PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAIL

Name of Facility: Northwest		State Correctional Facility (NWSCF)				
Physical Address: 3649 Lowe		er Newton Road; Swanton, VT. 05488				
Date Report Submitted:		July 28, 20)15			
Auditor Information:		Melinda D.	Alle	n		
Address:		P.O. Box 7	703;	Braselton,	GA 30517	
Email:		preaaudit@	@gm	ail.com		
Telephone Number:		706-449-0	003			
Date of Facility Visit:		April 8-Ma	y 12	, 2015		
Facility Information						
Facility mailing address: (if different from above)						
Telephone number:		(802) 524-	677	I		
The facility is:		☐ Military ☐ Private for profit		☐ County ☐ Municipal ☐ Private not for profit		□ Federal ■ State
				pronc		
Facility Type:		□ Jail		■ Prison		
Facility Type: Name of PREA Compliance Manager:	Jor	□ Jail nathan Ture	ek	•	Title: CFSS	
Name of PREA Compliance		<u> </u>		■ Prison	Telephone Nun	
Name of PREA Compliance Manager: Email Address: Agency Information		nathan Ture	ek@:	■ Prison state.vt.us	Telephone Nun (802) 52	4-6771
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Name of PREA Compliance Manager: Email Address: Agency Information Name of Agency: Governing Authority or Parent Ager	Jor	nathan Ture	ek@:	state.vt.us	Telephone Nun (802) 52	4-6771
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Name of PREA Compliance Manager: Email Address: Agency Information Name of Agency: Governing Authority or Parent Ager applicable) Physical Address: Mailing Address: (if different from a Telephone Number: Chief Executive Officer Name: Andrew Pallito	Jor	nathan Ture	ek@: Vern 426 Ir 103 (802	state.vt.us nont Departmendustrial Ave. W South Main 3) 951-5003	Telephone Nun (802) 52 ment of Correcti //illiston, VT. 05495 Street Waterbur	ry, VT 05671-1001
Name of PREA Compliance Manager: Email Address: Agency Information Name of Agency: Governing Authority or Parent Ager applicable) Physical Address: Mailing Address: (if different from a Telephone Number: Chief Executive Officer Name: Andrew Pallito Email Address: Andy.Pallito@st	Jorney: (nathan Ture	Vern 426 Ir 103 (802 Title	state.vt.us nont Departmendustrial Ave. W South Main S) 951-5003 Commiss phone Numb	Telephone Nun (802) 52 ment of Correcti /illiston, VT. 05495 Street Waterbui sioner er: (802) 951-	ons ry, VT 05671-1001

Audit Findings:

Narrative:

The PREA Audit of the Northwest State Correctional Facility (NWSCF) was conducted from May 8-12, 2015. The auditor wishes to extend its appreciation to Superintendent Greg Hale and his staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the auditor. The auditor als wishes to compliment Johnathan Turek for his work in organizing the files that were provided to the auditor durin on site. This preparation enabled the audit to move forward very efficiently through the documentation phase of the audit. Mr. Turek compiled documentation for the standards in a filing system, making it easier to locate many the needed documents.

Following the Entrance Meeting, the auditor was given a through tour of the complex. The complex is comprised seven separate buildings, which includes Vermont Correctional Industries (VCI) shops for small engine repair, automotive repair and they were in the process of installing the Tag making equipment, which was being relocate from the Southeast Regional Correctional Facility. Following the tour, the auditor began the interviews and revie of investigative files and other documents. At least one offender from each housing unit was interviewed. Those interviewed were selected, by the auditor, from a list of all the offenders in the facility. In addition, offenders who were identified as being in a designated group (i.e...., disabled, limited English speaking ability, gay, or who had reported a sexual abuse, etc.) were also interviewed. A total of fourteen inmates were interviewed, and ten correctional officers were randomly selected as well as sixteen identified specialized staff were interviewed, including the Warden/Superintendent, PREA Manager, Investigator, first responders, health care providers, and mental health professionals. When the on-site audit was completed, the auditor conducted an exit debrief. While the auditor could not give the facility a final finding, as there were some issues needing further documentation ar clarification, the auditor did discuss areas where they had questions as to the facility's and the department's compliance with specific standards. The auditor did give an overview of the audit and thanked the staff for their hard work and commitment toward compliance with the Prison Rape Elimination Act.

Description of facility characteristics:

The NWSCF is located in St. Albany, Vermont approximately 30 miles North of Burlington, Vermont in Franklin County. The facility, originally opened in September 2003. The NWSCF is a direct supervision facility with a designed capacity totaling 247 beds. The facility held 210 inmates during the on site tour.

On May 12, 2015, the on site audit was completed at NWSCF. The interim report was provided May 21, 2015, to the Vermont Department of Corrections Central Facility reporting one exceeds standards; forty-one met standard zero not met standards; and one not applicable. On July 23, 2015, all corrective action had been completed. The summary of the final audit findings for Northwest State Correctional Facility is listed below.

SUMMARY OF AUDIT FINDINGS:

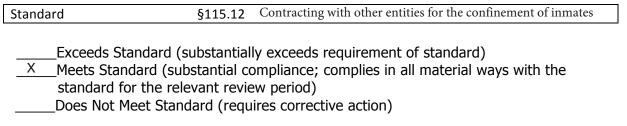
Number of standards exceeded:	01
Number of standards met:	41
Number of standards not met:	00
Number of standards not applicable:	01

Standard	§115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
X Meets Standa standard for t	dard (substantially exceeds requirement of standard) rd (substantial compliance; complies in all material ways with the he relevant review period) t Standard (requires corrective action)
Auditor comment	s, including corrective actions needed if does not meet standard
of sexual abuse and s individual in custody of sexual abuse, sexual preventing, detecting,	nent of Corrections has a written policy mandating zero tolerance towards all for exual harassment. 409.09 states, "DOC is committed to the safety of any r incarcerated in a correctional facility. DOC has a zero-tolerance standard for harassment and/or sexual misconduct.1"409.09 outlines the agency's approach and responding to sexual abuse and sexual harassment, other agency policies nnel Regulations, supplement the main PREA policy. The policy contains the

Jonathan Turek is the PREA Manager at the Northwest State Correctional Facility (NWSCF). Mr. Turek is assisted by the PREA Director, Wendy Yoder and Mr. Benjamin Webster, Interim PREA Training and Compliance Monitor in all PREA efforts. Mr. Turek states he does have sufficient time to perform his PREA duties, with his efforts being supplemented by Ms. Yoder and Mr. Webster, the PREA work is being completed.

definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Sanctions for those

found to have participate in prohibited behaviors are covered in Policy 126.

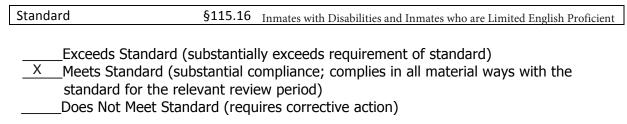


The Vermont Department of Corrections is currently contracted with CCA for housing inmates. The contract was signed in April 2013. The contract was amended in January, 2015 to include language pertinent to PREA Compliance or the goal to gain compliance while making strides annually toward compliance. The contract reads as follows, "Contractor will comply with the Prison Rape Elimination Act of 2003 (28 C.F.R. Part 115, Docket No. OAG-131,R1N1005-AB34- Dated May 17, 2012), and with all applicable PREA Standards, VTDOC Policies and Directives related to PREA for preventing, detecting, monitoring, investigating, and eradicating any form of sexual abuse within VTDOC. Contractor acknowledges that, in addition to "self-monitoring requirements" VT State staff will conduct announced or unannounced, compliance monitoring to include "on-site" monitoring. Failure to comply with PREA, including PREA Standards and VTDOC Directives and Policies may result in termination of the contract."

Standard	§115.13 Supervision and Monitoring
X Meets S standard	Standard (substantially exceeds requirement of standard) randard (substantial compliance; complies in all material ways with the different for the relevant review period) to Meet Standard (requires corrective action)
copy of the staffing this standard. The inmates is similar to annual review move consider PREA incregular basis. Postare collapsed in the level supervisors at shifts as well as day Video footage was were also reviewed.	es off of a matrix that was developed from a staffing plan generated by the VT DOC. A plan was provided. The staffing plan includes the eleven considerations required by re have not been any documented reviews of the staffing plan, but the number of the originally projected average daily population and the facility will complete an ing forward. The PREA Coordinator is included in the annual reviews in order to didents when analyzing the needs of the facility. The staffing plan is complied with on a ditions are filled with overtime, if necessary, to augment the shift. No housing positions are event the shift runs short. Policy 409.09, 1,b,x states, "Intermediate level or higher re required to make and enter in the unit logbook unannounced facility rounds for night and sy shifts to identify and deter employee sexual abuse and sexual harassment; 14" reviewed on site for confirmation of unannounced supervisor rounds. Unit logbooks of for confirmation. The facility has completed an annual review of the staffing plan. A review was provided to the auditor.
auditor suggests thunits, in particular,	was determine that there many blind spots in the housing units of the facility. The ne addition of several cameras be installed to enhance the observation of the housing to provide for a visual of the doors to the bathroom and showers in the units. There are the common cross such as the partial kitchen dish room. It is the common cross such as the partial kitchen dish room.
Standard	§115.14 Youthful Inmates
Meets S standard	Standard (substantially exceeds requirement of standard) candard (substantial compliance; complies in all material ways with the different for the relevant review period) to Meet Standard (requires corrective action) clicable

The facility does not house juvenile offenders. Should a Youthful Offender be presented, they would be transferred to the Marble Valley Regional Correctional Facility in Rutland, Vt.

Standard	§115.15	Limits to Cross-Gender Viewing and Searches
X Meets Standard standard for th	l (substantial co e relevant revie	y exceeds requirement of standard) impliance; complies in all material ways with the w period) ires corrective action)
Cross-gender pat search "Inmate searches and dr when exigent circumstar when the search of an in of a facility. 1" All cross- documented in the past search or physically examples.	les are not permit ug testing observ ices exists; such a mate is imperativ gender pat downs year. Staff intervi mine a transgende The inmates inter	r strip searches or cross-gender cavity searches. ted absent exigent circumstances. Policy 409.01, 2, a states, ations will be conducted by staff of the same birth-sex, except as no female staff are on shift, or in an emergent situation e to the safety and security of an inmate, or to the operations of females would be documented. No cases were ewed are familiar with the requirement that staff shall not er or intersex inmate for the sole purpose of determining the viewed stated that either the female officers or the male buncement.



The facility takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts and inmate handbooks in English and Spanish. The agency also has a contract for other language interpretations and utilizes the services when warranted. Staff do not depend on inmate interpreters to translate for sensitive matters. The VTDOC contracts with Public Communication Services, Inc. for telephonic interpreters. Inmates and staff interviewed indicate that inmates are not used as interpreters for issues related to sexual abuse and sexual harassment. The agency has provided a Braille PREA brochure in the event it is needed. 371.01 Administrative Directive addresses inmates with disabilities. The facility has used inmate interpreters when an extended delay in obtaining an effective interpreter could compromise the inmate's safety.

Standard	§115.17	Hiring and Promotion Decisions
X Meets Sta standard t	ndard (substantial co for the relevant revie	ly exceeds requirement of standard) compliance; complies in all material ways with the ew period) dires corrective action)
backgrounds are concontractors, who ma	mpleted when the emp	ations or review of criminal history on an ongoing basis. The bloyee is hired. This is currently completed for new hires and mates. The agency conducts background checks of they apply.
The facility consider	s incidents of sexual h	arassment in determining whether to hire or promote anyone.
institution; convicted community by force personnel departme states, "DOC shall p	of or civilly or adminis or coercion or victim d nt for additional inform rovide information on	ng affirmative duty to disclose any sexual abuse in prison or other stratively adjudicated for engaging in sexual activity in the lid not consent. The facility HR refer the caller to the agency eation. Central Office HR memorandum dated February 2015 substantiated allegations of sexual abuse or harassment involving est from an institutional employer for whom such employee has
Standard	§115.18	Upgrades to Facilities and Technology
X Meets Sta standard t	ndard (substantial co for the relevant revie	ly exceeds requirement of standard) ompliance; complies in all material ways with the

Interviews with staff indicate that consideration is afforded when modifying, expanding or designing a facility. The NWSCF has not had any recent significant upgrades or changes in technology or facilities. The facility does have video cameras that are 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 in order to better monitor the facility.

The Offender Management System was upgraded in March 2015.

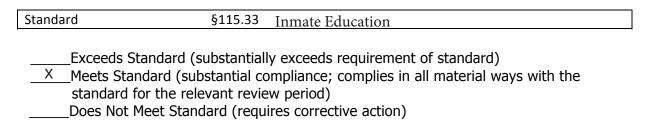
Standard	§115.21	Evidence Protocol and Forensic Medical Examinations
X Meets Stan standard fo	dard (substantial co or the relevant review	y exceeds requirement of standard) impliance; complies in all material ways with the w period) res corrective action)
Vermont State Police Human Resources of and are provided at agreement with The services and crisis in MOU with the Vermon	e Department conduct conducts all Administra no costs to the inmate Vermont Network Agantervention. The contraint State Police(VSP) ating Administrative in	otocols and requirements for forensic medical exams. The investigations that are criminal in nature, while the Office of ative Investigations. Hospitals with SANE/SAFE are identified when requested. Victim advocates are available through an ainst Domestic Abuse and Sexual Violence for advocacy act expires on September 30, 2015. The agency has secured an for conducting investigations of criminal cases and with Human vestigations. The facility has created protocols for responding to
Standard	§115.22	Policies to Ensure Referrals of Allegations for Investigations
X Meets Stan standard fo	dard (substantial co or the relevant review	y exceeds requirement of standard) impliance; complies in all material ways with the w period) res corrective action)
harassment. AHS- Ir State Police (VSP) p	nvestigative Unit invest icks up on criminal cas / 409.09 does address	is completed on all allegations of sexual abuse and sexual tigators handle all Administrative investigations, while Vermont ses and advises facility investigators of the progress of the the requirement to pursue criminal charges with local law
Vermont State Police	e for conducting crimin igations involving staff	addresses investigative responsibilities of the agency or the hal investigations and a MOU with the AHS-IU for conducting f. The agency has also created an impressive flowchart that

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

VT DOC provides all employees training, which includes a video and a Power Point presentation. Staff complete a pre-test and post test to evaluate their improvement. Staff also acknowledge in writing their understand PREA. The acknowledgment form lists all the required areas of the standard. Review of the lesson plan demonstrates all the required areas are covered. Staff have been trained. Interviews of staff demonstrated they understand the zero-tolerance policy; the agency policy and procedures for prevention, reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting. The training is tailored to the gender of the facilities. There is only one facility that houses female inmates in the state, Chittenden. All current employees have received the training. The basic PREA training is initiated during the academy. The auditor has reviewed documentation of completion for staff assigned at the facility for completeness.

Standard	§115.32	Volunteer and Contractor Training
X Meets Standard (sub standard for the rele	stantial co vant revie	ly exceeds requirement of standard) ompliance; complies in all material ways with the ew period) ires corrective action)

All contractors and volunteers 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. Interviews of contractor/volunteers demonstrated their knowledge of PREA and their responsibilities and agency zero tolerance policy. The auditor reviewed contractor and volunteer training records, each sign a PREA Training Acknowledgment form. The auditor review the documentation provided by the facility acknowledging understanding by volunteers/contractors. Contractors and volunteers interviewed stated that they had received the training and were familiar with the zero-tolerance policy and how to report an incident.



Review of inmate files and interviews indicate all inmates are notified of the zero-tolerance policy and how to report an incident of sexual abuse or harassment. Inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. Information regarding services that are available outside of the facility, is posted in the units on the Newsletter, in the inmate handbook and in the PREA brochure offered at intake.

Inmates received comprehensive education with 30 days of intake, typically within three days of arrival to the facility. Inmates are provided the PREA information in a variety of accessible formats to include LEP, Deaf, Visually impaired and LRS.

During the tour and in interviews, the majority of inmates acknowledged the basic information being provided upon arrival and orientation. The inmates were familiar with the agency zero tolerance policy.

Standard	§115.34	Specialized Training: Investigations
X Meets Standard for	•	·
evidence collection, pr advocates, Miranda ar	osecutorial collaboration and Garrity requirement s involving inmate on i	training that included trauma victim response, reviewed policy, on, evidence collection, forensic medical exams, victim s. The facility/agency staff only conduct Administrative inmate abuse or harassment. The facility has five employees ework.
The investigators inter	viewed were well vers	ed in the the requirements of the standards.
Standard	§115.35 Sp	ecialized training: Medical and mental health care
XMeets Standard for		·
completed. The audito	r was provided copies	modules presented by the National Institute of Corrections was of their training records for compliance. There are fourteen appleted the required training. Medical staff do not conduct

forensic medical examinations. Medical and Mental Health practitioners have also received the training

required under §115.21 for contractors. The staff is provided by Centurion.

Standard 9115.41 Screening for Risk of Victimization and Abusivene	SS
Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) Does Not Meet Standard (requires corrective action)	
All inmates are assessed and the initial screening is conducted during the intake process, normally first eight hours of entering the facility. If an inmate enters the facility over the course of the weeker objective screening tool is completed within 72 hours. Policy 409.09 mandates a thirty (30) day revisive. The auditor verified that the 30-day reviews are completed in a timely manner. The screening instrument is congruent with the ten criteria detailed in this standard. Inmates are reassessed where referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmost of sexual victimization or abusiveness.	end, the view of the ng en a
Inmates are not disciplined for refusing to answer or for not disclosing information pursuant to this	standard.
The facility ensures that appropriate controls are in place governing the dissemination of response questions on the screening tool within the facility to safeguard sensitive information so it is not explining inmate's detriment by staff or other inmates.	
Standard §115.42 Use of Screening Information	
Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) Does Not Meet Standard (requires corrective action) The facility uses the screening information to determine housing, bed, work, education, and progra assignment with the goal of keeping inmates at high risks of being sexually victimized separate from high risks of being sexually abusive. The facility does house transgender or intersex inmates from time. LGBTI inmates are not housed in dedicated facilities, units or wings. The staff attempt to intimates as per policy. Individualized determinations about how to ensure the safety of inmates are considered on a case-by-case basis. Placement and programming assignments are completed even months as required. Staff are diligent in their efforts to ensure the safety of the transgender or inte inmates. Transgender and Intersex inmates are reviewed twice a year for threats and safety in the Transgender's own views with respect to his or her own safety is given serious consideration. Transpender in dedicated facility units.	m those at time to tegrate the erry six ersex ne facility.
Standard §115.43 Protective Custody	
Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) Does Not Meet Standard (requires corrective action)	
Agency policy states inmates at high risks for sexual victimization shall not be placed in involuntary s	segregated

Agency policy states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed after seven days and every 30 days after the initial seven day period. Policy 409.09, 3, I, v, states, "Within five business days, the staff assigning housing will use a multidisciplinary approach to develop a facility plan. The goal of the facility plan is to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility plan will be forwarded to the CWS/LUS and the assigned CSS.26"

There have not been any inmates identified at risk of sexual victimization in the past 12 months at the NWSCF that were placed in involuntary segregation solely for their safety. This was confirmed by policy as well as

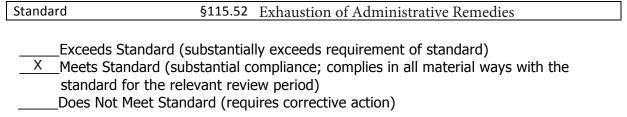
through an interview with the Superintendent Hale.

If the facility did have to resort to placement in an involuntary segregation housing, the offenders would be permitted to participate in programs, privileges, education and work opportunities to the extent possible. No inmates have been held involuntarily in segregation based on risk of sexual victimization in the past year, therefore no reviews were available or necessary.

Standard	§115.51	Inmate Reporting
X Meets Standard (su standard for the re	bstantial cor levant reviev	v exceeds requirement of standard) mpliance; complies in all material ways with the v period) res corrective action)

There are multiple mechanisms for reporting incidents of sexual abuse and sexual harassment. Inmates can report to an incident to an outside entity via the Prisoner's Rights telephone number or the PREA hot line. The calls to the PREA hot line do not require the use of the inmate's individual pin. A generic pin was created for using the hot line. Interviews with staff and inmates indicate that all are familiar with the mechanisms for reporting. Inmates detained under solely for civil immigration purposes are provided information on how to contact relevant consular officials and officials at the Department of Homeland Security. Policy 315.02, page 2, Sec 4 states, "Once the country of origin is determined, correctional staff will notify the individual of their right to communicate with their respective foreign consulate. The Superintendent will ensure that telephone contact numbers of the nearest mandatory notification consulates/embassy offices will be available at the booking desk and that the information is updated at least annually (or more often as necessary)." Policy dictates that all incidents will be investigated. Staff are mandatory reporters. Reports are accepted verbally, in writing, anonymously or from third parties. Staff immediately document all verbal reports.

Staff are able to privately report incidents of sexual abuse or sexual harassment.



Inmates interviewed were familiar with the grievance policy and how to file an emergency grievance if necessary to report a PREA incident. Policy 320.01 requires the agency to resolve emergency grievances related to sexual abuse within five days. Policy 320.01 14a states, "Inmates can report allegations of sexual abuse through filing a formal grievance; however, there is no time limit on when an inmate can report or file a formal grievance on an allegation of sexual abuse. A third party can assist inmates in filing a formal grievance on allegations of sexual abuse, and shall be permitted to file formal grievances on allegations of sexual abuse on behalf of the inmates. Third party filings will require consent of the alleged victim to process the request. An inmate that wishes to file an allegation of sexual abuse through filing a formal grievance should fill out the appropriate grievance form and give it to any staff member. If the inmate is reporting staff sexual abuse the inmate should give the grievance form to any staff member that is not the staff member allegedly involved in the abuse. Staff receiving a formal grievance that alleges sexual abuse will immediately forward it to their supervisor or another supervisor who is not the subject of the alleged abuse. The Department's response to any formal grievance alleging sexual abuse with a final decision within 90 days. The Department may extend the time to respond by 70 days if the normal time period for a response is insufficient to make an appropriate decision. The Department will notify the complainant in writing of any extension and provide a date by which a decision will be made." The agency disciplines only for grievances filled in bad faith.

Standard §11	15.53 Inmate Access to Outside Confidential Support Services	

X Meets Standard standard for the		,	•
sexual abuse by giving inma where available, of local, Sta detained solely for civil immi communication between inm	ates mailing addresses ate, or national victim a gration purposes, immi nates and these organiz phones are recorded a	and telephone numbers, in advocacy or rape crisis orgoligrant services agencies. It is zations and agencies, in a and may be monitored. Th	The facility enables reasonable is confidential a manner as is is noted in the PREA section of
X Meets Standard	ord (substantially exce	ed-Party Reporting seeds requirement of sta ance; complies in all mai	•
	Standard (requires co	•	
	information on how to report through the third	report sexual abuse and s d party reporting line, the h	
Standard	§115.61 Staff a	and Agency Reporting D	outies
X Meets Standard standard for the		,	•

Agency policy (409.09) requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment to include retaliation and staff neglect following the investigation of the incident. Staff do not to reveal any information related to a sexual abuse report to anyone other than extent necessary. Staff and inmate interviews supported reporting and not discussing sexual abuse and harassment cases.

Standard	§115.62	Agency Protection Duties
X Meets Standard (sub standard for the rele	stantial co evant revie	y exceeds requirement of standard) impliance; complies in all material ways with the w period) ires corrective action)

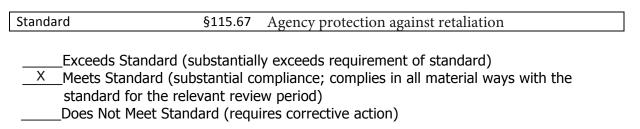
Policy 409.09 requires staff to take immediate action to protect inmates they learn is subject to substantial risks. The facility staff have implemented protective measures to prevent the abuse of inmates in their care and custody. The policy states, "Take immediate action to protect inmates that are subject to a substantial risk of imminent sexual abuse;"

Standard	§115.63 Reporting to Other Confinement Facilities
X Meets Stand standard for	ndard (substantially exceeds requirement of standard) ard (substantial compliance; complies in all material ways with the the relevant review period) set Standard (requires corrective action)

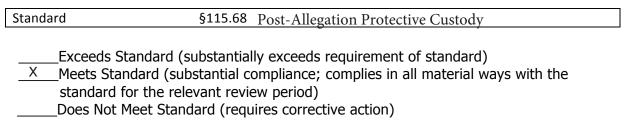
Operating procedures or practice, meet the requirements of the standard. Once the Superintendent has been notified of an incident, he would immediately notify the head of the facility where the allegation took place. Policy 409.09 section ii states, "Upon receipt of information that an inmate was sexually abused while confined at another facility, the superintendent of the facility that received the allegation shall notify the superintendent or appropriate staff at the facility where the alleged abuse occurred. a. Notification will be provided as soon as possible but no later than seventy-two hours after receiving the allegation. b. The facility will document that notification was made and to whom the allegation was reported to. This notification will then be sent to the PREA Office. c. The facility superintendent receiving the notification will ensure that the allegation is investigated."

Standa	ru	9115.64 Stall Firs	st Responder Duties
X	-	stantial compliance vant review period)	,
incident general i	has occurred or is allege	ed to have occurred, perpetrator, and the in	9 meet this standard page 16 states, "When a PREA DOC's priorities are safety and security for the victim, the stitution. DOC will separate and segregate the involved or retaliation."
interview the victir etc. as w	ved indicated that they we not take any actions	vould separate the vic s that could destroy p alleged perpetrator d	th the steps required preserve physical evidence. Staff ctim and abuser, preserve and protect the scene, reque physical evidence such as brushing, showering, defecations not destroy any physical evidence. Non-security st
Standa	rd	§115.65 Coordin	nated Response
X	-	stantial compliance, vant review period)	,
sexual a	abuse, among staff first i	responders, medical a	oordinate actions taken in response to an incident of and mental health practitioners, investigators, and faciline into compliance with this standard.
Standa	rd	\$115.66 Dressawatio	on of chility to protect in motor from contact with chapters
X	_Exceeds Standard (su	ubstantially exceeds stantial compliance vant review period)	
While the	ere is a Collective Barga	aining Agreement, it w	was signed prior to August 20, 2012. Policy 126 states

While there is a Collective Bargaining Agreement, it was signed prior to August 20, 2012. Policy 126 states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.1"



Policy 409.09, 5, a states, "Facilities will begin monitoring for retaliation against alleged victims, reporters, and persons cooperating with the investigation at the receipt of all sexual harassment and sexual abuse allegations. Monitoring the behavior, treatment and conduct of inmates and staff will continue for a minimum of ninety days.39" 409.09, 5, a, i states, "Retaliation against inmates will be monitored by the inmate's assigned caseworker, monitoring shall include periodic status checks.40" The facility employs a variety of protection measures such as housing changes, transfers, removal of staff or inmate abusers from contact with the victims and emotional support services for inmates who fear retaliation for reporting. Interviews with Superintendent Hale, caseworkers, and inmates who previously reported a sexual abuse all confirm that these measure are in place and utilized to protect the inmates. Monitoring includes periodic checks of the victim. Witnesses that cooperate with the investigation are also afforded protection from retaliation. The auditor reviewed one case for appropriate monitoring. The caseworker monitored retaliation and checked in with the victim on a regular basis.



Inmates who allege to have suffered sexual abuse are never placed in involuntary segregated housing unless an assessment of all alternatives has been made and a determination made that there is no available alternative means of separation from likely abusers. The VT DOC is proactive in their approach and have demonstrated their willingness to protect inmates, even if it becomes necessary to transfer the abuser to another facility.

There were no documented cases of inmates being placed in involuntary segregation to date.

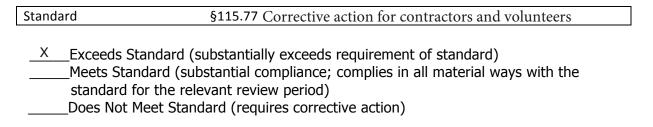
Standard §115	Criminal and Administrative Agency Investigations
X Meets Standard (substantic standard for the relevant r Does Not Meet Standard (r	requires corrective action)
that appear to be criminal in nature. A uses specially trained investigators for and preserve any direct or circumstant available electronic monitoring data; in also review any prior complaints or repreports are kept as long as the alleged. The Vermont Agency of Human Servicinvolve allegations against staff. There sexual harassment are investigated by investigators indicate that the credibilit basis, not based on their status as an of the physical and testimonial evidence.	and State Police (VSP) will be called upon to conduct investigations a MOU was signed between the VT DOC and the VSP. The VSP cases involving sexual abuse in confinement. Investigators gather tial evidence to include available physical and DNA evidence and any atterview the alleged victim, perpetrator(s) and witnesses. They will corts of sexual abuse involving the suspected perpetrator. All written abuser is incarcerated or employed by the agency, plus five years. Sees (AHS) Investigation Unit handles all sexual abuse cases that a is a MOU between the VT DOC and AHS. All other cases alleging a trained staff investigators assigned to the facility. Interviews with any of the alleged victim and witnesses are assessed on an individual inmate. Reports are documented in writing and include a description be. The departure of the victim or abuser from custody does not stigation. The facility cooperates with all outside investigators.
Standard §115	72 Evidentiary Standard for Administrative Investigations
•	' '
preponderance of the evidence in deta are substantiated. The MOU with AHS preponderance of the evidence in deta	es confirm the facility imposes no standard higher than a sermining whether allegations of sexual abuse or sexual harassment is states, "VT-DOC shall Impose no standard higher than sermining whether allegations of sexual harassment occurred." he facility confirm this is the standard imposed for administrative
Standard §115	.73 Reporting to Inmate
Exceeds Standard (substar	ntially exceeds requirement of standard) al compliance; complies in all material ways with the review period)
	ving all investigations into an inmate's allegation that he/she suffered shall be informed as to whether the allegation has been determined to

Agency policy 409.09 iii states, "Following all investigations into an inmate's allegation that he/she suffered sexual abuse at a facility, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Following an inmate's allegation that staff has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless allegation is determined to be unfounded) whenever: A. The staff is no longer posted within the inmate's unit as a result of the findings of the investigation; B. The staff is no longer employed at the facility as a result of the allegation; C. The facility learns that the staff has been indicted on a charge related to sexual abuse within the facility; or D. The facility learns that the staff has been convicted on a charge related to sexual abuse within the facility. Policy 409.09, iv also states, A. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or B. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility."

In the past 12 months there were two cases investigated by an outside agency for alleged sexual abuse or sexual harassment. The facility does notify the inmates regarding the status of their case. However, it was determined during the on site audit that the notifications have been delivered verbally but not properly documented. The inmate that the auditor spoke with confirmed that the notification was done verbally. The facility understands that they must document the notifications in the future. The facility did follow up and provided documentation that the verbal notification was made.

Standard	§115.76	Disciplinary sanctions for staff
XMeets Standard (su standard for the re	ubstantial co elevant revie	ly exceeds requirement of standard) ompliance; complies in all material ways with the ew period) ires corrective action)

Policy 126 states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.1" There was one case of staff sexual abuse or sexual harassment in the prior year. The staff member was terminated. All terminations for violation of agency sexual abuse or sexual harassment policies, or resignation 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.



It is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation of PREA. Policy 126 states, "All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.1" In the past year, no volunteers or contractors were reported to any licensing bodies. Remedial measure may be taken for any other violations of agency sexual abuse or sexual harassment policies by contractors or volunteers.

Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the
standard for the relevant review period)
Does Not Meet Standard (requires corrective action)
Guidelines require that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Policy 410.01 states, "Disciplinary action by the Department will be based on credible evidence of misconduct and will be timely, impartial, and consistent. Sanctions will be proportionate to the seriousness of the offense and the inmate's disciplinary record, as well as relevant to the harm created by the misconduct. Policy 410.01, page 7, vi states, "For inmates who have a serious functional impairment (SFI), refer them to a qualified mental health professional for assessment prior to holding a hearing. The qualified mental health professional assessment will include: a) An opinion as to whether the behavior results from the serious functional impairment and if so, if the DR should be dismissed; b) A determination if contraindications exist to using any specific sanction and specifically, segregation; c) A recommendation to the Hearing Officer for disposition or sanction options or alternative actions requires inmates with a serious functional impairment (SFI) be referred to mental health for an assessment." Interviews with Mental Health staff indicate that the facility offers therapy, counseling or
Standard §115.81 Medical and mental health screenings; history of sexual abuse
Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) Does Not Meet Standard (requires corrective action)
Policy and interviews of staff and inmates who disclosed prior abuse indicate the screening process is utilized to determine if inmates have previously been victimized and to offer follow-up meetings with medical or mental health practitioners within 14 days in order to assist the inmate. Inmates who disclose that they previously perpetrated sexual abuse are offered a follow up meeting with mental health within 14 days of disclosure. Information pertinent to sexual victimization or abusiveness is limited to medical, mental health and security staff on a need to know basis. Medical and Mental Heath staff secure informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.
Standard §115.82 Access to emergency medical and mental health services
522002 Access to emergency incurear and mentar hearth services
 Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) Does Not Meet Standard (requires corrective action)
Inmate victims receive unimpeded access to emergency medical treatment and crisis intervention services. Review of operating procedures and interviews with staff and offenders confirm compliance.

Inmate victims receive unimpeded access to emergency medical treatment and crisis intervention services. Review of operating procedures and interviews with staff and offenders confirm compliance. Staff indicate that the services provided are according to their professional judgment. All Medical files are kept electronically, allowing for date/time stamp of all activities. Medical staff provide for timely information and services concerning contraception and sexually transmitted infection prophylaxis. All treatments are provided without financial burden to the victim. Interviews with staff and inmates indicate that timely and appropriate access to providers and services is provided when warranted.

Standard	§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
X Meets standa	ds Standard (substantially exceeds requirement of standard) Standard (substantial compliance; complies in all material ways with the ard for the relevant review period) Not Meet Standard (requires corrective action)
evaluation and to necessary, refer The care provide manner. This fat testing. Inmates infections as me regardless of whincident. The fa	ting procedures and interviews with staff and inmates confirm compliance. The reatment includes, as appropriate, follow-up services, treatment plans, and when rals for continued care following transfer to another facility, or release from custody. But to inmates is consistent with the community level of care and are offered in a timely cility does not house female inmates, therefore they do not provide for pregnancy solutions of sexual abuse while incarcerated are offered tests for sexually transmitted dically appropriate. All treatments are provided to the victim without financial cost and bether the victim names the abuser or cooperates with the investigation arising our of the cility attempts to conduct a mental health evaluation of all known inmate-on-inmate 0 days of learning of such abuse history, and offers treatment when deemed mental health.
Standard	§115.86 Sexual abuse incident reviews
X Meets standa	ds Standard (substantially exceeds requirement of standard) Standard (substantial compliance; complies in all material ways with the ard for the relevant review period) Not Meet Standard (requires corrective action)

The Incident Review Team at NWSCF reviews each offense that involve any sexual activity, regardless if the sex is consensual or coerced. The facility had one PREA incident to date that required a review by the Incident Review Team. The incident review team is comprised of upper-level management officials and allows for input from line supervisors, medical and mental health practitioners. The facility will provide a report of its findings and makes recommendations for improvement and submits the report to the facility head and PREA Compliance Manager. The facility implements the recommendation(s) for improvement or documents its reason(s) for not doing so. The auditor reviewed one Incident Review for compliance while on site. Interviews with the PREA Manager and Superintendent/Warden support this function.

Standard	§115.87	Data Collection

____Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the

standard	for the relevant review period)
Does Not	Meet Standard (requires corrective action)

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. The 2011-2013 reports are published on the Vermont DOC website. The aggregated data is readily available as well. The data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. All PREA incidents are tracked by the PREA Office for accountability. Annual reports are generated as required. The agency maintains a database which includes all reports, investigation files, and sexual abuse incident reviews. The PREA Office also plays an active role in the cases when needed. The agency obtains incident-based data from every private facility with which it contracts for the confinement of its inmates. The data from the private facilities complies with the SSV reporting regarding content.

The Department of Justice has not requested data from the previous calendar year from this facility.

Standard	§115.88 Data Review for Corrective Action
X Meets Standard standard for the	lard (substantially exceeds requirement of standard) d (substantial compliance; complies in all material ways with the ne relevant review period) s Standard (requires corrective action)

The agency reviews the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies; and to identify potential problem areas and takes corrective actions. An annual report with comparisons from previous years and corrective actions is published, signed by the Director, and posted on the VT DOC website. When the agency redacts information from the report it is limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

Standard	§115.89	Data Storage, Publication and Destruction
 Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) Does Not Meet Standard (requires corrective action) 		

Data is properly stored, maintained and secured. Access to data is tightly controlled. Computers are consistently password protected and screens are protected from viewers peering over the shoulders to review data. Aggregated data is made readily available to the public on their website. Prior to making public aggregated data, the documents are redacted to remove all personal identifiers. All sexual abuse data collected is retained for at least 10 years after the initial collection, unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Melatarda Date: 07/28/2015

Auditor Signature

Melinda D. Allen, Certified PREA Auditor