of the facility. The agency has a PREA Coordinator, six Compliance Managers, and a backup Compliance Manager for each facility.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections Agency Policy 409.09 • Northwest State Correctional Facility Pre-Audit Questionnaire (NWSCF) • Contract for Housing Incarcerated Individuals, Page 26, Section 4.3 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Contract Administrator <p>Finding:</p> <p>The Vermont Department of Corrections (VDOC) has contracted with CoreCivic to house incarcerated individuals 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, originally signed on September 9, 2018, and amended by renewals 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 26 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 incarcerated individuals. State staff has the right to conduct announced and/or unannounced, compliance monitoring including "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 oversees 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 and completed the Corrective Action phase on January 4, 2022.</p>

115.13	Supervision and monitoring
	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 Agency Policy 409.09
- Northwest State Correctional Facility Annual Review dated April 2022
- Original Staffing Plan dated 2015
- Facility Camera Map

2. Interviews:

- Warden/ Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Intermediate or Higher-level Facility Staff

Finding:

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 the need 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 Northwest State Correctional Facility (NWSCF) uses overtime or collapses not-essential (Housing) posts to maintain minimum staffing levels in mandated posts. Daily reports are used to document any deviations from the staffing plan. An annual review is completed to determine if adjustments are needed. NWSCF officers are required to complete scheduled and unscheduled rounds not less than every 30 minutes in all areas. This information is documented in logbooks in the units. Unannounced rounds are documented in the logbooks as well. The facility has 105 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 30 days. The facility has upgraded its camera systems plan since the last audit and is in the process of procuring additional cameras. The facility provided the auditor with documentation of the current camera plan for the implementation of the additional cameras. Vulnerable incarcerated individuals are placed alone in cells adjacent to the officer's desk and extra observation rounds are conducted for heightening security. To verify that intermediate or higher-level supervisors conduct unannounced rounds, I reviewed logbook entries and compared the logbook entries to video footage to verify the rounds were conducted. In interviews with the intermediate and higher-level supervisors, I determined that unannounced rounds are conducted sporadically and without warning to the staff. Supervisors vary their routes throughout the facility and never announce that they are making rounds. Rounds were verified for day and night shifts. I selected a variety of days to review both day

and night unannounced rounds comparing Logbook documentation to video footage to ensure compliance. The facility provided me with copies of the footage and the logbook pages as part of the verification.

During the site review, I compared the written staffing plan to the actual staffing to determine whether the staffing plan assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, whether the facility is staffed according to the plan. Deviations from the plan have occurred and have been documented. There were no volunteers observed in the facility as there is currently a COVID protocol restriction in place. Contractors were present in the expected areas. Security staff members were present in all housing units, intake, and other posts as required including isolation, programming, education, and other program areas. The facility has done a good job of eliminating known areas where sexual abuse is more likely to occur. There was a blind spot noted that staff were already familiar with and have plans to add an additional camera. The facility has completed an assessment of the entire facility and noted any blind spots, areas where cameras are needed, and areas where windows should be installed on doors to allow for clear viewing into the rooms. This is an ongoing process of improvement. A copy of the plan was secured. Staff currently tour the area more frequently to provide more security in the area. Staff lines of sight are good. In areas where incarcerated individuals are not permitted, I observed cameras placed to cover the egress. Doors are securely locked to ensure that confined persons never enter those areas. Most of the cells in the facility are double-celled. Staff members conduct security checks on a regular basis to ensure the safety of incarcerated individuals. Staff members were observed in each housing unit and cameras were present in all housing areas. The main control monitors cameras on large displays in the control area. Supervisors also can monitor the cameras from their desktops. Supervisors were observed in housing units, checking on staff and incarcerated individuals. It was obvious during the tour that incarcerated individuals are familiar with all staff members that were on the tour including the Superintendent. This level of familiarity shows that staff frequent the housing units and that they openly provide answers to questions and resolve issues with incarcerated individuals. I observed 'saloon' doors on showers and toilet rooms affording incarcerated individuals privacy to shower, change clothes, and toilet. In one particular housing unit, MC2, I could clearly observe toilets in areas that did not provide privacy. This was discussed with leadership during the on-site review. I did not observe any staffing concerns.

During my review of the facility, I had informal conversations with staff and incarcerated individuals to better understand the staffing practices, population levels, and frequency of unannounced rounds. Incarcerated individuals are comfortable speaking with all staff in the facility. They trust the staff and are open to expressing issues and concerns while knowing problems will be addressed appropriately. Incarcerated individuals have access to a plethora of programs at NWSCF including the school, Sign/License Plate Shop, Small Machine shop, Garden, and Greenhouse.

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 (VDOC) Policy 409.09
- Vermont Department of Corrections (VDOC) Post Order 403.00.13, Outside Recreation
- Pre-Audit Questionnaire (PAQ) completed by VDOC
- Vermont Department of Corrections Policy 326.01.02 dated 10.16.13
- Offender Cell Assignment and Movement History
- Email Correspondence surrounding the Housing and Movement of the Offender

2. Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Line Staff Who Supervise Youthful Incarcerated Individuals
- There were no Youthful Offenders present to interview during the on-site review

3. Observations:

- Visual Review of the Unit where Youthful Incarcerated Individuals would be assigned to include showers, toilet, and dayroom areas.
- Visual Review of Recreation Area where Youthful Incarcerated Individuals would have access to large muscle exercise.

Finding:

The facility does not generally house youthful offenders. Male Youthful Offenders (YO) are housed at the Marble Valley Facility if they are going to be housed. YOs that are booked into the Northwest State Correctional Facility are lodged in the intake area.

Once arraigned, the YO is moved to Marble Valley for safekeeping in a sight and sound separation housing unit. When a YO enters the intake area, all adults are removed from the area until the individuals complete the intake paperwork. In an interim memorandum dated July 1, 2021, facilities are not permitted to house anyone under the age of 19, " DOC staff at no time shall allow an individual under the age of 19 to enter into a secured area of a DOC building, or lodge with the DOC, without first having the relevant documents reviewed by the Director of Classification or designee. Any time facility staff are presented with an individual under the age of 19 to enter into a secured DOC area, or to be lodged with the DOC, they shall immediately notify their superintendent of the situation. The superintendent shall then immediately notify the Director of Classification." This enables the agencies to ensure YO are

	<p>always sight and sound separated from adults. No Youthful Offenders were housed at Northwest State Correctional Facility(NWSCF) at the time of the audit. There were two youthful offenders that were processed in intake in the previous year. It is the practice of the State of Vermont to avoid housing Youthful Offenders in adult facilities except in rare situations. NWSCF has a procedure in place for securing sight and sound separation for any youthful offenders that may be housed in the facility. Male youthful offenders are transferred to Marble Valley for housing. The facility has adopted an operational procedure from Marble Valley Regional Correctional Facility for the placement of under eighteen offenders in an adult correctional facility, which requires them to provide for sight sound separation, Vermont Department of Corrections Policy 326.01.02, from the adult incarcerated individuals.</p>
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115.15	Limits to cross-gender viewing and searches
	<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) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VDOC • Vermont Department of Corrections Policy 326.01.02 dated 10.16.13 • Vermont Department of Corrections (VDOC) Directive 409.01 Searches • NWSCF Incarcerated Individuals Handbook • Gender Care and Custody Training Curriculum • Guidance on Cross-gender and Transgender Pat Searches • LGBTQI Curriculum Exam for Officers attending class • Log Report of Cross-Gender Searches from OMS • Non-Medical Staff (involved in the cross-gender strip or visual searches) <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • Random Sample of Incarcerated Individuals • Transgender or Intersex Incarcerated Individuals <p>The facility provided me with demographic data for staff and incarcerated individuals. The random sample of incarcerated individuals selected was based on mirroring the demographics of the incarcerated individual population. Additionally, individuals were selected from each housing unit in the facility. Careful attention was made to ensure the sex, race, and age of incarcerated individuals mirrored the population of the facility. Individuals were selected from every housing unit to be interviewed. When</p>

selecting files to review, I sampled the same individual files of the individuals that I interviewed. The same held true for random staff interviews and file reviews.

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

3. Observed:

- Observed all areas where confined persons may be in a state of undress, such as showering, using the toilet, and/or changing their clothes.
- Observed all areas outside of the housing units where incarcerated individuals could be observed including medical areas, intake cells/showers/areas, transport holding areas, and recreation areas.
- Visually observed to see if any nonmedical staff of the opposite gender are able to view confined persons in a state of undress, including from different angles and via mirror placement. In multi-tier facilities, observe spaces from multiple perspectives and vantage points, including from the floor and any other tiers, as applicable.
- Reviewed mirror placement and angles to ensure staff members of the opposite gender cannot view confined persons in a state of undress, including from different angles and via mirror placement.
- Observed the control area and supervisors' access to the camera system to ensure incarcerated individuals were not visible in a state of undress.
- The facility employs the use of blocks on their cameras that cover all toilets that may be in cells that have cameras for security purposes. Some of the video monitoring technology allows for point, tilt, zoom (PTZ) capabilities but does not let staff to see confined persons in a state of undress. The facility uses software (to obscure cross-gender viewing of confined persons in a state of undress).

Findings:

Policy 409.01 governs pat searches of incarcerated individuals. Staff only conduct cross-gender strip or cross-gender visual body cavity searches of incarcerated individuals in exigent circumstances. In the past year, there have not been any exigent circumstances that required cross-gender strip searches. The facility does not house female offenders.

Policy 409.01.01 requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat searches be documented. I have reviewed documentation of this report generated from reports in the OMS system, Jail Tracker.

Agency policy requires staff members of the opposite gender to announce their presence when entering an incarcerated individual-housing unit. Interviews with incarcerated individuals confirm that staff members announce their presence. Incarcerated individuals also confirmed that they can shower, perform bodily functions, and change clothing without a nonmedical staff of the opposite gender

viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. During the facility tour, I observed that the showers are in a separate location in the housing unit, providing additional privacy and having 'saloon-style' doors on the front of the shower area. In most units, staff would have to physically enter the shower area to observe incarcerated individuals. In several units, it was observed that offenders did not have a place to get dressed after showering without stepping out of the shower where they would be visible to staff. In order to mitigate this, it was decided to add hooks in the large shower area where clothes and a towel may be hung to facilitate private dressing.

The facility created a work order to make these changes during the on-site review. In the MC2 unit, toilets were visible. I discussed ways to mitigate this with leadership and subsequently with the Commissioner during the agency debrief. Work orders were created while I was on-site to mitigate the issue.

Agency policy prohibits the searching of transgender or intersex incarcerated individuals for the sole purpose of determining their genital status. Interviews with staff and incarcerated individuals verify that this is not being done. I interviewed three transgender individuals who confirmed that were not searched for the sole purpose of determining their genital status. Each offender was asked how she identified during the intake process. If an incarcerated individual's genital status is unknown, the facility determines the genital status through conversations with the incarcerated individual, 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. Each individual verified that they were asked about their genital status or that the information gleaned through medical. Staff also complete a gender identification form on the incarcerated individual during intake. Most of the staff members interviewed stated they had been trained to conduct cross-gender pat-down searches and searches of transgender and intersex incarcerated individuals in a professional and respectful manner, consistent with security needs. In interviews with staff, I asked them to explain the process of conducting a cross-gender pat search as well as a search of transgender and intersex incarcerated individuals. The staff members were well-versed in conducting searches in a professional and respectful manner. It should be noted that cross-gender and transgender/Intersex pat searches are taught during the academy, so for some staff, it has been a while since they took the training. The facility has also provided staff a video training on cross-gender/Transgender/Intersex pat searches for staff to review. Staff also receive training on Gender Care and Custody, which covers the management of LGBTQI individuals including the proper use of pronouns, gender identity, gender expression, accommodations for transgender and Intersex incarcerated individuals, as well as information on communication with the LGBTQI community. During the on-site review, I observed the strip area where staff conducts strip searches. The facility does not conduct visual body cavity searches. Pat searches may be conducted most anywhere in the facility as needed. The Strip search area is private and not visible to staff of the opposite gender. Informal conversations were conducted with staff and persons confined in the facility regarding search procedures (e.g., limits to cross-gender viewing, and supervision of searches). Both staff and incarcerated individuals indicated that these searches are conducted in a professional manner with privacy

	<p>from cross-gender viewing.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that all offenders have privacy to shower, toilet, and dress so they are not viewed by staff of the opposite gender.</p> <p>Update:</p> <p>On February 27, 2023, the agency provided photographic evidence that the hooks for hanging dry clothing had been moved to within the shower area. The shower area is large enough to accommodate the individual showering and drying off without getting their clothing wet during the shower.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	<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) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VDOC • VDOC Policy 371.01 ADA • ADA Handouts provided to Incarcerated Individuals • Interpreter Access Cards and Telecommunications for Language lines • Telanguage Contract dated 5.1.2016 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Incarcerated Individuals with Disabilities • Random Sample of Staff <p>The facility provided me with demographic data for staff and incarcerated individuals. The random sample of incarcerated individuals selected was based on mirroring the demographics of the incarcerated individual population. Additionally, individuals were selected from each housing unit in the facility. Careful attention was made to ensure the sex, race, and age of incarcerated individuals mirrored the population of the facility. Individuals were selected from every housing unit to be interviewed. When selecting files to review, I sampled the same individual files of the individuals that I interviewed. The same held true for random staff interviews and file reviews.</p>

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

3. Observations:

- Interpretation Cards and Information pertinent to using the Language Line

Findings:

According to the interview with the Agency Head, the agency takes appropriate steps to ensure incarcerated individuals with disabilities and incarcerated individuals with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. He expounded on the resources that have been made available to incarcerated individuals. PREA handouts and incarcerated individual 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 incarcerated individuals and staff confirmed that incarcerated individuals 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 incarcerated individual. They have also incorporated the use of Purple, a technology that provides interpretation services for the deaf in both English and Spanish. In an instance where the incarcerated individual was cognitively deficient, the PREA information was explained to the incarcerated individual by her caseworker. There are several Spanish-speaking incarcerated individuals in the facility as well. I spoke with two individuals to confirm that they received the information required. The basic PREA information is available through a video, in Spanish as well. The facility has access to a language line, a TTY machine, and Braille handouts and staff are available to explain and educate offenders verbally on a level that they can understand. Interviews with incarcerated individuals who suffer from disabilities or who are limited English proficiency confirmed that the incarcerated individuals are aware of the PREA Standards and were able to respond appropriately to questions asked by this auditor. The incarcerated individual indicated that his caseworker was made available to him to assist him in understanding the materials. Agency policy 409.09, page 11, prohibits the use of incarcerated individual interpreters incarcerated individual readers, or other types of incarcerated individual assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the incarcerated individual's safety, the performance of first-response duties under §115.64, or the investigation of the incarcerated individual's allegations. Interviews with staff and incarcerated individuals confirm that the policy is followed.

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 (VDOC) Policy 409.09
- Pre-Audit Questionnaire (PAQ) completed by VDOC
- List of Employees Hired and Promoted 2021-2022
- Personnel files
- VDOC Policy 122.01 Staff Selection and Promotion
- VDOC Policy 376.01 Volunteer Services and Management Implementation Guide
- Background Checks of Volunteers and Contractors

2. Interviews:

- Administrative HR Staff at Facility
- Administrative HR Staff at Headquarters

Findings:

Policy 122.01 addresses the hiring, promotion, and discipline of staff and contains procedural guidelines that the agency must follow when considering hiring someone. The agency inquires about sexual abuse and sexual misconduct including the questions detailed in 115.17 (a) in the written application and during the formal interviews. The applicant's responses are recorded and retained in the staff, contractor, or volunteer's file. The Vermont Department of 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, incarcerated individuals, procedures, and/or reports. To minimize the State's risk exposure, this policy has been established to ensure fair and consistent evaluation. All candidates for full and part-time employment with the VTDOC undergo a comprehensive background investigation prior to being made a final offer. A review of staff and contractor/volunteer files indicates 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 incarcerated individual, sexual or otherwise, or 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 indicated that they check the VCIC and NCIC III for criminal background checks and check the Sex

	<p>Offender Registry as part of their background investigations. The agency imposes an affirmative duty for staff to disclose any misconduct. The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied to work.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that all new hires and individuals considered for promotion complete the required administrative adjudication questions and responses are documented.</p> <p>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.</p> <p>On May 09, 2023, the facility provided me with a list of all new hires and promotions subsequent to the audit. I selected an assortment of files for review to ensure the agency was in compliance.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VDOC • Schematic of Camera Placement • Plans for purchase and installation of additional cameras <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent <p>3. Observations:</p> <ul style="list-style-type: none"> • A visual tour of the facility • Review of the video monitoring system • Review of camera placement and potential blind spots <p>Findings:</p>

Interviews with the agency head and warden/Superintendent staff indicate that consideration is afforded when modifying, expanding, or designing a facility. There have not been any major structural modifications or construction since the last PREA audit. The NWSCF has not added any cameras to the video monitoring system since the last audit. The facility now has 105 cameras in the facility. Documentation of how the technology could enhance the agency’s ability to protect incarcerated individuals from sexual abuse was provided. The facility does have a request in to add additional cameras throughout the facility, but due to some supply chain issues, the cameras have not arrived yet. A schematic was provided along with documentation of the requests to improve sexual safety in the facility. Video footage is recorded and maintained for approximately thirty days, depending on the activity or movement within the facility. The facility uses a combination of standard digital video cameras and pan-tilt-zoom cameras to better monitor the facility. I observed cameras placed throughout the facility consistent with the schematics provided during the facility tour. I also reviewed the cameras to determine if there were any obvious blind spots while reviewing footage of unannounced rounds for standard. In areas where blind spots were noted, the facility also had a plan in place to remedy the blind spot by augmenting the viewing by staff until the additional cameras/mirrors can be installed.

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 (VDOC) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VDOC • An email with Just Detention International • MOU with Vermont State Police • MOU with the Department of Human Resources Investigations Unit(DHRIU) • National Protocol for Sexual Assault Medical Forensic Examinations Adults/ Adolescents, Second Edition, April 2013 • Letter of Agreement with The Champlain Valley Office of Economic Development/Voices Against Violence (CVOEO/VAV) dated April 19, 2021 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Random Sample of Staff • SANE/SAFE • Just Detention International (via email)

- PREA Compliance Manager
- Incarcerated Individuals who reported Sexual Abuse

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

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

Findings:

The agency is responsible for administrative and criminal sexual abuse investigations. The agency shares responsibility for administrative investigations with DHRIU. Vermont State Police complete all criminal investigations. Facility staff may be involved in conducting some administrative investigations but would never be responsible for conducting an administrative sexual abuse claim. The Department of Human Resources Investigations Unit(DHRIU) would investigate sexual harassment claims. 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 Northwest Medical Center without financial cost, where evidentiarily or medically appropriate. Examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). If SAFEs or SANEs cannot be made available, other qualified medical practitioners can perform the examination. The agency documents its efforts to provide SAFEs or SANEs. The University of Vermont Medical Center Sexual Assault Program offers specialized emergency nursing care for both adult and child sexual assault victims 24 hours a day, seven days a week. The S.A.N.E. nurses at the University of Vermont Medical Center work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims' service providers. The facility has rendered a Letter of Agreement with The Champlain Valley Office of Economic Development/Voices Against Violence (CVOEO/VAV) to provide advocacy services as needed. The agency itself is not responsible for investigating criminal allegations of sexual abuse. The agency has requested that the investigating agencies follow the requirements of paragraphs (a) through (e) of section 115.21. The VDOC has entered an MOU with each of these agencies. Each MOUs was signed in 2015. The LOA with The Champlain Valley Office of Economic Development/Voices Against Violence (CVOEO/VAV) for Advocacy services was signed on April 19, 2021.

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 (VDOC) Policy 409.09
- Pre-Audit Questionnaire (PAQ) completed by VTDOC
- MOU with Vermont State Police dated February 1, 2015
- MOU with The Department of Human Resources Investigations Unit(DHRIU) dated August 3, 2021
- Incident Protocols for responding to incidents of Sexual Harassment and Sexual Abuse (Adults/Adolescents)
- Investigative File Review
- PREA Allegation Logs 2021 and 2022

2. Interviews:

- Agency Head
- Investigative Staff

Findings:

The agency ensures that an Administrative and Criminal investigation is conducted for all allegations of sexual abuse and sexual harassment. This is required in policy 409.09. The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The publication describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at <https://doc.vermont.gov/prisonrape-elimination-act-prea>. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Documentation was verified upon review of investigative case files. The agency has successfully entered Memorandums of Understanding with the Vermont State Police and with the Department of Human Resources Investigations Unit(DHRIU) for conducting investigations. The MOUs provide a clear understanding of the various roles each agency would play in an investigation, which provides an excellent foundation and guideline for staff at each facility. Thirteen investigative files were reviewed for compliance with this standard. In each case, the facility conducted a thorough investigation and made a referral to the Vermont State Police when there was potential sexual abuse perpetrated.

115.31 Employee training

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 (VDOC) Policy 409.09
- Pre-Audit Questionnaire (PAQ) completed by VDOC
- Revised PREA Refresher Test
- Revised PREA Examination given to all recruits in the Academy
- Revised PREA Curriculum June 2022
- PREA Refresher Curriculum -10 samples
- Sample of Training Records
- Vermont Agency of Human Services Department of Corrections Grantee-Contractor-Volunteer Orientation & Training Manual

2. Interviews:

- Random Sample of Staff

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

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

Findings:

VDOC provides all employees, contractors, and volunteers with PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. The agency revised its training in 2021. Staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plan demonstrates all the required areas are reviewed. A review of staff training files indicates many acknowledgment forms are missing. The facility has proactively enacted a procedure to remedy the lack of documentation in the staff files. Staff members receive the initial training in the academy. It was found that the acknowledgment forms are not finding their way to the facility. The facility should

request copies of the forms from the academy in order to complete their files. It should be noted that the proof documents may come from the academy or the facility, as long as they are supplied upon request. However, in interviews with staff, four of the twelve random staff interviewed stated that have not received the required refresher or biannual training. In addition to completing the training, staff members are required to complete an examination showing their understanding of the training presented. Interviews of staff members demonstrated an understanding of the agency's zero-tolerance policy; the agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with incarcerated individuals; How to communicate effectively and professionally with incarcerated individuals, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming incarcerated individuals; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All newly hired staff receives the initial PREA training before reporting to duty in the facility. During the interviews with a random selection of staff, I quizzed staff members on a variety of these topics, and most staff members were able to respond appropriately. The training provided is specific to the gender of incarcerated individuals the staff will supervise. If a staff member is transferred from another facility, the staff member would be appropriately retrained. There was one staff member transferred from another facility in 2021-2022 but that facility housed both male and female offenders. Staff members receive refresher PREA training every month on a variety of topics relates to sexual safety. In years in which an employee does not receive the PREA training, the agency provides refresher information on current sexual abuse and sexual harassment policies. Employees also complete the training curriculum electronically to verify their understanding of the training. During the interviews, several staff members indicated that they had not received the required training, or that a lot of time had passed since they were last trained. Some staff indicated that they did not feel like the online or email training was sufficient.

Corrective Action Recommendation:

Ensure that all staff receives the required training and the refresher training.

Staff requires additional reinforcement in their duties in responding to incidents of sexual abuse and sexual harassment. Staff should be able to reiterate the four requirements in responding.

1. Separate the victim and alleged abuser(s)
2. Secure the Crime Scene
3. Ensure the victim does not brush, toilet, or wash any evidence away.
4. Ensure that the abuser(s) does not brush, toilet, or wash any evidence away.

The newly revised PREA training has a robust portion on responding to an incident of

	<p>sexual abuse including scenario training. This should improve with the new curriculum, but all staff members need to immediately be retrained in the four requirements as they are critical to the success of an investigation.</p> <p>Update: On February 28, 2023, the facility provided proof of refresher training for all staff for November and December of 2022. They are still lacking the training to ensure staff are familiar with the four requirements in responding to an incident of sexual abuse.</p> <p>Update: On April 26, 2023, the facility provided proof of refresher training on the four requirements in responding to an incident of sexual abuse.</p>
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115.32	Volunteer and contractor training
	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 (VDOC) Policy 409.09 • Vermont Agency of Human Services Department of Corrections Grantee- Contractor-Volunteer Orientation & Training Manual • Pre-Audit Questionnaire (PAQ) completed by VTDOC • Sample Training Records • Training Curriculum • Vendor/Contractor/Volunteer completion of training Acknowledgements <p>2. Interviews:</p> <ul style="list-style-type: none"> • Contractors and Volunteers <p>Findings:</p> <p>Contractors and volunteers at the NWSCF are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that contractors and volunteers are familiar with the agency's zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment. Contractors and Volunteers receive extensive training regarding PREA including testing that 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 has instituted a new orientation and training manual that offers a tremendous amount of information pertaining to sexual</p>

safety in facilities. The training also details a newly signed bill in Vermont. The bill was codified on June 3, 2021. Bill H435 as passed by both House and Senate: Sec. 6. V.S.A § 3257 SEXUAL EXPLOITATION OF A PERSON UNDER THE SUPERVISION OF THE DEPARTMENT OF CORRECTIONS.

(a) A correctional employee, contractor, or other person providing services to offenders on behalf of the Department of Corrections or pursuant to a court order or in accordance with a condition of parole, probation, supervised community sentence, or furlough shall not engage in a sexual act with:

- (1) A person who the employee, contractor, or other person providing services knows is confined to a correctional facility; or
- (2) any offender being supervised by the Department of Corrections while on parole, probation, supervised community sentence, or furlough, where the employee, contractor, or other services provider knows or reasonably should have known that the offender is being supervised by the Department, unless the offender and the employee, contractor, or person providing services were married, parties to a civil union, or engaged in a consensual sexual relationship at the time of sentence for the offenses for which the offender is being supervised by the Department.

(b) A person who violates subsection (a) of this section shall be imprisoned for not more than five years or fined not more than \$10,000, or both.

Interviews and a review of the required documentation of training reveal that contractors have had the required training. My review of a sampling of contractor training indicated the facility had completed the training. However, during the onsite, the facility advised me that they discovered that some contractors had not completed the required training before entering the facility. They have developed a mechanism to ensure contractors are properly trained prior to them entering the facility.

Corrective Action Recommendation:

Ensure that all contractors and volunteers received the required PREA training.

Update: On February 28, 2023, the agency provided me with documentation of proof of completion of training for all contractors.

115.33	Inmate education
	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 (VDOC) Policy 409.09
- Pre-Audit Questionnaire (PAQ) completed by VDOC
- Sample of Incarcerated Individuals Orientation Forms
- Northwest State Correctional Facility Handbook

2. Interviews:

- A random sample of Incarcerated Individuals
- Caseworkers who complete the training with Incarcerated Individuals
- Intake Staff

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

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

Findings:

Offenders at the NWSCF are notified of the agency's zero-tolerance policy and how to report an incident of sexual abuse and sexual harassment immediately upon entering the facility. Offenders are provided a PREA brochure that details basic PREA standards as well as a list of resources available to them should they need them. Most offenders interviewed were familiar with the basics of PREA and Reporting. Most offenders interviewed were able to articulate how they would report an incident including reporting to staff, the PREA reporting line, writing Prisoner's Rights, going through a third party, or in writing to the outside entity. Offenders are familiar with available outside resources for dealing with sexual abuse. Three individuals interviewed indicated that they had not received the required training and orientation regarding sexual safety in the facility, but a review of their files indicated that they had in fact received the training and signed an acknowledgment of completion of the training. The facility provided a report from its offender management system that indicates that there were two individuals in the building that had not received the required training.

Offenders have the information at their disposal in the PREA Pamphlets that are given to them at intake. Caseworkers provide more in-depth training to 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 on the streets, in court, or in another

facility. The PREA education is available in Spanish, English, and Braille. For offenders with limited reading abilities, and vision or hearing problems, caseworkers provide the training in a format that is easily understandable for the offender. If an offender speaks a language other than Spanish or English, a language line interpretation would be provided for the offender. The facility documents this training and copies of the training are secured in the offender's file or in the OMS. The facility does an excellent job of providing continuously available resources using posters, PREA Newsletters, and Incarcerated individual Handbooks. The auditor observed posters, signage, and newsletters posted in each housing unit in the facility. Some offenders struggled with how to report anonymously or without having to give their names but were ultimately able to provide this information for at least one way to report anonymously. In a few interviews, offenders stated that staff asked if they remembered PREA rules instead of reviewing the information each time the offender entered the facility. A review of their offender files indicated that the training was provided(I believe this was isolated to one staff member). Offenders sign that they have received the required training. Facility staff reviews the training materials with the offenders. In discussions with the incarcerated individuals, they were able to think through and verbalize a variety of processes to report anonymously. The NWSCF Incarcerated Individuals handbook details how to anonymously report sexual harassment and sexual abuse.

The auditor asked the intake staff to walk her through the intake process since there were no offenders in the intake area to be processed. The intake officer was able to demonstrate the process and was very articulate in explaining the information provided to offenders including being told that there is zero tolerance for sexual abuse and sexual harassment as well as how to report an incident of sexual harassment or sexual abuse.

Corrective Action Recommendation:

Ensure that all offenders receive the required training to include how to anonymously report an incident should they choose.

Update: On May 9, 2023, the facility provided a copy of the information presented to the incarcerated individuals. The information still was not clear as to who the outside entity is for reporting and had a misnomer that Incarcerated Individuals had to request anonymity. The agency was asked to amend the materials and present them to the Incarcerated Individuals again. A subsequent review of the pamphlet, You Have the Right to Be Safe, which does provide information on who the outside agency is for reporting. This information is provided to the Incarcerated Individuals at intake and reviewed during the orientation. Since this is provided at intake, the standard has in fact been met. Staff responsible for training incarcerated individuals were retrained on the requirements to provide training everytime an individual enters the facility. A review of a random selection of incarcerated individuals files were reviewed for compliance with training.

	<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) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VDOC • Sample Training Records • NIC Training Curriculum • Specialized Training Certificates • The Moss Group Training Curriculum <p>2. Interviews:</p> <ul style="list-style-type: none"> • Investigative Staff <p>Findings:</p> <p>While the more serious Administrative and Criminal investigations would be handled by the DHRIU or the Vermont State Police, NWSCF has nineteen 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 be following the requirements of this standard. Investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor reviewed a sample of investigative files for completeness and thoroughness.</p>

115.35	<p>Specialized training: Medical and mental health care</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) Policy 409.09 • Pre-Audit Questionnaire (PAQ) completed by VDOC

	<ul style="list-style-type: none"> • Training Records of Medical and Mental Health Staff • Training Curriculum • Specialized Training Certificates <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff <p>Findings:</p> <p>Agency policy 409.09, page 13, I, C addresses the training of all medical and mental health staff in the PREA standards. I have reviewed a sampling of training records of medical and mental health staff that work in this facility and determined that they have received the appropriate training. There are currently thirty medical and mental health practitioners at this facility and 100% of the active staff have completed the required training. Medical staff at NWSCF do not conduct forensic medical examinations. All medical and mental health staff receive the training provided to contractors and volunteers in addition to the specialized training provided specifically for medical and mental health staff. Interviews with medical and mental health staff revealed that they have received the training and are aware of the duties required of them if an incident of sexual abuse or sexual harassment presents itself to them. I reviewed both specialized training records and contractor training records for compliance with this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	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 (VDOC) Policy 409.09 • Risk Screening Instrument • Risk Screening Process Guide • Risk Screening Process • Risk Screening Process Map • Pre-Audit Questionnaire (PAQ) completed by VDOC • Sample Assessments and Reassessments • Review of Random Sample of Incarcerated Individuals Files <p>2. Interviews:</p>

- PREA Coordinator
- PREA Compliance Manager
- Staff who Perform Screening for Risk of Victimization and Abusiveness
- Random Sample of Incarcerated Individuals

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

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

3. Observations:

- Risk Screening Process
- Risk Reassessment Process

Findings:

Agency 409.09, page 159, section 4 covers the completion of the Sexual Violence Screening during the booking or intake process. I interviewed intake staff, and caseworkers to verify that the Sexual Violence Screening Instrument is being used effectively to determine if incarcerated individuals have been designated as a victim to help ensure the sexual safety of the facility. Most Incarcerated individuals indicated that the questions required by this standard are asked upon entry into the facility; however, there was one individual out of twenty interviews that indicated they were not asked the required questions. A review of that individual's file indicated that he was asked the required questions. All screenings are conducted within 72 hours of intake. The agency does not utilize a uniform objective screening instrument to help determine if an incarcerated individual is vulnerable or a predator. The current screening tool is not compliant with a review of the age or build of the individuals when considering vulnerabilities. The agency previously employed the use of a chart for each facility. The chart was not located at the facility and the staff that conducted the screening were not familiar with any prescribed chart of application of the score for these questions. The screening instrument considers each of the other 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 completed in a prompt manner. Two individuals interviewed indicated that they had not been reassessed, but a review of their files indicated they had received the reassessment and signed upon completion. The facility does the reassessments shortly after intake and offenders often confuse the reassessment process with part of the orientation. The agency may be better served if they provided more time

between the initial intake and the reassessments. There are several benefits to waiting a bit of time before doing the reassessment. The offender may be released prior to the 30-day window, which allows more time for the offender to settle in and get their bearings on the facility, and it affords more time for the offender to gain more insight as to whether they feel like they are safe in the facility.

The facility provided me with demographic data for staff and incarcerated individuals. The random sample of incarcerated individuals selected was based on mirroring the demographics of the incarcerated individual population. Additionally, individuals were selected from each housing unit in the facility. Careful attention was made to ensure the sex, race, and age of incarcerated individuals mirrored the population of the facility. Individuals were selected from every housing unit to be interviewed.

When selecting files to review, I sampled the same individual files that I interviewed. The same held true for random staff interviews and file reviews. Targeted incarcerated individuals and the targeted staff was selected from lists provided by the facility of individuals that met the criteria being targeted, or in the case of staff, by position or duty.

In addition to the thirty (30) day reviews, staff will reassess an incarcerated individual based on a referral, request, an incident of sexual abuse, or upon receiving additional information that may reveal additional insight into the incarcerated individual's vulnerability or likelihood of predation. Incarcerated individuals are never disciplined for failure to respond to the sensitive questions included in the Sexual Violence Screening Instrument. A review of disciplinary and grievance records did not disclose any disciplinary acts for failure to respond to these questions. The agency does not currently have appropriate controls on the dissemination of responses to questions on the screening tool within the facility to ensure that sensitive information is not exploited to the incarcerated individual's detriment by staff or other incarcerated individuals. The Risk Screening and Reassessments are completed in the OMS system and secured within the system once completed. However, it was recently discovered that the system generates a PDF file of the completed Risk Screening Instrument and saves the document in an area visible to all staff. As part of my review of this standard, I observed a random sampling of incarcerated individual files and interviewed intake and caseworker staff and incarcerated individuals. All interviews confirmed that the screening instrument is being used and that staff members are considering the responses to the instrument when considering the placement of the incarcerated individuals in housing. NWSCF goes a step beyond when considering the placement of offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of incarcerated individuals who they perceive to be vulnerable or predatory to house them most appropriately.

Corrective Action Recommendation:

Employ an objective screening instrument to include age and build limitations or scores so all staff selects the same score for everyone. None of the screening instruments should be subjective.

Secure the Screening Tools once completed so only staff with a need-to-know basis

	<p>are allowed to view completed.</p> <p>On February 02, 2023, the agency provided me information for upcoming changes to be made in the OMS system to mitigate the requirements regarding age and build for all facilities. Screening tools are now locked after completion.</p> <p>On May 09, 2023, the agency provided documentation of changes made in the OMS system to automatically consider age, and build limitations based on the facility needs (male or female).</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 (VDOC) Policy 432.01 • Pre-Audit Questionnaire completed by NWSCF • Documentation of Risk-based housing decisions • Documentation of Reassessments • PREA SVST Process Map <p>2. Interviews:</p> <ul style="list-style-type: none"> • Staff Responsible for Risk Screening • Intake Staff • PREA Coordinator • PREA Compliance Manager • Random Sample of Incarcerated Individuals • Transgender or Intersex Incarcerated Individuals <p>The facility provided me with demographic data for staff and incarcerated individuals. The random sample of incarcerated individuals selected was based on mirroring the demographics of the incarcerated individual population. Additionally, individuals were selected from each housing unit in the facility. Careful attention was made to ensure the sex, race, and age of incarcerated individuals mirrored the population of the facility. Individuals were selected from every housing unit to be interviewed. When selecting files to review, I sampled the same individual files of the individuals that I</p>

interviewed. The same held true for random staff interviews and file reviews.

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

3. Observations:

- Auditor toured all housing units and did not find any housing units dedicated to LGBTQI Incarcerated Individuals.
- Showers, housing units, and toilet areas within the facility.

Finding:

Interviews with staff and incarcerated individuals 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 incarcerated individuals in housing, bed, work, programming, and education assignments. NWSCF goes a step beyond when considering placement of the offenders in that they hold a multi-disciplinary team meeting Monday-Friday to discuss the housing and placement of incarcerated individuals 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 help to ensure the safety of each incarcerated individual. Incarcerated individuals in this facility are never precluded from participating in programming, education, or work assignments.

Care is taken to ensure individuals are supervised by staff when outside of the housing areas to ensure their safety. 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 incarcerated individual to a facility for male or female incarcerated individuals and in making other housing and programming assignments, the agency considers on a case-by-case basis whether the placement would ensure the incarcerated individual's health and safety and whether the placement would present management or security problems. The transgender/Intersex incarcerated individual's own views with respect to their own safety are given serious consideration when making housing assignments. NWSF has housed several transgender or intersex offenders in the past 12 months. Three transgender/Intersex incarcerated individuals were interviewed during the audit.

Transgender incarcerated individuals' own view of their safety is given consideration. Transgender or intersex incarcerated individuals 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 conduct screenings of transgender/intersex incarcerated individuals twice a year for any threats to safety experienced by the incarcerated individual. However, of the three transgender individuals reviewed, two required a six-month reassessment. The third had not been incarcerated long enough to warrant a review simply based on time. Neither of the two transgender incarcerated over six months had been reassessed. The agency has

	<p>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, legal settlements, or judgments to maintain separate wings, facilities, or housing units.</p> <p>Corrective Action Recommendation:</p> <p>Ensure that reassessments are completed every six months on all transgender incarcerated individuals.</p> <p>Update: On May 10, 2023, the facility advised me that they currently have two transgender Incarcerated Individuals in the facility. Neither of the individuals is due for a six-month review yet. The facility has created a tracking system to ensure that the reviews are completed in a timely manner. The PCM provided screenshots of the notification process.</p>
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115.43	Protective Custody
	<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 (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 432.01 Protective Custody • Vermont Department of Corrections (VDOC) Policy 432.01 Administrative Segregation • Pre-Audit Questionnaire (PAQ) completed by VDOC • Review of housing assignments of Incarcerated Individuals that alleged sexual abuse (none) <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden • Staff Who Supervise Incarcerated Individuals in Segregation Housing • There were no incarcerated individuals to interview that had been placed in segregation housing and alleged to have suffered sexual abuse. • Casual interviews of incarcerated individuals housed in segregated housing units. <p>3. Observations</p>

- Visual Review of Segregation Housing Units

Findings:

Agency policy 409.09, page 15, Section C, states that incarcerated individuals 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 incarcerated individuals 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 incarcerated individuals 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. If there was an individual that needed to be kept separate, one of the individuals would be transferred to another facility. Policy 409.09, page 16, section 4, C allows for the reviews of status as protective custody to be completed after seven days and every 30 days thereafter the first seven-day period. Staff members interviewed that work segregation housing stated that the reviews would be conducted according to policy.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 • Vermont Department of Corrections (VDOC) Policy 315.02 • Incarcerated Individuals PREA Brochure • Resident Handbooks • PREA Posters • Third-Party Reporting Poster • Just Detention International Posters for Staff and Incarcerated Individuals

2. Interviews:

- Random Sample of Staff
- Random Sample of Incarcerated Individuals
- PREA Compliance Manager

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

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

3. Observations:

- 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.
- Review of Mail procedures

Findings:

The agency supplies multiple mechanisms for reporting sexual harassment and sexual abuse. The facility has posted PREA Posters, PREA Newsletters, and third-party reporting posters throughout the facility. I 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 Incarcerated Individuals revealed that Incarcerated Individuals 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. Incarcerated Individuals 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 Incarcerated Individuals 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 Incarcerated Individuals detained solely for civil immigration purposes be supplied

with 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. I observed information in the facility regarding how to contact relevant consular officials or officials with the Department of Homeland Security. This information is posted in the intake area as well as in the housing unit where individuals housed solely on Civil immigration would be located. 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 the Vermont Agency of Human Services. Offender mail is placed into a secure box where staff collect and mail their letters. Most mail is managed on the offender's tablets.

115.52	Exhaustion of administrative remedies
	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 (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 320.01 Grievances • Vermont Department of Corrections (VDOC) Interim Revision Memo dated September 2014 • Incarcerated Individual PREA Brochure • Resident Handbook • Third-Party Reporting Poster <p>2. Interviews:</p> <ul style="list-style-type: none"> • Incarcerated Individuals Who Reported Sexual Abuse <p>3. Observations:</p> <ul style="list-style-type: none"> • Third-Party Reporting Posters • Grievance Forms • PREA Reporting Posters • PREA Newsletters • JDI Advocacy Posters

Findings:

Agency policy 320.01, page 5, section b and Page 8, Section 9, governs 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 incarcerated individual 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, however, VDOC policy enforces more stringent rules requiring the grievance to be resolved more timely. The facility received four grievances related to sexual misconduct in the past 12 months. One of the grievances was noted as an emergency grievance but all were handled as grievances involving sexual abuse or misconduct and responded to in a timely manner. A review of the grievances shows that grievances are taken seriously and responded to on time. No cases extended beyond the 90-day limitation. The Resident Handbook, page 30, includes information notifying the incarcerated individual 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 incarcerated individual 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 incarcerated individuals may have assistance in utilizing a third party including fellow incarcerated individuals, staff members, family members, attorneys, and outside advocates, to assist incarcerated individuals in filing requests for administrative remedies. The NWSCF Resident Handbook provides incarcerated individuals with detailed information about filing sexual abuse or sexual harassment-related grievances including requirements in responding, lack of time limitations for filing, submission of the grievance, and the ability to have assistance in preparing the grievance and specific procedures for filing an emergency grievance. Agency policy 320.01 Memo Revision 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 grievances filed were responded to timely. The NWSCF Resident Handbook provides incarcerated individuals with detailed information about filing an emergency grievance including 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.

115.53 Inmate access to outside confidential support services

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 Agency Policy 409.09
- Pre-Audit Questionnaire completed by Northwest State Correctional Facility (NWSCF)
- Contract with JDI
- JDI Letter to Incarcerated Individuals
- JDI Letter to Staff
- JDI Posters
- LOA with The Champlain Valley Office of Economic Development/Voices Against Violence (CVOEDVAV)
- Resident Handbook
- Incarcerated Individual Education Materials
- Immigration Information related to PREA

2. Interviews:

- Random Selection of Incarcerated Individuals
- Incarcerated Individuals that have filed a report of sexual abuse

3. Observations:

- PREA Posters
- JDI Posters
- PREA Newsletters
- Mailroom Process
- Grievance Process
- Tablets and Kiosks

Findings:

NWSCF provides a victim advocate for any incarcerated individual 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, the Resident Handbook, and Posters from JDI posted throughout the facility. 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 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." Incarcerated individuals can also call advocates from their caseworker's office if they need more privacy. Incarcerated

individuals were familiar with this procedure. I interviewed incarcerated individuals that had reported sexual abuse to determine that they were familiar with the resources available to them. In reviewing investigative files I observed that one individual was not offered an advocate. The facility pointed this out to me during the audit. They discovered the error and went back and offered the individual an advocate later and developed a mechanism to ensure advocates are offered an advocate in future cases. I interviewed Medical and Mental Health staff to decide that they inform incarcerated individuals, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency has entered LOAs with The Champlain Valley Office of Economic Development/Voices Against Violence and Just Detention International to provide incarcerated individuals with emotional support services related to sexual abuse. The LOA with The Champlain Valley Office of Economic Development/Voices Against Violence was signed on April 19, 2021, and does not expire. 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 incarcerated individuals. This agreement was dated January 17, 2020. JDI posters and letters are posted throughout the facility advising incarcerated individuals on how to contact the advocates. This is also reviewed during the education of incarcerated individuals. The telephone numbers were successfully tested for compliance. During the on-site review of the facility, I asked an incarcerated individual to show me how the tablets and kiosks work for sending messages, accessing the Resident Handbook, how to complete a grievance, and a variety of other processes. The individual was able to show me how the tablets and kiosk function. While the required information was found on the tablets, it was often difficult to find a particular document as the order of documents seems to shift.

Corrective Action Recommendation:

Ensure that all individuals who claim that have been sexually abused are offered an advocate to accompany them through the investigative process and as needed.

Update: On February 27, 2023, the facility provided proof of documentation that was missing during the audit. The individual did actually see and speak to an advocate while at the hospital. The transportation officers had documented the visit. This documentation was added to the case file in question. I also asked to be provided additional documentation of providing an advocate on any subsequent cases during the corrective action phase. There were no subsequent cases that required an advocate to be made available.

Best Practice Recommendation:

Organize the tablet in a more simple manner. The Resident Handbook should be a free-standing app on the tablet that is readily accessible. One search showed the handbook on page 15 of 28, while in another search we found the handbook on page 28 or 30. The individual searching for the handbook had to scroll through each page

	<p>to find the handbook.</p> <p>Offender mail is placed into a secure box where staff collects and mails their letters. Most mail is managed on the offender's tablets.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PAQ Completed by Northwest State Correctional Complex (NWSCF) • Third-Party Reporting Poster/Signage • PREA Posters • Agency Website • Resident Handbook <p>2. Interviews:</p> <ul style="list-style-type: none"> • None <p>3. Observations:</p> <ul style="list-style-type: none"> • PREA Posters • Tablets and Kiosks • Posting of Third-Party Reporting Signage in the facility • Agency Website • Notes on the Walls regarding privacy <p>Findings:</p> <p>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-elimination-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 including areas of egress where visitors and attorneys would pass through on a regular basis. I successfully tested the third-party reporting mechanisms via telephone and email. In both tests, a response was provided within a couple of hours.</p>

115.61 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

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

- Vermont Department of Corrections (VDOC) Policy 409.09 PREA
- Vermont Department of Corrections (VDOC) Policy 405 Reporting
- PAQ Completed by Northwest State Correctional Facility (NWSCF)
- Investigative Reports
- Vermont State Statute 33 Chapter 69: Reports of Abuse, Neglect, and Exploitation of Vulnerable Adults

2. Interviews:

- Medical and Mental Health Staff(2)
- PREA Coordinator
- Warden/Superintendent
- Random Sample of Staff

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

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

Findings:

Agency policy 409.09, page 9, section b requires all staff, contractors, and volunteers to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against incarcerated individuals 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 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. Vermont State Statute 33 governs Vulnerable adults and mandated reporting.

115.62 Agency protection duties
<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 Northwest State Correctional Facility (NWSCF) PAQ • Vermont Department of Corrections (VDOC) Policy 320.01 • Incarcerated Individual Grievances Memo <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent • Random Sample of Staff <p>The facility provided me with demographic data for staff and incarcerated individuals. The random sample of incarcerated individuals selected was based on mirroring the demographics of the incarcerated individual population. Additionally, individuals were selected from each housing unit in the facility. Careful attention was made to ensure the sex, race, and age of incarcerated individuals mirrored the population of the facility. Individuals were selected from every housing unit to be interviewed. When selecting files to review, I sampled the same individual files of the individuals that I interviewed. The same held true for random staff interviews and file reviews. Targeted incarcerated individuals and the targeted staff were selected from lists provided by the facility of individuals that met the criteria being targeted, or in the case of staff, by position or duty.</p>

	<p>Findings:</p> <p>Agency policy 409.09, page 2, number 2 requires staff to take immediate action to protect Incarcerated Individuals 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 Incarcerated Individuals, especially those that are at risk of imminent sexual abuse. Staff members 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 to make more permanent arrangements to protect the individual. I interviewed incarcerated individuals who were identified as having a substantial risk of imminent sexual abuse. I interviewed a random sample of staff and the Warden/ Superintendent to verify that offenders at imminent risk of sexual abuse would be protected to prevent the abuse from happening. Most staff indicated they would contact their immediate supervisor to explain the issue and the supervisor would evaluate where to move the offender. Staff members were astute about ensuring the potential victim remain in their sight at all times until the supervisor arrived to make a move.</p>
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115.63	Reporting to other confinement facilities
	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 (VDOC) Policy 409.09 PREA • PAQ Completed by Northwest State Correctional Facility (NWSCF) • Review of Investigative Reports • Review of Email Correspondence documenting required timely notification <p>2. Interviews:</p> <ul style="list-style-type: none"> • Agency Head • Warden/Superintendent <p>Findings:</p> <p>Agency policy 409.09, page 17, b, ii, requires that upon receiving an allegation that an Incarcerated Individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or proper office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the</p>

	<p>Superintendent confirm that the standard policy would be to notify the other superintendent. NWSCF did have a case reported where they notified the other facility of an incident of Sexual abuse in their facility. The notification was made to alert the facility and an investigation was completed by the agency.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<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 (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 405 Incident Reporting • PREA Incident Protocol Forms • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • Guidance Procedures for Investigations • Investigations Directive • Completed Investigations 2. Interviews: <ul style="list-style-type: none"> • Random Sample of Staff • Security Staff and First Responders • Incarcerated Individuals who had reported sexual abuse <p>The facility provided me with demographic data for staff and incarcerated individuals. The random sample of incarcerated individuals selected was based on mirroring the demographics of the incarcerated individual population. Additionally, individuals were selected from each housing unit in the facility. Careful attention was made to ensure the sex, race, and age of incarcerated individuals mirrored the population of the facility. Individuals were selected from every housing unit to be interviewed. When selecting files to review, I sampled the same individual files of the individuals that I interviewed. The same held true for random staff interviews and file reviews.</p> <p>Targeted incarcerated individuals and the targeted staff was selected from lists provided by the facility of individuals that met the criteria being targeted, or in the case of staff, by position or duty.</p> <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.</p>

The agency has developed protocols for Incarcerated Individual on Incarcerated Individual Sexualized behavior (not mandated to be tracked, but the VDOC does track this valuable information), Incarcerated Individual on Incarcerated Individual Sexual Harassment, Incarcerated Individual against Incarcerated Individual Sexual Abuse, Incarcerated Individual against Incarcerated Individual Sexual Abusive Penetration, Staff on Incarcerated Individual Voyeurism, Indecent Exposure, Sexual Harassment, and Staff on Incarcerated Individual Sexual Abuse Penetration/Contact. The policy and protocols require that, upon learning of an allegation that an incarcerated Individual 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 most security staff members are proficient with these requirements. There were no cases reported in the past twelve months that potentially allowed for the collection of physical evidence. In cases of sexual abuse, the victim and abuser are 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. Interviews with staff indicated that the majority of staff are not familiar with the four requirements for responding to an incident of sexual abuse. Most staff members interviewed stated they would separate the perpetrator and victim and call their supervisor. While this is a good practice, staff should also be able to articulate that they would secure the scene and request the victim and alleged abuser not destroy any evidence that may be present. 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 sexual abuse cases in the past 12 months where an allegation was reported to a non-security staff member, but none that afforded the opportunity to secure physical evidence.

Corrective Action Recommendation:

Retain security staff regarding the four duties in responding to a sexual abuse allegation. The training should be reinforced through role-playing incidents or through roll call training.

Update: On April 26, 2023, the facility provided proof of refresher training on the four requirements for responding to an incident of sexual abuse.

115.65	Coordinated response
	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 (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • Agency protocols in responding to Incidents • Facility Coordinated Response Plan 300.34 <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent <p>Findings:</p> <p>The facility has a written institutional response plan specific to its facility 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 agency-coordinated response plan and the facility 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.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • Collective Bargaining Agreement Effective July 1, 2022-June 30,2024

	<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, 2022 — Expiring June 30, 2024, does not limit the agency's ability to remove alleged staff sexual abusers from contact with any incarcerated individuals 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, 2022, and expiring June 20, 2024, 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 Incarcerated Individuals pending the outcome of an investigation.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by VDOC • Retaliation Monitoring Forms • Investigative Files <p>2. Interviews:</p> <p>Agency Head</p> <ul style="list-style-type: none"> • Warden/Superintendent • Retaliation Monitor • Incarcerated Individuals that reported Sexual Abuse • There were no incarcerated individuals placed in segregated housing who had reported sexual abuse. <p>Findings:</p> <p>Agency policy 409.09, Page 2, Section 3 states that staff members are charged with</p>

protecting Incarcerated Individuals from retaliation. Interviews with the Warden, PREA Compliance Manager, and the Retaliation Monitor ensured familiarity with this standard. The facility has appointed the caseworkers as the Retaliation Monitors for NWSCF. 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 policy details multiple protective measures, to protect victims from abusers including housing changes, transfers for Incarcerated Individual victims or abusers, removal of alleged staff or Incarcerated Individual abusers from contact with victims, and emotional support services for Incarcerated Individuals 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 Incarcerated Individuals or staff who reported the sexual abuse and of Incarcerated Individuals who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by Incarcerated Individuals or staff and shall act promptly to remedy any such retaliation. The facility checks Incarcerated Individual 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 not monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor indicated 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. The forms clearly note who was assigned the task of monitoring, but no documentation of monitoring was included in some of the investigative files. It was also noted that in some cases that were unsubstantiated, retaliation monitoring was not completed for at least 90 days.

Corrective Action Recommendation:

Ensure that all cases of sexual abuse are monitored for retaliation and documented as required under this standard.

Retaliation monitoring should be completed for all substantiated and unsubstantiated cases for at least 90 days unless the individual is released from custody. Retaliation monitoring is not required in unfounded cases.

Update: On March 10, 2023, the agency provided new forms that will be used for monitoring retaliation. In the past, retaliation was often monitored in case notes, rather than in the investigative file. The new forms will be completed and placed in the investigative file. Proof documentation of completed retaliation monitoring was secured for cases that previously did not contain the retaliation monitoring notes.

	<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 (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 410.06 Restrictive Housing • Vermont Department of Corrections (VDOC) Policy 400.01 Restrictive Housing • Vermont Department of Corrections (VDOC) Policy 400.03 Placement in Admin Segregation • Vermont Department of Corrections (VDOC) Policy 410.05 Protective Custody • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • Restrictive Housing Memo 410.06 • Post Order 300.08 Delta Post Order <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Staff that work in Segregation Housing • There were no Incarcerated Individuals Placed in Segregation Housing for risk of sexual abuse to interview <p>Findings:</p> <p>Agency policy 409.09, page 15, section C states that Incarcerated Individuals 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 Incarcerated Individual 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 Incarcerated Individuals who had been designated as vulnerable housed in the segregation unit. A review of housing assignments of individuals who had reported sexual abuse indicate that they are not placed in segregated housing.</p>
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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 (VDOC) Policy 409.09 PREA
- Vermont Department of Corrections (VDOC) Policy 410.01 Facility Rules and Incarcerated Individual Discipline
- Vermont Department of Corrections (VDOC) Policy 126
- PREA PAQ Completed by Northwest State Correctional Facility (NWSCF)
- MOU with DHR-IU
- MOU with Vermont State Police (VSP)
- Investigations Flowchart
- Vermont Department of Corrections (VDOC) Policy 405 Incident Reporting
- Incident Protocols
- Vermont Department of Corrections (VDOC) Policy 409.08 Crime Scene Preservation
- Vermont Department of Corrections (VDOC) Policy 434 Investigations
- Sample Investigative Reports

2. Interviews:

- Warden/Superintendent
- PREA Coordinator
- PREA Compliance Manager
- Investigative Staff
- Individuals Who a Reported Sexual Abuse

Finding:

The VDOC has a policy to investigate all crimes related to sexual abuse and sexual harassment in their facilities. Policy 409.09, Page 1, paragraph 3, states that the 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 incarcerated individual-onincarcerated individual sexual harassment investigations, DHR-IU conducts administrative investigations involving staff and the Vermont State Police conducts criminal investigations. Interviews with VDOC 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 VDOC policies state that administrative investigations will be conducted by the Department of Human Services Investigative Unit (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 document the investigation in a report. According to DHR IU investigators, the case is remanded to the VDOC to complete the investigation. These must be secured and preserved as quickly as possible to preserve all available evidence. NECC 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 VDOC, 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 incarcerated individuals at the facility that had reported sexual abuse. Administrative investigations are documented by DHR IU. DHR IU will stop investigating when an employee terminates. The report is remanded to the VDOC for completion. The VDOC will be responsible for ensuring the investigation is completed. Time limitations have been imposed for the transfer of information. The VDOC entered an MOU with the DHR IU on August 3, 2021, that supports the retention of these files. Interviews with VDOC 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. 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. There were three cases referred to VSP for investigation and possible prosecution in the past 12 months. 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. Files are securely stored electronically under a password. The Agency Head, PREA Coordinator, PREA Compliance Manager, and Investigative Staff all confirmed in interviews that when 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.

115.72	Evidentiary standard for administrative 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.)

	<ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • Vermont Department of Corrections (VDOC) Policy 410.01 Facility Rules and Inmate Discipline • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • MOU with DHR-IU • MOU with Vermont State Police(VSP) • Vermont Department of Corrections (VDOC) Policy 126 Staff Sexual Misconduct Involving Offenders • Vermont Department of Corrections (VDOC) Directive 126.01 Personal Relationship With Offenders-Conflict Of Interest <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 twelve investigative files for this period were reviewed for compliance. In each case, the preponderance of the evidence was the basis for the determination of the outcome of the investigation.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • MOU with DHR-IU • MOU with Vermont State Police(VSP) • Incarcerated Individual Victim Notification Forms • Sample of Investigative Reports • Completed Incarcerated Individual Notification Forms

	<p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Investigative Staff • Incarcerated Individuals Who reported Sexual Abuse in the Facility <p>Findings:</p> <p>The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse whether the allegation has been substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are notified as required. When the agency does not conduct the investigation themselves, they ask that the investigative agency let them know of the outcome or status of the case. When an incarcerated Individual 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 an investigation into an incarcerated Individual's allegation of sexual abuse in the facility, the agency requests the relevant information from the investigative agency to inform the incarcerated Individual. A review of investigative case files shows that staff does follow up with investigators. The agency policy 409.09 requires that incarcerated Individuals be notified following an incarcerated Individual's allegation that a staff member has committed sexual abuse against the incarcerated Individual unless the agency has determined that the allegation is unfounded, whenever the staff member is no longer posted within the incarcerated Individual's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I reviewed investigative files and they did meet this requirement. Agency policy 409.09 requires that following an incarcerated Individual's allegation that he or she has been sexually abused by another incarcerated Individual 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 there were no cases that required notice for indictments or charges during this audit period.</p>
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115.76	Disciplinary sanctions for staff
	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 (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • Investigations Flowchart • Vermont Department of Corrections (VDOC) Policy 126 Dated 2.22.15 • Review of Personnel Files • Review of Investigative Files <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent <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 year. 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, there no staff members who required reporting to law enforcement or the relevant licensing body.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility(NWSCF) • Vermont Department of Corrections (VDOC) Policy 126 Sexual Misconduct with Offenders • Vermont Department of Corrections (VDOC) Policy 376.01 Volunteer Services

	<p>Management</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 490.09 Prison Rape Elimination Act & Staff Sexual Misconduct <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 incarcerated individual and 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 incarcerated individuals. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with incarcerated individuals. There were no incidents of misconduct reported involving a contractor at NWSCF 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
	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 (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • Vermont Department of Corrections (VDOC) Policy 410.06 Restrictive Housing • Vermont Department of Corrections (VDOC) Policy 410.01 Facility Rules and Inmate Discipline • Investigative Files • Disciplinary Action Files <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • Medical and Mental Health Staff

	<p>Findings:</p> <p>Agency policy 410.01 governs incarcerated individual 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 incarcerated individual engaged in incarcerated individual-on-incarcerated individual sexual abuse. In the twelve months of the review, there were four administrative allegations of incarcerated individual-on-incarcerated individual sexual abuse. Three cases were unsubstantiated and the last case was unfounded. There were no criminal cases of incarcerated individual-on-incarcerated individual 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 incarcerated individuals with similar histories. An incarcerated individual's mental disability is 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 incarcerated individual for sexual contact with staff only upon a finding that the staff member did not consent to such contact. There were no incarcerated individual disciplinary actions to review where incarcerated individuals 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. In the unfounded case, the alleged offender was disciplined for filing a fraudulent case. The VDOC prohibits all sexual activity between incarcerated individuals and may discipline incarcerated individuals 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, the facility rules, and the Incarcerated individual Discipline policy. NWSCF provided the auditor with 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
	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 (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility(NWSCF) • Secondary Records of referrals for Mental Health

- Mental Health Records

2. Interviews:

- Medical and Mental Health Staff
- Incarcerated Individuals who Disclose Sexual Victimization at Risk Screening on site
- Staff Responsible for Risk Screening

Findings:

The VDOC has contracted with VitalCore 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 incarcerated Individual 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 no Medical and Mental Health Secondary Records that Documented Compliance to review. A review of records does indicate that the individuals did meet with Mental Health on average of within five days. I interviewed three incarcerated individuals that had prior victimization and were admitted in the past year. The staff that conducts the screening showed that a follow-up meeting would be requested at once. The intake officers in conjunction with the caseworkers 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 incarcerated Individual 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 incarcerated Individuals 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 abuse 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 incarcerated Individuals before reporting information about prior sexual victimization that did not occur in an institutional setting unless the incarcerated individual is under the age of 18. This facility does not house incarcerated individuals under the age of 18.

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 (VDOC) Policy 409.09 PREA
- PREA PAQ Completed by Northwest State Correctional Facility (NWSCF)
- PREA Incident Protocols

2. Interviews:

- Medical and Mental Health Staff
- Incarcerated Individuals Who Reported Sexual Abuse
- Staff First Responders

Finding:

According to medical and mental health practitioners, incarcerated individual 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 VDOC has established a working relationship with local hospitals to provide timely, unimpeded access to emergency medical treatment and crisis intervention services. VDOC 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. The Northwest Medical Center offers specialized emergency nursing care for both adult and child sexual assault victims. The Champlain Valley Office of Economic Development/Voices against Violence (CVOE/VAV) offers SANE nurses who work closely with other members of an extended team that include doctors, law enforcement, forensic scientists, advocates, and crime victims service providers. Also locally, the University of Vermont 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. Incarcerated Individual 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 incarcerated individual victims go in to see the SANE. All incarcerated individual victims receive medical services without incurring any expense whether they cooperate in the investigation or not. All medical and mental health records are maintained in an Electronic Medical Records Software (EMR). There are no secondary records to document services provided. Secondary logs are not

	kept, but the information is documented in their medical charts.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • PREA Incident Protocols • Review of Investigative Records • Review of Medical and Mental Health Records <p>2. Interviews:</p> <ul style="list-style-type: none"> • Medical and Mental Health Staff • Incarcerated Individuals who had reported abuse in the facility <p>Findings:</p> <p>The facility offers medical and mental health evaluation and, as appropriate, treatment to all incarcerated individuals who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This collaboration is through observation of facility programs that deal specifically with domestic violence and sexual abuse and a thorough review of resources made available to incarcerated individual 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. Victims of sexual abuse would be 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 incarcerated individuals-on incarcerated individual abusers within 60 days of learning of the sexual abuse history and offers treatment when thought appropriate. Both Medical and Mental Health professionals interviewed confirmed that incarcerated individual victims receive the care needed within this standard. I interviewed two incarcerated individuals that indicated they had been the victim of sexual abuse. None of the individuals interviewed required a SANE exam or STD prophylaxis, The facility did provide proof documentation of offering sexual</p>

	prophylaxis to an individual in reference to a case that was not included in the time span reviewed.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents Reviewed: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> • Vermont Department of Corrections (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWCF) • Sexual Abuse Incident Review Team Report Form (SART) • Sample of Investigative Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • Warden/Superintendent • PREA Compliance Manager • Incident Review Team <p>Findings:</p> <p>The agency has a policy, 409.09, page 23, the second paragraph to conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. 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 frontline 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</p>

and submit such a report to the facility head and PREA compliance manager. The facility would implement recommendations for improvement or document their reason(s) for not making the suggested improvements. To determine compliance with this standard, I interviewed the PREA Compliance Manager, Medical, Mental Health Staff, a member of the Incident Review Team, and the Warden/Superintendent and reviewed investigative files. Of the eight investigative files reviewed that required a sexual abuse incident review, one case did not contain a sexual abuse incident review form, one was not completed within 30 days of the end of the investigation and one form did not have the date of the review on the form so I was unable to determine if it was timely or not. The other five cases meet the 30-day requirement for completion. The facility was aware of the missed deadlines as they found the errors during the PAQ portion of the audit and immediately reported the same in the PAQ. The facility has established a protocol to ensure that Sexual Abuse Incident Reviews(SAIRs) are completed timely moving forward. I will continue to monitor cases throughout the Corrective Action Phase to ensure compliance.

Corrective Action Recommendation:

Ensure that a sexual abuse incident review is completed for each investigation that is substantiated or unsubstantiated within 30 days. The facility must provide the auditor with a copy of each closed case with proof of completed SAIRs/SART review.

Update: On May 17, 2023, the facility provided subsequent SAIRs/SART reviews and investigations that were conducted during the Corrective Action phase. Each of the reviews was completed in a timely manner.

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 (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) • Vermont Department of Corrections PREA Webpage • OMS PREA Categories for Classifying Incidents • 2019 SSV Report to the Department of Justice • 2020 SSV Report to the Department of Justice • Aggregated Data from 2014-2020 <p>2. Interviews:</p>

- Warden/Superintendent
- PREA Compliance Manager
- Agency Contract Monitor
- PREA Coordinator

Findings:

The Vermont Department of Corrections, policy 409.09, details the standardized definitions on pages 3-8. The agency collects uniform data on 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 VDOC follows the SSV as guidance for Sexual Abuse and Sexual Harassment, data is entered into a database for preservation and ease of tracking. Data is typically 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 incarcerated Individuals on their behalf. The VDOC 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 VDOC who compiles the annual reports for the agency. The report for 2021 has not been completed or posted on the website. The contracted agency's aggregated reports are posted publicly on the VDOC webpage. I reviewed the 2020 and 2019 aggregated reports as well as the annual reports typically generated by the VDOC.

Corrective Action Recommendation:

Complete the Sexual Abuse Analysis of 2020 & 2021 Data report and post it on the agency website.

Update: On May 15, 2023, the agency updated its website to include the 2020 & 2021 Annual Abuse Analysis Data report.

115.88	Data review for corrective action
	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 (VDOC) Policy 409.09 PREA
- PREA PAQ Completed by Northwest State Correctional Facility (NWSCF)
- Vermont Department of Corrections PREA Webpage (<https://doc.vermont.gov/prison-rape-elimination-act-prea>)
- Annual PREA Reports

2. Interviews:

- Agency Head
- PREA Coordinator
- PREA Compliance Manager

Findings:

Interviews with the PREA Coordinator and the agency head confirmed that the agency collects and aggregates all data from the facilities where they house incarcerated individuals. The VDOC has six state prisons and contracts with a private company to house some incarcerated individuals out of state. The VDOC 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 from 2020-2021 has not been aggregated or analyzed and posted on the website. The data is typically specifically reviewed to decide if any problem areas within the facilities should be addressed to curtail abuse if corrective action is called for and review each facility's aggregated data as well as the agency on an annual basis. Once the annual aggregated reports are complete, the agency head approves the report by signature, and the reports are posted on the agency webpage at <http://doc.vermont.gov/programs/prea/prisonrapeelimination-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 reviewed all reports posted on the VDOC webpage from 2011-2020.

Corrective Action Recommendation:

Complete and post the Annual data collected and aggregated for 2020-2021 including:

Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility and the agency as a whole.

Update: On May 15, 2023, the agency updated its website to include the 2020 & 2021 Annual Abuse Analysis Data report. The report addresses identifying problem areas, corrective action taken, and their findings.

	<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 (VDOC) Policy 409.09 PREA • PREA PAQ Completed by Northwest State Correctional Facility (NWSCF) <p>Vermont Department of Corrections PREA Webpage</p> <ul style="list-style-type: none"> • Annual PREA Reports <p>2. Interviews:</p> <ul style="list-style-type: none"> • PREA Coordinator <p>Findings:</p> <p>The VDOC 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 typically makes all available the aggregated data to the public on its website. The data from 2021 has not yet been posted. The data from contracted facilities are also available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA-related data will be kept for at least 10 years after the date of the first collection unless Federal, State, or local law requires otherwise.</p> <p>Corrective Action Recommendation:</p> <p>Complete the 2021 annual report with a comparison of 2020 to 2021 and post it on the website once the commissioner has approved.</p> <p>Update: The agency updated the website on May 15, 2023 to include the 2020-2021 report.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p>

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

- Vermont Department of Corrections (VDOC) Policy 409.09 PREA
- PREA PAQ Completed by Northwest State Correctional Facility (NWSCF)
- Vermont Department of Corrections PREA Webpage
- Annual PREA Reports
- Photographic evidence of postings of Audit Notice
- Agency Records

2. Interviews:

- Random Selection of Incarcerated Individuals

3. Observations:

- Notice of Audit posted throughout the facility

Findings:

The VDOC operates six state prisons and has completed all cycle one and Cycle two audits of their facilities. This is the second audit conducted in year one of the fourth cycle. The agency has a plan in place to ensure the standard of one-third of all facilities operated are audited annually. The entire agency was in compliance during the previous audit cycle (3). I have observed the PREA Final reports posted on the agency's webpage. Incarcerated individuals interviewed said that the Notices of audit had been up for at least six weeks. The auditor also received proof documentation of the posting in advance of the deadline. 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 incarcerated Individuals were completed in a private area. Staff interviews were conducted in a room, which afforded great privacy. Incarcerated individual interviews were conducted in private as well. During the on-site review, the auditor observed Notices of Audit posted that was provided to the facility in 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. Incarcerated Individuals interviewed confirmed that the notices had been displayed for a couple of months. The facility also provided photographic evidence of postings on August 20, 2022. The Metadata of the photos indicates they were taken on August 19, 2022. The auditor did receive one letter of correspondence from an incarcerated individual in this facility before the audit. The individual that wrote the letter was not incarcerated at NWSCF at the time of the audit.

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
- PREA PAQ Completed by Northwest State Correctional Facility (NWSCF)
- Vermont Department of Corrections PREA Webpage
- Annual PREA Reports

2. Interviews:

- None

Findings:

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, Cycle Two, and Cycle Three. One-third of their facilities were audited in year one of the third audit cycles. Two facilities were audited in year two, and the final facilities two were audited in year three of the audit cycle. Each completed Final Audit Report is posted on the Agency Webpage located at: [https://doc.vermont.gov/prison-rape-eliminationact- prea](https://doc.vermont.gov/prison-rape-eliminationact-prea). This audit is the second of two audits conducted for the first year or the fourth audit cycle. Neither audit is complete as of the time of this writing.

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

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

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

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

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

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

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	no

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	no
	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?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	no

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

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

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

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

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

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

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

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	no
	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?	no
	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?	no
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	no
	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?	no
	Except in instances where the agency determines that a report of	no

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	no
	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?	no
	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?	no
	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?	no
	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?	no
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

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

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

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

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

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

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

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes