

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report January 11, 2021

Auditor Information

Name: Danielle Frane	Email: dfrane203@gmail.com
Company Name: Danielle Frane LLC	
Mailing Address: PO BOX 427	City, State, Zip: Weymouth, MA 02188
Telephone: 781-234-5869	Date of Facility Visit: November 9-11, 2020

Agency Information

Name of Agency: Grafton County Department of Corrections		Governing Authority or Parent Agency (If Applicable): Grafton County	
Physical Address: 3787 Dartmouth College Highway		City, State, Zip: North Haverhill, NH 03774	
Mailing Address: 3787 Dartmouth College Highway		City, State, Zip: North Haverhill, NH 03774	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://www.graftoncountynhdoc.us/			

Agency Chief Executive Officer

Name: Thomas Elliott	
Email: telliott@co.grafton.nh.us	Telephone: 603-787-2019 Ext 1232

Agency-Wide PREA Coordinator

Name: Adam Clark	
Email: aclark@co.grafton.nh.us	Telephone: 603-787-2019 Ext 1711
PREA Coordinator Reports to: Thomas Elliott - Superintendent	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Grafton County Department of Correction

Physical Address: 3787 Dartmouth College Highway

City, State, Zip: North Haverhill NH 03774

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://www.graftoncountynhdoc.us/>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

[Click or tap here to enter text.](#)

Warden/Jail Administrator/Sheriff/Director

Name: Thomas Elliott

Email: telliott@co.grafton.nh.us

Telephone: 603-787-2019 Ext 1232

Facility PREA Compliance Manager

Name: Adam Clark

Email: aclark@co.grafton.nh.us

Telephone: 603-787-2019 Ext 1711

Facility Health Service Administrator N/A

Name: Shay Allbee

Email: sallbee@co.grafton.nh.us

Telephone: 603-787-2019 Ext 1722

Facility Characteristics

Designated Facility Capacity:	174	
Current Population of Facility:	43 – First day of onsite	
Average daily population for the past 12 months:	43	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	19-65	
Average length of stay or time under supervision:	45 Days	
Facility security levels/inmate custody levels:	Minimum, Medium and Maximum	
Number of inmates admitted to facility during the past 12 months:	980	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	208	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	243	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	66	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	11
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	6
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	5
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	20
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams		
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)	
Investigations		
Criminal Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0	
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity	
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1	
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity	
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

Audit Findings

Audit Narrative

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

Danielle Frane, a U.S Department of Justice (USDOJ) Certified PREA Auditor for Adult Facilities, conducted the Prison Rape Elimination Act (PREA) on site audit of the Grafton County Department of Correction (GCDOC) Facility in North Haverhill, New Hampshire from November 9-11, 2020. The assigned auditor was contacted by GCDOC and submitted a bid proposal for this audit. The contract was awarded and executed on June 8, 2020. The dates of the audit were discussed and agreed upon for the on-site portion of the audit to be conducted. This is the PREA first audit for this facility.

On August 24, 2020, a kick-off conference call with the facility PREA Coordinator was conducted with GCDOC. Following the brief introductions, an overview of the PREA audit as well as logistics, unimpeded access to the facility, documents and staff. Also discussed was the audit process and purpose, the role of the auditor and the goal and expectations of the audit were established. The purpose of corrective action as well as timelines and milestones discussion completed the call. The Auditor provided the facility with audit notices in both English and Spanish to the facility's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility Staff. The audit notices advised the inmate population, both in English and Spanish, that a PREA audit was being conducted. The notice provided the dates of the intended audit, as well as a mailing address for the Auditor in the event that an individual wishes to contact the Auditor prior to arriving at the facility. The audit notice also advised that any correspondence can be sent in a confidential manner, consistent with the Legal Mail process. The legal mail process at GCDOC allows for the inmates to send legal correspondence to an approved recipient in a way that ensures that the content of the letter is not reviewed by facility staff which ensures that the information is relayed confidentially.

The notices were posted throughout the facility, in areas that are both accessible to both inmates and staff. The PREA Coordinator forwarded to the Auditor five (5) time/date stamped pictures of different location within the facility to include general areas and housing units. The pictures reflected a date stamp of October 2, 2020 indicating that they were posted within six weeks to the first day of the on-site. The posted notices were observed in the photographed locations as well as numerous other locations during the on-site audit tour.

The website, www.graftoncountynhdoc.us has a page dedicated to PREA. The PREA page provides reporting options including calling 1-603-787-6767 and speak to a supervisor or call 1-603-787-6911 and report it to a Grafton County Sheriff's office. The page also provides the Prison Rape Elimination Act (PREA) agency policy and a link to the PREA Resource Center.

On September 19, 2020 the Pre-Audit Questionnaire, audit map process, policies and procedures were received on a thumb drive from the Grafton County Department of Correction. The thumb drive contained a subfolder for each standard that included relevant policies and procedures and supporting documentation to support compliance. Following a review by the Auditor, a log was created that identified items that had not be included or needed clarification from the documents that were received.

On October 12, 2020, an update call was conducted with the PREA Coordinator and logistical items were discussed concerning the upcoming on-site portion. The Auditor advised that an extensive comprehensive tour will be conducted, with un-impeded access to all areas of the GCDOC. There were further discussions related to a quiet and private location where inmates and staff could be interviewed. Following this call, a request was made to GCDOC to provide this additional documentation for the first day of the audit. The documentation included a daily population report; staff roster to include all departments; inmate roster by housing unit; list of staff who perform the risk assessments; list of medical and mental health staff, list of contractors and volunteers, list of inmates with a PREA classification (potential victim and aggressor), list of inmates that reported sexual abuse, list of disabled (hearing, sight or low cognitive skills), list of lesbian, bisexual, transgender and intersex (LGBTI) inmates; list of inmates that reported sexual abuse; list of PREA incidents in the past 12 months and limited English proficient inmates, list of first responders from the reported allegations. This information was provided on the first day of the audit and was utilized to establish interviews for the random selection of inmates and staff to be interviewed; random and specialized interviews.

On October 12, 2020 this Auditor contacted Just Detention International (JDI) to identify if any allegations have been received by their agency. A response was received that advised a review of their database indicates that they had not received any information or complaints regarding the Grafton County Department of Correction in the past 12 months.

On November 9, 2020, the Auditor arrived at the facility and met with the Superintendent, PREA coordinator and members of the executive team. During the brief introductions, the agenda was discussed to include the facility tour, staff and inmate interviews. The Auditor provided an overview of the on-site audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process is designed to not only the written policies and procedures but also to determine whether such policies and procedures are reflected in the day-to-day practices of staff. The Auditor further explained that compliance with the PREA standards will be based on the review of the policies, procedures, observations made during the facility tour, additional onsite documentation review and conducting both staff and inmate interviews. There were no letters received from inmates or confidential correspondence from staff prior to the start of the onsite. The facility count was 43 inmates on the first day and the facility does not hold inmates under the age of 18 years of age.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map and the PREA Auditor Handbook for guidance during the audit process.

Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the facility, There are six (6) inmate housing units that includes one (1) single cell housing units and 20 segregation cells used for administrative and protective custody inmates. The other areas viewed were medical, kitchen, laundry, intake processing area, sally port and the visiting area. During the tour, the Auditor made visual observations of the service and program areas and housing units including PREA educational materials available, showers, officer post sight lines to identify potential cross gender viewing concerns and camera locations. Privacy is maintained in the shower area with a double shower curtain which the auditor observed from different angles in the housing unit to ensure privacy is maintained. In addition to custody staff, the facility maintains a complex camera monitoring system which covers all areas of the facility and monitored by staff 24/7/365. The Auditor did not observe any blind spots or problem areas during the tour.

During the tour of the entire facility, the Auditor asked impromptu questions (informal questions) of staff and inmates regarding PREA education, reporting methods and facility practices. The Auditor tested the GCDOC reporting mechanisms using the phone numbers listed on the posters. When opposite-

gender staff were observed entering into a housing unit, an announcement was always made by the respective staff member.

Due to the size of the facility and the count on the first day (43 inmates) of the on-site, custody staff have been trained in all the positions to include the intake processing area. During the on-site tour, the staff assigned to intake were able to walk through the intake screening and classification process and the Auditor was able to observe this process during that time.

Following the tour, the requested information was reviewed:

1. Complete listing of all inmates at GCDOC
2. Roster of inmates with disabilities (blind, deaf, hard of hearing, cognitive disabilities and physical disabilities)
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing
5. Roster of inmates who are or are perceived as Gay, Lesbian or Bisexual
6. Roster of inmates who are or are perceived Transgender or Intersex
7. Roster of inmates who are in segregated housing for high risk of sexual victimization
8. Roster of inmates who reported prior sexual victimization during risk screening
9. Roster of inmates who reported sexual abuse that occurred at GCDOC or occurred in a different facility.
10. Complete staff roster
11. Complete list of contractors and volunteers
12. Copies of all incident review team cases conducted over the past 12 months
13. List of grievances for the past 12 months
14. List of all investigations for the past 12 months

All required facility staff and inmate interviews were conducted onsite during the three-day audit. The inmate interviews were held in a conference room that afforded privacy for the interviews. The staff interviews were held in an administrative conference room which afforded privacy for the staff interviews. Based upon the inmate population of 43 at the facility on the first day of the onsite portion of the audit, the PREA Auditor Handbook specifies that a minimum of 10 total inmate interviews must be conducted; a minimum of 5 random inmates and 5 targeted inmate interviews are required. The random interviews selected by the Auditor from the housing rosters bed #7 and designated lists of inmates provided by the facility. During the interviews there were no barriers and the inmates acknowledged they had been screened during the intake process, knew the methods on how to report but were unfamiliar with the inmates handbook that addressed the facilities zero tolerance towards sexual abuse and sexual harassment and their right to be free from retaliation for reporting. In regards to their personal safety at GCDOC, each of the inmates that were interviewed indicated that they felt safe from sexual abuse and sexual harassment.

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	7
Targeted Inmates (Total)	7
Total Inmates Interviewed	14

Breakdown of Targeted Inmate Interviews	
• Inmate with a Cognitive Disability	1
• Inmates Who Reported Sexual Abuse	1
• Inmates who are Blind, Deaf, or Hard of Hearing	1
• Inmates who Identify as Lesbian, Gay or Bisexual	4
Total Targeted Inmate Interviews	7

During the audit period, the Auditor conducted on-site interviews with the following members of the management team:

- Superintendent
- Investigators
- PREA Coordinator

As a result of logistics, the auditor conducted telephone interviews with the following staff:

- Volunteer

The Auditor conducted the following number of Staff interviews during the onsite phase of the audit:

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	10
Management Level Staff (Total)	2
Specialized Staff (Total)	13
Total Interviewed	25
Breakdown of Specialized Staff Interviews	
• Intermediate of Higher Level Staff	3
• Medical Staff	1
• Investigative Staff	2
• Staff who perform screening for risk of victimization and abusiveness	1
• Sexual Abuse Incident Review Team Member	2
• Supervising Staff Segregated Housing	1
• Intake Staff	1

• Staff responsible for Retaliation Monitoring	1
• Volunteer / Contractor (N/A)	1

Note: in several instances a single person was responsible for covering two (2) separate protocols (i.e. Staff who perform screening for risk of victimization, Intake staff and First Responders)

The Auditor did not encounter any barriers during the staff interviews. The staff interviewed acknowledged they have received training and understood the PREA policy and procedures. They understood their roles in reporting and responding to all allegations but were unclear about their responsibilities to prevention and detection. An interview was not conducted with a representative from Dartmouth Hitchcock Medical Center regarding SANE services and will be addressed during the discussion of 115.21. An interview was not conducted with a representative from a Rape Crisis Center or Emotional Support organization and will be discussed further in 115.21.

Information that was received regarding the allegations of sexual abuse and sexual harassment indicate that in the past 12 months there has been a total of seven (7) allegations of sexual abuse or sexual harassment. There were five allegations handled administratively and two (2) were referred to the Grafton County Sheriff's Office for criminal investigations which are still in progress. All of the cases were reviewed by the auditor.

Findings of Allegations	Administrative	Criminal
Substantiated	0	0
Unsubstantiated	0	0
Unfounded	5	0
Investigation still in progress	0	2

On the morning of the third day, the Auditor met with the Superintendent and PREA coordinator to discuss the GCDOC's compliance with the standards. Areas of no-compliance were discussed and the parties involved collaborated on a reasonable and achievable corrective action plan.

The exit meeting was conducted on November 11, 2020 with the facility leadership and the auditor provided a summary of the onsite portion of the audit and provided information on what to expect during the Corrective Action Period (CAP).

The Auditor reviewed onsite document review notes, staff and inmate interview notes and site review notes and then began the process of completing the audit section of the compliance tool. Following the completion of the compliance tool, the Auditor started completing the interim report. The interim report will identify which policies and other documentation were reviewed, which staff and/or inmates interviews were conducted, what observations were made during the on-site review of the facility in order to determine compliance for each standard provision. The Auditor will then provide an explanation of evidence that was listed was applied to draw a final conclusion of whether the facilities policies, procedures and practice exceeds, meets or does not meet the standard.

The GCDOC received the interim report on January 11, 2021 and began the corrective action period at that time. A call took place on January 14, 2021 with the PREA Coordinator to review the report and discuss the expectations during the corrective action period. A follow up call on February 11, 2021 included updates regarding the PREA policy revisions, addendums to contracts and revisions to Medical intakes. A conference call on March 19, 2021 to discuss standards that were now in

compliance and policy revisions. A follow up call on March 29, 2021 to discuss training that took place and schedule phone interviews with random staff. On April 1, 2021, this auditor conducted two (2) random staff interviews for the staff assigned to the 800pm to 800am shift and five (5) staff that are assigned to the 800am to 800pm shift. Also interviewed was the facility investigator who has completed the necessary training for standard 115.34 Specialized Training – Investigations. The GCDOC has completed the corrective action period and all standards will be reflective in this report as compliant.

Facility Characteristics

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

The Grafton County Department of Correction is comprised of a single facility. The agency marked the opening of the facility in July of 2012. The mission of the Grafton County Department of Corrections is to contribute to public safety by maintaining a balanced correctional system of institutional and community programs that provide a range of control and rehabilitative options for criminal offenders and those offenders awaiting trial.

The designed facility capacity for this facility is 174 inmates and the average daily population for the past 12 months has been 43 inmates. The facility houses male and female inmates between the ages of 19-65 with the average length of stay under supervision is 45 days. The facility security levels/inmate custody levels are minimum, medium and maximum security. While onsite, the auditor noted that the facility is able to house inmates in a safe and secure manner.

The number of inmates admitted into the facility during the past 12 months was 980 inmates. The number of inmates that in the past 12 months whose length of stay in the facility was for 72 hours or more was 208 inmates and those inmates length of stay for more than 30 days was 243. The facility does not house youthful offenders.

There are 66 staff currently employed by the facility that have contact with inmates and 11 of the staff have been hired during the past 12 months.

The facility is comprised of an intake and booking area, kitchen, health services, administrative offices, locker room, laundry and six (6) housing units, there are (5) five housing units that are multiple cells and one (1) housing unit that is single cells. There have been twenty (20) cells that have been designated as segregation cells that are used for administrative, disciplinary and protective custody housing.

The facility work details for inmate's includes day/night cleaning, laundry crew, kitchen crew, outside work detail, Administration cleaning, the farm, and grounds maintenance. The programs offered to inmates include; Self Help Groups, Religious Services, Substance Abuse Counseling, Individual Religious Study, HISET, Individual Counseling, Parenting Class Volunteer Community Programs and FIRRM. The Grafton County Department of Corrections Focused Intentional Re-Entry and Recovery Program, (FIRRM Program) is a three-level addiction treatment and reentry services program for inmates who are pretrial or sentenced to the Grafton County House of Corrections who are also struggling with a substance misuse disorder. The FIRRM Program consists of intensive in-house programming with our Programs and Corrections staff along with progression through supervision on

home confinement (for sentenced inmates only) and aftercare services. A certificate will be awarded to each inmate who completes all three levels of the program. A commencement ceremony may be held for all inmates and their families once all three levels of the program are successfully completed. The staff at the Department of Corrections will help inmates work towards achieving their goals throughout participation in the program.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 0 [Click or tap here to enter text.](#)

List of Standards Exceeded:

Standards Met

Number of Standards Met: 45

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

§115.12 - Contracting with other entities for the confinement of inmates

§115.13 - Supervision and monitoring

§115.14 – Youthful inmates

§115.15 – Limits to cross-gender viewing and searches

§115.16 – Inmates with disabilities and inmates who are limited English proficient.

§115.17 – Hiring and promotion decisions

§115.18 – Upgrades to facilities and technology

§115.21 – Evidence protocol and forensic medical examinations

§115.22 – Policies to ensure referrals of allegations for investigations

§115.31 – Employee training

§115.32 – Volunteer and contractor training

§115.33 – Inmate education

§115.34 – Specialized training: Investigations

§115.35 – Specialized training: Medical and mental health care

§115.41 – Screening for risk of victimization and abusiveness

§115.42 – Use of screening information

§115.43 – Protective custody

§115.51 – Inmate reporting

§115.52 – Exhaustion of administrative remedies

§115.53 – Inmate access to outside confidential support services

§115.54 – Third-party reporting

§115.61 – Staff and agency reporting duties

- §115.62 – Agency protection duties
- §115.63 – Reporting to other confinement facilities
- §115.64 – Staff first responder duties
- §115.65 – Coordinated response
- §115.66 – Preservation of ability to protect inmates from contact with abusers
- §115.67 – Agency protection against retaliation. Auditor Findings
- §115.68 – Post-allegation protective custody
- §115.71 – Criminal and administrative agency investigations
- §115.72 – Evidentiary standards for administrative investigations
- §115.73 – Reporting to inmates.
- §115.76 – Disciplinary sanctions for staff
- §115.77 – Corrective action for contractors and volunteers
- §115.78 – Disciplinary sanctions for inmates
- §115.81 - Medical and mental health screenings; history of sexual abuse
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 – Sexual abuse incident reviews
- §115.87 – Data collection
- §115.88 – Data review for corrective action
- §115.89 – Data storage, publication, and destruction

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Standards Not Met

Number of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire responses
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Correction Organizational Chart

Interviews:

1. PREA coordinator

Site Review Observations:

1. Observations during the on-site review of physical plant

115.11(a): The Grafton County Department of Correction (GCDOC) policy 8.A.1 mandates a zero tolerance policy towards all forms of sexual abuse and sexual harassment. The policy does not outline the agency's strategy to prevent, detect and respond to such conduct. The agency policy does not address "preventing" sexual abuse and sexual harassment through the designation of a PREA coordinator, although a PREA coordinator has been assigned by the Superintendent. The policy does not include definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those individuals found to have participated in prohibited behaviors. The policy does not address "detecting" through staff training to include volunteers and contractors, intake screening, classification, inmate education and posting of signage (PREA posters). Finally, the policy does not address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, disciplinary sanctions for staff and inmates, incident review team and data collection and analysis. Most of the staff interviewed were able to articulate the agency's zero tolerance policy towards sexual abuse and sexual harassment but were not able to discuss the agency's strategy to prevent, detect and respond to such conduct. The policy is not consistent with the PREA standards and does not outline the agency's approach to prevent, detect and respond to sexual abuse and sexual harassment.

115.11(b) The GCDOC employs an upper-level, agency-wide PREA coordinator but has not outlined their responsibilities in the agency's PREA policy 8.A.1. Therefore it did not address the requirements that the PREA coordinator will be responsible for; assisting with the development and implementation of PREA-related policies, develop and coordinate procedures to triage allegations received and identify, monitor and track incidents of sexual abuse. Other responsibilities include identify and track referrals of allegations to law enforcement and prosecutors, develop and implement a comprehensive system to audit compliance with PREA policies and applicable laws, oversee monitoring of PREA compliance with private and non-departmental public entities contracted for offender and inmate confinement. The PREA coordinator will also keep management informed of PREA-related issues, maintain a memorandum of understanding for external victim advocacy, maintain PREA content for the departmental website, including publication of the required information and documents and conducting training for all staff on PREA compliance and policy. The PREA coordinator did oversee the agency's implementation of PREA in the facility. During the site review, the PREA coordinator demonstrated the

knowledge of the agency's policy. During the interview, he discussed that he feels he has enough time to manage all of his PREA related responsibilities since he was specifically assigned by the Superintendent to oversee PREA compliance.

The evidence reviewed by the auditor shows that the agency has designated an upper-level agency-wide PREA coordinator as verified through the organization chart and the interview with the PREA coordinator. The agency has not detailed the PREA coordinator responsibilities in the PREA policy 8.A.1. Based on the review of the Pre-Audit Questionnaire, the related documents submitted, he demonstrated that he has sufficient time and authority to accomplish the PREA responsibilities for the agency.

115.11(c): The agency operates only one facility which the auditor confirmed during the on-site and review of evidence provided therefore this provision is Not Applicable.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility must train all staff on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment.
3. The facility must outline in the policy the responsibilities of the PREA coordinator to include; assisting with the development and implementation of PREA-related policies, develop and coordinate procedures to triage allegations received and identify, monitor and track incidents of sexual abuse.

Recommendation:

1. The facility should consider additional signage (PREA posters) for the agency's zero tolerance policy towards sexual abuse and sexual harassment.

Update:

1. The facility has included language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility did all staff on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment. All training records have been reviewed by the auditor.
3. The facility has outlined in the policy the responsibilities of the PREA coordinator to include; assisting with the development and implementation of PREA-related policies, develop and coordinate procedures to triage allegations received and identify, monitor and track incidents of sexual abuse.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- 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 No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire responses
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Intergovernmental Service Agreement between Grafton County and Coos County

Interviews:

1. Interview with the Agency Administrator

Site Review Observations:

1. Observations during the on-site review of physical plant

115.12(a): The GCDOC contracts with the Coos Department of Correction to house their female inmates at the facility. This auditor reviewed the Intergovernmental Service Agreement between GCDOC and the Coos Department of Correction dated March 4, 2020 – until terminated by either party. The language in this agreement states, “Grafton County operates under a zero tolerance policy for sexual misconduct. This policy follows federal guidelines set forth by the Bureau of Justice Assistance (BJA). Any and all concerns involving sexual misconduct will be investigated in order to dispose of any allegations. The Superintendent or their designee will communicate any investigations or findings to you”.

115.12(b): The GCDOC does not have specific language in the PREA policy 8.A.1 that any new contract or contract renewal will provide for agency contract monitoring to ensure that the contract is complying with the PREA standards. The monitoring can be achieved by audit results, inspections and review of incident reports. In an interview with the Superintendent, he indicated that he is responsible for overseeing all of the compliance with the contracts.

The evidence reviewed by the auditor shows that the GCDOC does contract with the Coos Department of Correction to house their female offenders at the facility. The agreement states, “Grafton County operates under a zero tolerance policy for sexual misconduct. This policy follows federal guidelines set forth by the Bureau of Justice Assistance (BJA). Any and all concerns involving sexual misconduct will be investigated in order to dispose of any allegations. The Superintendent or their designee will communicate any investigations or findings to you”. The contract language does not reference that the contractor (GCDOC) is complying with the PREA standards. The contract does not reference that Grafton County operates under a zero tolerance policy for sexual abuse and sexual harassment as previously discussed in 115.11.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The contract must include language in all contracts that the GCDOC has a zero tolerance policy for sexual abuse and sexual harassment.
2. The contract must include language that the GCDOC is complying with the PREA standards.

Update:

1. The contracts include language that the GCDOC has a zero tolerance policy for sexual abuse and sexual harassment.
2. The contracts include language that the GCDOC is complying with the PREA standards.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- 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 No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- 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 No
- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire responses
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Correction Security Policy 2.B.5
4. Grafton County Department of Correction Facility Staffing policy 2.B.3
5. Grafton County Department of Correction Staffing Plan
6. Staff Rosters
7. Staff Schedules
8. Electronic Log Books

Interviews:

1. Superintendent
2. PREA Coordinator
3. Intermediate or Higher Level Facility Staff

Site Review Observations:

1. Observations during the on-site review of physical plant

115.13(a) The GCDOC Facility Staffing policy 2.B.3 9.10 discusses how the facility will operate to develop, document and make its best effort to comply on a regular basis with a staffing plan that provides adequate levels of staffing. The PAQ indicates that the average daily number is forty three (43) inmates and the average daily number of inmates in which the staffing plan was predicted is one hundred fifty (150). Due to significant reduction in the inmate count, the Superintendent did modify the staffing plan to "when the count falls below fifty five (55) the staff is reduced by one staff on each shift". The auditor reviewed the modified staffing plan and the position temporarily suspended was a staff member who was "roving". Per the Superintendent, "mandatory posts will be filled at all times even when the count is below fifty five (55)". The auditor reviewed master shift logs and schedules and found that the staffing plan is adhered to at all times. The PREA Coordinator discussed that he reviews the staffing plan to ensure compliance on a weekly basis and there was no indication through interviews, that the documentation provided and the site review that the staffing analysis is not adhered to.

115.13(b) The auditor has determined that this provision has been determined through interviews with the PREA Coordinator, review of log books and staff schedules to be Not Applicable due to the fact that the GCDOC has not deviated from the staffing plan.

115.13(c) The PREA Coordinator indicated that he would address and document with the Superintendent whether adjustments are needed to the staffing plan established, the facilities deployment of video monitoring systems and the resources that facility has available to commit and ensure adherence to the staffing plan.

115.13(d) The GCDOC has addressed this provision, "unannounced Admin/Supervisor Tour: Once during their weekly schedule shift, the Officer in Charge (OIC) of first, second, and third shift will conduct an un-announced documented tour of the department". Once an announced round is

completed the staff member completing the round will electronically document it. During the time the round is being conducted the staff will not be informed of the purpose and staff cannot alert other staff or inmates that the round is occurring. Interviews conducted with intermediate or higher staff confirmed that they conduct announced rounds, the rounds are documented electronically in the log book. During the onsite review, informal conversations with staff assigned to the housing units reiterated that they are not alerted prior to higher level or intermediate coming into the housing unit. The auditor reviewed the six (6) housing area logs, it documented that rounds were completed on each shift. Through interviews with staff and inmates, it was confirmed that unannounced rounds are done randomly throughout the facility. The intermediate and higher-level security staff stated during interviews that they conduct random rounds by varying the pattern and times of their rounds

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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 No NA

115.14 (b)

- 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 No NA
- 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 No NA

115.14 (c)

- 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 No NA
- 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 No NA

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Corrections Pre-Audit Questionnaire responses
2. Memo from Superintendent Elliott

Interviews:

1. Superintendent

Site Review Observations:

1. Observations during the on-site review of physical plant

115.14(a) The GCDOC does not house youthful inmates at this facility. The auditor reviewed the GCDOC policies which do not address youthful inmates. Interview with Superintendent confirmed that youthful inmates are not housed at GCDOC. During the onsite review and informal conversation during the tour, this auditor has determined that youthful inmates are not housed at the GCDOC.

115.41(b) The GCDOC does not house youthful inmates at this facility. The auditor reviewed the GCDOC policies which do not address youthful inmates. Interview with the Superintendent confirmed that youthful inmates are not housed at GCDOC. During the onsite review and informal conversation during the tour, this auditor has determined that youthful inmates are not housed at the GCDOC.

115.41(c) The GCDOC does not house youthful inmates at this facility. The auditor reviewed the GCDOC policies which do not address youthful inmates. Interview with the Superintendent confirmed that youthful inmates are not housed at GCDOC. During the onsite review and informal conversation during the tour, this auditor has determined that youthful inmates are not housed at the GCDOC.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No 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 facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- 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 No
- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No

- 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 No

115.15 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire responses
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Correction Facility Operations – Searches Policy 2.B.15
4. Grafton County Department of Correction Search Training Powerpoint
5. Grafton County Department of Correction PREA Training Powerpoint
6. Grafton County Department of Correction PREA Announcement Signs
7. Grafton County Department of Correction Staff Training Records

Interviews:

1. Non-medical staff
2. Random Sample of Staff
3. Random Samples of Inmates (female)

Site Review Observations:

1. Observations during the on-site review of physical plant

115.15(a) The GCDOC Search policy 2.B.15 has addressed this provision, the GCDOC employees will not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by a medical practitioner. The GCDOC employees will not conduct cross-gender pat down searches of female inmates by a male officer or pat down searches of a male inmate by a female officer unless under exigent searches. The PAQ reports that in the last twelve months there have been zero (0) instances where a cross-gender strip search or cross-gender body searches of inmates. Also reported in the PAQ was a zero (0) number of cross-gender strip or cross-gender body cavity searches of inmates that did not involve exigent circumstances. Interviews with staff were consistent that staff have not conducted cross-gender strip or cross-gender visual body cavity searches. The interview conducted with medical staff reiterated there were not any instances where medical staff conducted such searches. The auditor interviewed female inmates that confirmed that there has never been a circumstance where they were searched by a male staff member.

115.15(b) The GCDOC does not permit cross-gender pat searches of female inmates, absent exigent circumstances. The facility does not restrict female access to regularly available programming or other out of cell opportunities. In the past 12 months, the facility has reported there were zero (0) pat down searches of female inmates conducted by male staff as well as zero (0) pat down searches of female inmates conducted by male staff that did not involve exigent circumstances. In the event that there is a new admission to the facility and there is not a same sex officer available specifically for a female inmate to have the pat down or strip search, then a female nurse will conduct a pat search until a female officer is on shift to conduct the strip search. The interviews with the random staff reiterated that they have not conducted cross-gender pat down or strip searches. Also interviewed were random female inmates that told the auditor that they have never received a pat down or strip searched from the male staff.

115.15 (c) The GCDOC Search policy 2.B.15 requires that all cross-gender strip searches and cross-gender body cavity searches be documented. The PAQ reports that in the last twelve months there have been zero (0) instances where a cross-gender strip search or cross-gender body searches of inmates. Also reported was a zero (0) number of cross-gender strip or cross-gender body cavity searches of inmates that did not involve exigent circumstances. During the random inmate interviews of staff and inmates', there was no indication to dispute this.

115.15 (d) The GCDOC policies do not specifically address that "all inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell/dorm checks". It is the practice at the GCDOC that officers of the opposite gender shall announce their presence when entering a living unit. The announcement will be made in such a manner as "male/female officer on the unit or male/female officer on the floor". The officers entering the housing unit will be documented in the electronic log book with the officer. The announcements will also apply to non-uniform staff when they enter a housing unit of the opposite sex. During the onsite, the auditor observed that prior to entering the housing there is a sign reminding staff of their duties to announce themselves that references this provision. The announcement was made clearly and loudly prior to entering the housing unit. The random staff interviews indicated that this a facility wide process and staff are aware of their responsibility to make that announcement. The random inmates interviews reiterated that this announcement is a common practice that is heard frequently throughout the day.

115.15 (e) The GCDOC policies do not address specifically that "staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital

status". If the inmate's genital status is unknown, it maybe determined through conversation 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. The PAQ has reported that there have been zero (0) searches that have occurred in the past 12 months. Staff interviews echoed the facilities procedures that they will not search or physically examine to determine genital status.

115.15(f) The GCDOC has trained 100% of the staff with a training curriculum from the GCDOC PREA training and Search training. A review of all of the training records demonstrated that all of the staff have been trained in both of these areas. The staff discussed that they have received this training and are provided refresher during monthly staff meetings.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy that "all inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell/dorm checks".
2. The facility must include language in the policy that "staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status". If the inmate's genital status is unknown, it maybe determined through conversation 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

Update:

1. The facility has include language in the policy that "all inmates will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell/dorm checks".
2. The facility has include language in the policy that "staff will not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status". If the inmate's genital status is unknown, it maybe determined through conversation 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

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No

- 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 No
- 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 No

115.16 (b)

- 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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Communication with person with Limited English Proficiency
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Correction Pre-Audit Questionnaire
4. Grafton County Department of Correction PREA Awareness brochure – Spanish

5. PREA Educational Video – Close Caption included
6. PREA Poster

Interviews:

1. Superintendent
2. Random Sample of Staff
3. Inmates with disabilities

Site Review Observations:

1. Observations during on-site review of physical plant

115.16 (a) The GCDOC policy 9.10 mandates a zero tolerance towards all forms of sexual abuse and sexual harassment however as previously discussed in 115.11 it does not describe in detail approaches taken to prevent, detect and respond to such conduct. The GCDOC policies do not address what measures are taken to ensure that those 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. The policies do not include definitions of prohibited behaviors regarding sexual abuse and sexual harassment and the sanctions for those individuals found to have participated in prohibited behaviors. The policies do not address "detecting" through staff training to include volunteers and contractors, intake screening. Finally, the policies do not address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations and disciplinary sanctions for staff and inmates.

115.16 (b) The agency does take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to PREA related materials to include Spanish handbooks, brochures and posters. For inmates identified as hard of hearing or deaf, the GCDOC does provide a PREA video that includes close captioning. The GCDOC will use interpreters in the event that they need to communicate with a limited English-speaking inmate thru the language line services. In an interview with an inmate with disabilities, he said that staff reviewing the materials with him at booking include the use of the closed captioning features for the PREA video.

115.16 (c) The agency does 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. Staff were interviewed and reaffirmed they would utilize the language line services.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility must train all staff on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment.
3. The facility must include language in the policy "what measures are taken to ensure that those 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".

Update:

1. The facility has included language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility has trained all staff on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment.
3. The facility has included language in the policy "what measures are taken to ensure that those 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"

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 No
- 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- 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 No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- 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 No

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire responses
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Correction Personnel Records Policy 1.B.2
4. Grafton County Department of Correction Promotions Policy 1.C.4
5. Grafton County Employee Handbook
6. Personnel Records

Interviews:

1. Human Resources staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.17 (a) Grafton County Department of Correction provided three (3) policies for this provision; PREA policy 8.A.1, Personnel policy 1.B.2 and Promotions policy 1.C.4 however it is lacking the specific language in the policy that states that it "does not hire or promote anyone who may have contact with inmates, and shall not enlist the 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) or 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 or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The PAQ indicated that eleven (11) staff have been hired within the past 12 months that may have contact with inmates. This auditor randomly selected five (5) personnel files to determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. A review of those records indicated that one (1) personnel included the addendum to the application process that does include specific language about past employment in relation to PREA. The interview with Human Resources staff detailed the process for a new applicant to include application, medical exam and background check that is completed by the Captain. The background check is consistent with Federal, State and local laws and the agency would 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. The five files reviewed were compliant with the process in place.

115.17 (b) The agency policies lacks the language that “shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates”. During the interview, the Human Resources staff did not appear to have a clear understanding of the PREA standards that pertain to hiring and promoting staff.

115.17 (c) Before hiring new employees who may have contact with inmates, the Grafton County Department of Correction conducts a criminal background records check that is 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. This auditor reviewed the five (5) personnel files for the staff that has contact with inmates and all received background checks prior to hire. As previously stated in 115.17(a) the policies do not include language in the policy to address this process.

115.17 (d) The Grafton County Department of Correction also performs a criminal background records check before enlisting the services of any contractor or volunteer who may have contact with inmates. The PAQ indicated that within the past 12 months there have been zero (0) contractors or volunteers that were enlisted and who may have contact with inmates. The Human Resources staff reiterated that contractors and volunteers would undergo the same background check process as new staff. As previously stated in 115.17(a) the policies do not include language in the policy to address this process.

115.17 (e) The Grafton County Department of Corrections Personnel policy 1.B.2 states that “criminal background records checks every five (5) years of current employees and contractors who may have contact with inmates”. The auditor reviewed five (5) personnel folders that included the background records checks off all current staff, contractors and volunteers that have contact with inmates.

115.17 (f) The Grafton County Department of Correction PREA policy 8.A.1 does not address in their policy that “the agency will ask all applicants and employees who may have contact with inmates directly about previous misconduct described in the written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees”. The Grafton County Department of Correction provided an addendum to the application process that requires new employees to disclose or impose upon employees a continuing affirmative duty to disclose any such misconduct that they may be involved in. The PREA Coordinator stated that

there have not been any examples of applicants having to describe any misconduct or any failures to report by the full time staff.

115.17 (g) The Grafton County Department of Correction does not include language in their PREA policy 8.A.1 that “material omissions regarding such misconduct, or the provision of materially false information, are grounds for staff termination”. The PAQ indicates that no staff have been terminated from Grafton County Department of Corrections for omissions regarding misconduct. The interview with Human Resources staff reaffirmed the information provided on the PAQ.

115.17 (h) The Grafton County Department of Correction is not prohibited by law, to 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. The Human Resources staff was not aware of this provision and discussed during their interview that there is no process in place for this request for information from an institutional employer.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the Personnel policy 1.B.2 and Promotions policy 1.C.4 that addresses that it “does not hire or promote anyone who may have contact with inmates, and shall not enlist the 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) or 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 or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
2. Develop and implement a process to 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.

Update:

1. The facility has included language in the Personnel policy 1.B.2 and Promotions policy 1.C.4 that addresses that it “does not hire or promote anyone who may have contact with inmates, and shall not enlist the 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) or 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 or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
2. The facility has developed and implemented a process to 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. The form is to be placed in the former employee’s file upon date of separation from the department. The direct contact to provide that information to the potential employer will be the Superintendent.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- 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.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire responses
2. Grafton County Department of Correction Memo

Interviews:

1. Superintendent

Site Review Observations:

1. Observations during on-site review of physical plant

115.18 (a) The GCDOC has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. This is the first audit for the facility and since that have not made substantial expansion or modification to the facility. This was reviewed by the auditor during the on-site review.

115.18 (b) The GCDOC has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. This is the first audit for the facility and since that have not made substantial expansion or modification to the facility. During his interview, the Superintendent did indicate “that if the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency would consider how such technology could enhance the agency’s ability to protect inmates from sexual abuse”. This was reviewed by the auditor during the on-site review.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (b)

- 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 No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- 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 evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- 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 No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Pre-Audit Questionnaire
3. New Hampshire Office of the Attorney General – A Model Protocol for Response to Adult Sexual Assault case 2018 Edition

Interviews:

1. Random Staff
2. PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

115.21 (a) The GCDOC is responsible for investigating allegations of sexual abuse and does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence however all criminal investigations are referred to the Grafton County Sheriff's Office (CCSO) to investigate. The GCDOC and GCSO work together but the agency responsible for the criminal investigation is GCSO. The GCDOC is responsible for the administrative proceedings. Interviews with random staff

demonstrated that they have been trained in their responsibilities to preserve evidence, the collection of evidence and the chain of custody.

115.21 (b) The protocol developed is appropriate for youth; however the GCDOC does not house youthful offenders therefore this provision is Not Applicable.

115.21(c) The GCDOC does not detail that it is able to offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Interviews with the PREA Coordinator and Medical/Mental staff reiterated that all victims of sexual abuse are offered access to forensic examinations. The forensic medical examinations, are referred to the Dartmouth Hitchcock Medical Center . The examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) and the GCDOC inform the hospital prior to the inmates arrival of the services required.

115.21(d) The GCDOC did not provide documentation that would address this provision that they will provide the victim with a victim advocate from a rape crisis center. The Medical Director indicated that Dartmouth Hitchcock Medical Center would provide a victim advocate however, there is no documentation for the auditor to review compliance for this provision.

115.21(e) The GCDOC did not provide documentation that would address this provision that they will provide the victim with a victim advocate from a rape crisis center. The Medical Director indicated that Dartmouth Hitchcock Medical Center would provide a victim advocate however, there is no documentation for the auditor to review compliance for this provision.

115.21(f) This provision is Not Applicable, the GCDOC is responsible for administrative investigations and refers all criminal matters to the Grafton County Sheriff's Office.

115.21 (g) The auditor is not required to audit this provision

115.21(h) The GCDOC did not provide documentation that would address this provision that they will provide the victim with a victim advocate from a rape crisis center. The Medical Director indicated that Dartmouth Hitchcock Medical Center would provide a victim advocate however, there is no documentation for the auditor to review compliance for this provision.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The GCDOC shall attempt to make available to the victim a victim advocate from a rape crisis center or provide written documentation that Dartmouth Hitchcock Medical Center will provide a victim advocate for the victim.

Update:

1. The GCDOC has made available to the victim a victim advocate from a rape crisis center or provide written documentation that The Support Center at Burch House will provide a victim advocate for the victim.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Correction PREA Investigation Policy
4. Grafton County Department of Correction Investigations

Interviews:

1. Superintendent
2. Investigators

Site Review Observations:

1. Observations during the on-site review of physical plant

115.22(a): The GCDOC states that “thoroughly, promptly and objectively investigate all allegations of sexual misconduct involving offenders under the jurisdiction or authority of the department and any assigned investigative authority”. The policy does not address if there was an allegation of sexual harassment and how that would be investigated. If the allegation is criminal in nature then it will be referred to the Grafton County Sheriff’s Office for investigation. The referrals to the Grafton County Sheriff’s Office will be documented in an investigative report by the GCDOC PREA Coordinator and/or GCDOC Investigator. The allegations that do not involve potentially criminal behavior will be investigated internally (Administrative Investigation) by the GCDOC Investigator or in his absence the GCDOC PREA coordinator. The GCDOC PAQ indicated seven (7) allegations of sexual abuse and/or sexual harassment in the last 12 months. There were five (5) allegations that were handled with an administrative investigation and there were two (2) allegations that were referred for criminal investigations. Interviews conducted with the Superintendent and Investigators reaffirmed the process of how allegations of sexual abuse and sexual harassment are referred for investigations.

115.22(b): The GCDOC PREA Policy 8.A.1 policy does not address that the agency has in place a policy 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. However the GCDOC Investigation Policy does state “allegations may be referred to the Grafton County Sheriff’s Department or designee as assigned by the department heads for criminal investigation”. The Grafton County Department of Correction www.graftoncountynhdoc.us does publish the PREA policy 8.A.1 on their website however the policy published does not address the referral process for criminal investigations.

115.22(c): The GCDOC Investigation policy does reference that “allegations may be referred to the Grafton County Sheriff’s Department or designee as assigned by the department heads for criminal investigation responsible for the criminal investigations. The interview with the Superintendent and

Investigators reiterated the referral process and responsibilities of the criminal investigators however the policy does not describe the responsibilities of both the agency and the investigating entity.

115.22(d): The Auditor is not required to audit this provision.

115.22(e): The Auditor is not required to audit this provision.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The GCDOC must incorporate language in the policy that “an administrative or criminal investigation is completed for all allegations of sexual harassment”.
2. The GCDOC must incorporate language in the policy that addresses the referral process for criminal investigations to the Grafton County Sheriff’s Office.
3. The GCDOC must incorporate language in the policy the responsibilities of both the agency and the investigating entity.

Update:

1. The GCDOC has incorporated language in the policy that “an administrative or criminal investigation is completed for all allegations of sexual harassment”.
2. The GCDOC has incorporated language in the policy that addresses the referral process for criminal investigations to the Grafton County Sheriff’s Office.
3. The GCDOC has incorporated language in the policy the responsibilities of both the agency and the investigating entity.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- 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 No
- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Staff Training Records
3. Grafton County Department of Correction PREA Training Lesson Plan
4. Coordinated Response posters

Interviews:

1. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.31 (a) The GCDOC PREA training lesson plan does address the following areas; Prevent, Detect and Respond, Dynamics of Sexual Abuse and Sexual Harassment in Correctional Systems, Detecting Signs of Sexual Abuse, Communicating Effectively and Professionally with Inmates/Detainees, including those identifying as LGBTI and Avoiding Inappropriate Relationships with Inmates. With those categories of the training are sub categories that include topics such as; Characteristics of vulnerable populations and common reactions of victims. During the random staff interviews, staff appeared knowledgeable on their training on the agency's zero tolerance policy and their responsibility to respond to an allegation, however as previously discussed in 115.11 the GCDOC PREA policy does not address the agency's strategy towards preventing, detecting and responding to sexual abuse and sexual harassment and that was reflected in the staff interviews. Staff were able to articulate the frequency in which they must attend training on PREA. A review of fifty five (55) staff training files confirmed that staff received the training and signed in for the training.

115.31 (b) The training that GCDOC staff receives is tailored to the gender of the inmates, the facility houses male and female inmates and training records reviewed demonstrated a distinction in the training. All staff receive this training, regardless of whether or not they are re-assigned from another facility.

115.31 (c) All current employees who have contact with inmates have received training and the information was verified through the auditors review of all of the fifty five (55) staff training records from of the current staff.

115.31 (d) The GCDOC has demonstrated through employee signatures that the employee understands the training that they have received. . The staff interviews reiterated this process as well.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility must train all staff on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment.

Update:

1. The facility has included language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility has trained all staff on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment. The auditor has reviewed all training records.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 No

115.32 (b)

- 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 No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Grafton County Department of Correction Pre-Audit Questionnaire
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Corrections Volunteer Training Record
4. Orientation Acknowledgement Form

Interviews:

1. Volunteers

Site Review Observations:

1. Observations during on-site review of physical plant

115.32 (a) The GCDOC has ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's zero tolerance policy on sexual abuse and sexual harassment. As indicated in 115.11 the policy does not outline the agency's strategy to prevent, detect and respond to such conduct. All contractors and volunteers must attend orientation prior to having contact with any inmate and acknowledge that orientation. The orientation acknowledgement form includes; the Grafton County Department of Correction zero tolerance policy statement and how to report an incident that includes the GCDOC reporting mechanisms. The PAQ indicated that three (3) volunteers or contractors have been trained however since the pandemic there has been one (1) volunteer that received the orientation. A phone interview was conducted with volunteer that received this training prior to entering the facility. He was able to discuss how to report an incident as well as the orientation which he received.

115.32(b) All volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The volunteers and contractors are informed how to report such incidents (the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates and their training is tailored during orientation.

115.32(c) The GCDOC does maintain documentation confirming that volunteers and contractors understand the training they have received. This training is conducted by the GCDOC staff and the volunteers and contractors sign the orientation acknowledgment form that they have received the training and understand the training that they have received.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility must train all volunteers and contractors on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment.

Update:

1. The facility has included language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility will train all volunteers and contractors on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment on the new policy when applicable. Due to COVID restrictions, volunteers and contractors have not be in the facility.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- 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 No
- 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 No
- 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 No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?
 Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Correction Inmate Handbook and acknowledgment receipt
4. Grafton County Department of Correction Inmate PREA Recognition Form
5. Grafton County Department of Correction PREA Zero Tolerance pamphlet
6. Orientation Video – PREA: What you Need to Know
7. PREA Posters
8. Inmate Files

Interviews:

1. Intake Staff
2. Random Inmates

Site Review Observations:

1. Observations during the on-site review of physical plant

115.33(a): The GCDOC policy does not address that during the initial intake meeting with the booking staff, the inmates will receive a copy of the “Zero-tolerance” pamphlet and the inmate handbook. The booking staff will document on the PREA Recognition form that the offender has received the information. This auditor conducted fourteen (14) inmate interviews, in which all of the inmates discussed the booking process but could not elaborate on the PREA information and education provided. All inmates were able to provide the auditor with the information about the reporting mechanisms offered at the facility.

115.33(b): The GCDOC policy does not address that GCDOC will provide comprehensive education to inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interviews with the inmates, they were able to articulate the reporting mechanisms available if they were to report an allegation but were not able to discuss comprehensive education that they received about PREA.

115.33(c): The GCDOC policy does not address that “current inmates who have not received such education shall be educated within 30 days of the effective date of this policy, and shall receive education upon transfer to our facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility”. An interview with Intake staff stated that all current inmates have received the education during their intake. The random inmate interviews conducted were not able to discuss comprehensive education that they received about PREA.

115.33(d): The GCDOC policy does not address that the “GCDOC will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. For the deaf or hearing impaired inmates the training is available through print or close captioning. The visually impaired inmates receive the training through audio materials. There are translation services offered for those inmates that are limited English proficient.

115.33(e): The GCDOC policy does not address that the GCDOC will maintain documentation of inmate participation in this education session. The GCDOC should incorporate during the orientation that inmates sign an acknowledgement that they have been oriented to PREA and it should be kept in the inmate’s file.

115.33(f): The GCDOC also maintains key PREA (reporting options and the zero-tolerance policy) information that is readily available to inmates through the use of posters placed in inmate living areas within the housing units. These posters were visible during the on-site review.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must incorporate into the policy language and establish a process that addresses that GCDOC will provide comprehensive education to inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
2. The facility must incorporate into policy language that addresses how it will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. For the deaf or hearing impaired inmates the training is available through print or close captioning. The visually impaired inmates receive the training through audio materials. There are translation services offered for those inmates that are limited English proficient.

Update:

1. The facility has incorporated into the policy language and established a process that addresses that GCDOC will provide comprehensive education to inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
2. The facility has incorporated into policy language that addresses how it will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. For the deaf or hearing impaired inmates the training is available through print or close captioning. The visually impaired inmates receive the training through audio materials. There are translation services offered for those inmates that are limited English proficient.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 No NA

115.34 (b)

- 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 No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA
- 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 No NA
- 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 No NA

115.34 (c)

- 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 No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Investigation Policy

Interviews:

1. Investigative Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.34(a) The GCDOC Investigation policy does have a policy statement that "Investigators will be assigned by the Superintendent or assigned designee and must ensure that they have been trained per Prison Rape Elimination Act (PREA) Prevention and Reporting". The policy does not address that the investigators will be trained in conducting sexual abuse investigations in confinement settings. This auditor was unable to review the training records for the investigator who is responsible for administrative investigations as he was in the process of completing the training.

115.34(b) The GCDOC investigator was in the process of attending the specialized training that includes techniques for interviewing sexual abuse victims, the 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. The investigator will be interviewed during the corrective action period to discuss the training that he received.

115.34(c) The GCDOC was not able to provide the documentation in the training files that the investigator have completed the required specialized training in conducting sexual abuse investigations as he was in the process of attending the training. During the corrective action period, this auditor will review the specialized training documentation that the investigator has completed the training.

115.34 (d) Auditor is not required to audit this provision

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the Investigation policy that all investigators responsible for investigating allegations of sexual abuse and sexual harassment receive specialized training that includes techniques for interviewing sexual abuse victims, the 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.
2. The facility must provide documentation that the investigator has completed the specialized training.

Update:

1. The facility has included language in the Investigation policy that all investigators responsible for investigating allegations of sexual abuse and sexual harassment receive specialized training that includes techniques for interviewing sexual abuse victims, the 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.
2. The facility did provide documentation that the investigator has completed the specialized training. The auditor has reviewed the training records and the investigator has met the specialized training requirements.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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 No NA
- 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 No NA
- 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 No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

- 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.)
 Yes No NA

115.35 (c)

- 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 No NA

115.35 (d)

- 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 No NA

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Training Records – Medical
3. Grafton County Department of Correction PREA Training Powerpoint

Interviews:

1. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.35 (a)The GCDOC PREA policy 8.A.1 does not address that the full-time medical staff member who works regularly in the facility receive training in how to detect and assess signs of sexual abuse and sexual harassment. As previously discussed in 115.11, the facility must include in PREA policy 8.A.1 the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment. The medical staff did receive training that includes; how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. A review of the training records indicated that five (5) staff assigned to Medical have received this training. The staff during the interviews were able to discuss the training they have received.

115.35 (b) The standard is Not Applicable as all forensic exams are conducted at the Dartmouth Hitchcock Medical Center in Lebanon, New Hampshire. This auditor was unable to review a Memorandum of Understanding between GCDOC and Dartmouth Hitchcock Medical Center that forensic exams will be conducted there if needed. The interview with medical staff confirmed this is the designated facility.

115.35 (c) The GCDOC does maintains documentation that medical staff have received the training referenced in this standard. A review of those records indicates that there were five (5) staff assigned to Medical that received the training.

115.35(d) The GCDOC ensures that all medical staff employed by the agency also receive training mandated for employees by §115.31. All staff are mandated to attend employee orientation prior to entering the facility. As previously discussed the facility must include in PREA policy 8.A.1 the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility must train all staff on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment.

Update:

1. The facility has included language in PREA policy 8.A.1 that addresses the agency's strategy to prevent, detect and respond to all forms of sexual abuse and sexual harassment.
2. The facility has trained all staff on the agency's strategy for prevention, detection and responding to all forms of sexual abuse and sexual harassment. The auditor has reviewed all training records that staff have been trained and interviews with random staff that were conducted reiterated that training.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 No
- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes 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? Yes 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 No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- 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 No
- 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 No
- 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 No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No

- 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 No

115.41 (h)

- 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 No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Classification Policy 3.D.1 and 3.D.2
3. Grafton County Department of Correction - PREA Screening Form
4. Inmate Files

Interviews:

1. Staff responsible for risk screening
2. Random Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

115.41(a) The GCDOC policies lack the specific language to address this provision “that all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates”. The auditor observed this process during the onsite review that this assessment is completed in Intake. A random review of fifteen (15) inmate files included the PREA screening tool that coincided with their booking date.

115.41(b)The GCDOC policies do not address that the “intake screenings ordinarily take place within 72 hours of arrival at the facility”. The interviews conducted with staff that are responsible for the risk screening indicated the intake screenings are typically completed within a few minutes of admission and would take place within 72 hours of arrival at the facility. There were fourteen (14) inmate interviews and all of the inmates indicated that they were asked about sexual orientation, prior sexual abuse and their own perception of their safety.

115.41(c) The PREA screening assessments are conducted using an objective screening tool which was verified by the auditor during the on-site review.

115.41(d)The intake screening tool at the GCDOC considers the following criteria to assess inmates for risk of sexual victimization: whether the inmate has a mental, physical, or developmental disability, assess inmates for risk of sexual victimization, the age of the inmate, the physical build of the inmate, whether the inmate has previously been incarcerated, whether the inmate’s criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child, whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, has previously experienced sexual victimization, the inmate’s own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. Staff reaffirmed that this information is asked of all inmates during Intake. The auditor reviewed fifteen (15) risk assessments that were conducted using this tool.

115.41(e)When assessing inmates for risk of being sexually abusive, the GCDOC initial PREA risk screening considers the following, prior acts of sexual abuse, prior convictions for violent offenses, history of prior institutional violence or sexual abuse. The staff interviews reaffirmed that this information is gathered during the intake process.

115.41(f) The GCDOC policies do not address in their policy that “within a set time period not more than 30 days from the inmate’s arrival at the facility, the facility will reassess the inmate’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening”.

115.41(g) The GCDOC policies do not address that the facility “will reassess an inmate’s risk level when warranted due to a: referral, request, incident of sexual abuse and receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness”.

115.41(h) The GCDOC Classification Policy 3.D.1 and 3.D.2 states “that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to the risk screening questions”. Interviews conducted with staff reiterated that inmates would be not disciplined for refusing to answer the screening questions.

115.41(i) The GCDOC has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. That information is electronically restricted and only authorized staff can access the information.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include specific language in the policy that "all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates" and "all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates". Also to include language "that the "intake screenings ordinarily take place within 72 hours of arrival at the facility".
2. The facility must include language in the policy that addresses within a set time period not more than 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening".

Update:

1. The facility has included specific language in the policy that "all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates" and "all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates". Also to include language "that the "intake screenings ordinarily take place within 72 hours of arrival at the facility".
2. The facility has include language in the policy that addresses within a set time period not more than 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening".

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- 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 No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- 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 No

115.42 (e)

- 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 No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- 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 No NA
- 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 No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Classification Policy 3.D.1

3. Grafton County Department of Correction Pre-Audit Questionnaire
4. Grafton County Department of Correction PREA Screening Form
5. Inmate Files

Interviews:

1. PREA Coordinator
2. Staff Responsible for Risk Screening

Site Review Observations:

1. Observations during on-site review of physical plant

115.42 (a) The GCDOC policies do not address “how the facility uses 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, bed assignments, work assignments, education assignments and program assignments”.

115.42 (b) The GCDOC policies do not address “how the facility makes individualized determinations about how to ensure the safety of each inmate based on information that is gathered the risk screening”.

115.42(c) The GCDOC policies do not address “that when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, the GCDOC will review and determine the transgender inmates housing assignment after review of the inmate records, assessments and an interview with the inmate. Interviews conducted with transgender inmates confirmed that they have met with the staff and discussed their housing options”.

115.42(d) The GCDOC policies do not address that “placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate”. The PAQ indicated that there were zero transgender or intersex inmates that were housed in the last 12 months.

115.42 (e) The GCDOC policies do not address that the GCDOC PREA Coordinator will meet with each transgender or intersex and discuss the inmate’s own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

115.42(f) The GCDOC policies do not address that “transgender inmates at the GCDOC are given the opportunity to shower separately from other inmates. Interviews conducted with random staff as well as the PREA Coordinator confirmed that the GCDOC has not housed a transgender or intersex inmate in the last 12 months.

115.42(g) The GCDOC policies do not address that “the GCDOC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in

connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates”. The GCDOC does not have a dedicated unit or wing solely on the basis of identification or status.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include specific language in the policy “how the facility uses 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, bed assignments, work assignments, education assignments and program assignments”.
2. The facility must include specific language in the policy “how the facility makes individualized determinations about how to ensure the safety of each inmate based on information that is gathered the risk screening”.
3. The facility must include specific language in the policy as to the measure taken to safely house transgender and intersex inmates to include discussing with the inmate’s own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

Update:

1. The facility has included specific language in the policy “how the facility uses 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, bed assignments, work assignments, education assignments and program assignments”.
2. The facility has included specific language in the policy “how the facility makes individualized determinations about how to ensure the safety of each inmate based on information that is gathered the risk screening”.
3. The facility has included specific language in the policy as to the measure taken to safely house transgender and intersex inmates to include discussing with the inmate’s own views with respect to his or her own safety and will give serious consideration when making facility and housing placement decisions and programming assignments.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 No
- 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 No

115.43 (b)

- 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 No
- 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 No
- 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 No
- 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 No
- 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.) Yes No NA
- If the facility restricts any 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.) Yes No NA
- If the facility restricts any 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.) Yes No NA

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No

- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Classification Policy
3. Grafton County Department of Correction Pre-Audit Questionnaire

Interviews:

1. Superintendent
2. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.43(a) The GCDOC reported in the PAQ that there were no inmates placed in involuntary segregation pursuant to sexual victimization. If an inmate risk screening identifies that they are high risk, there is an immediate review by the shift supervisor to determine housing. The GCDOC did not provide a policy for this provision in the PAQ, the auditor was unable to review the Classification Policy. The PAQ indicates that there have been zero (0) requests for Protective Custody in the last 12 months. The policy was reviewed during the corrective action policy and the GCDOC does not place inmates in involuntary segregation.

115.43(b) The auditor was not provided the Classification Policy in the PAQ to determine compliance with this provision. The policy was reviewed during the corrective action policy and the GCDOC does not place inmates in involuntary segregation.

115.43(c) The auditor was not provided the Classification Policy in the PAQ to determine compliance with this provision. The policy was reviewed during the corrective action policy and the GCDOC does not place inmates in involuntary segregation and have the same access to programs, privileges, education and work opportunities.

115.43(d) The auditor was not provided the Classification Policy in the PAQ to determine compliance with this provision. The policy was reviewed during the corrective action policy and the GCDOC does not place inmates in involuntary segregation.

115.43(e) The GCDOC has reported that there are no cases of an inmate being placed in involuntary segregation because he/she is at high risk of sexual victimization. The GCDOC did provide a memo requesting an addendum to the policy "At a minimum of 30 days an inmate whom has been involuntarily segregated for protective custody reasons is afforded a review of their status to determine if there is a need for continued segregation from general population". As previously stated, the auditor was not provided the Classification Policy to determine compliance for this provision. The policy was reviewed during the corrective action policy and the GCDOC does not place inmates in involuntary segregation.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must provide the Classification Policy to the auditor to determine compliance with this standard.

Update:

1. The facility did provide the Classification Policy and each provision has now been addressed.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (b)

- 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 No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- 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) Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Inmate Handbook
3. PREA Posters
4. Inmate Files

Interviews:

1. Random Sample of Staff
2. Random Sample of Inmates

Site Review Observations:

1. Observations during on-site review of physical plant

115.51(a) The GCDOC provides numerous channels for how to report sexual abuse and sexual harassment and retaliation by other inmates or staff for reporting sexual abuse or sexual harassment. The reporting methods displayed on the posters and can be anonymous:

- Call Grafton County Sheriff's Office at (603) 787-6911.
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Report to the PREA coordinator.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (603) 787-6911.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

115.51(b) The GCDOC utilizes the Grafton County Sheriff's Office that is not part of the agency to report sexual abuse or sexual harassment. The GCDOC does not house inmates detained solely for civil immigration purposes.

115.51(c)The GCDOC staff does accept reports of sexual abuse and sexual harassment that have been made verbally, in writing, anonymously and from third parties. The staff interviewed were able to articulate in their interviews, the different reporting mechanism and that they would report any allegation immediately to a supervisor.

115.51(d)The GCDOC utilizes the Grafton County Sheriff's Office as the method for staff to privately report sexual abuse and sexual harassment of inmates.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action required.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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. Yes No

115.52 (b)

- 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 No NA
- 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 No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA

115.52 (d)

- 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 No NA
- 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 No NA
- 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 No NA

115.52 (e)

- 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 No NA
- 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 No NA
- 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 No NA

115.52 (f)

- 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 No NA
- 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 No NA

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.52 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Inmate Grievance Procedure 3.H.5
2. Grafton County Department of Correction Pre-Audit Questionnaire

Interviews:

1. PREA Coordinator

Site Review Observations:

1. Observations during on-site review of physical plant

115.52(a) The GCDOC has an administrative procedure to address inmate grievances however it does not detail the procedures to address grievances alleging sexual abuse.

115.52(b) The GCDOC policy addresses that there is no limit on when an inmate submit a report regarding an allegation of sexual abuse. The policy does not address that inmates housed at GCDOC are not required to use an informal report process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

115.52(c) The GCDOC policy does not ensure that an inmate who alleges sexual abuse may submit a report without submitting it to a staff member who is the subject of the complaint. The policy does not address the procedure in which an inmate submits a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

115.52(d) The GCDOC policy does not address this provision.

115.52(e) The GCDOC policy does not address that they will accept 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.

115.52(f) The GCDOC policy do not address that it has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

115.52(g) The GCDOC policy does not address if there is discipline for inmate for filing a grievance related to alleged sexual unless the agency can demonstrate that the inmate has filed the grievance in bad faith.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must incorporate language in the policy to address the procedures for grievances alleging sexual abuse.
2. The facility must incorporate language in the policy and procedure in which an inmate submits a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
3. The facility must establish a procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.
4. The facility must incorporate language in the policy to address if there is discipline for inmate for filing a grievance related to alleged sexual unless the agency can demonstrate that the inmate has filed the grievance in bad faith.

Update:

1. The facility has incorporated language in the policy to address the procedures for grievances alleging sexual abuse.
2. The facility has incorporated language in the policy and procedure in which an inmate submits a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
3. The facility has established a procedure for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.
4. The facility has incorporated language in the policy to address if there is discipline for inmate for filing a grievance related to alleged sexual unless the agency can demonstrate that the inmate has filed the grievance in bad faith.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- 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 No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire
2. Grafton County Department of Correction PREA Policy 8.A.1
3. Grafton County Department of Correction – Inmate Handbook
4. PREA posters

Interviews:

1. Random Inmates

Site Review Observations:

1. Observations during the on-site review of physical plant

115.53(a): The GCDOC policy does not address how the inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse. There are PREA posters throughout the facility however it refers the inmate to “contact the national sexual assault support center for survivors of sexual abuse for emotional support services. To access these services, contact Call 800.656.HOPE (4673) to be connected with a trained staff member from a sexual assault service provider in your area”. The poster does not address whether this is a toll-free number. The auditor conducted 14 inmate interviews and the inmates were not able to discuss the outside victim advocates for emotional support that is available

115.53(b): The GCDOC policy does not address that it will inform inmates, prior to giving them access to outside services, of the extent in 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.

115.53(c): The GCDOC policy does not address that they have entered into a memorandum of agreement with the community service provider.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must incorporate language in the policy how the inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse.
2. The facility must incorporate language in the policy that it will inform inmates, prior to giving them access to outside services, of the extent in 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.
3. The facility should 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.

Update:

1. The facility has incorporated language in the policy how the inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse.
2. The facility has incorporated language in the policy that it will inform inmates, prior to giving them access to outside services, of the extent in 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.
3. The facility has entered 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. The memoranda of understanding is with the Littleton Area Sexual Assault Resource Team (SART) who states “to achieve justice for sexual violence victims by providing professional, collaborative support, victim-centered investigations and prosecutions using all resources available with sensitivity to the unique needs of each individual.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Website

Site Review Observations:

1. Observations during on-site review of physical plant

115.54 (a) The GCDOC webpage states "How to report sexual assault or sexual harassment on behalf of an inmate:

1. Call 1-603-787-6767 and speak to a supervisor.
2. Call 1-603-787-6911 and report it to a Grafton County Dispatcher

The information regarding reporting is readily available on the GCDOC website.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Recommendation:

1. Consider specific language on the website for third party reporting such as “All allegations including third-party reports, are confidential and will be thoroughly investigated. Third party allegations on behalf of an inmate can be initiated by contacting the Grafton County Department of Correction. Allegations which may result in criminal charges will be investigated by the Grafton County Sheriff’s Office ”

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 No
- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- 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 No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- 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 No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 9.10

Interviews:

1. Superintendent
2. PREA Coordinator
3. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.61(a)The GCDOC policy do not address that all staff are "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". It also does not address that 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". Finally, it does not address that staff "must report immediately and according to any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation". Interviews conducted with random staff demonstrated their duty to report immediately.

115.61(b) The GCDOC policy does not address that apart from reporting to designated supervisors or officials, that the GCDOC staff does 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. The staff were able to clearly articulate during the interviews the importance of keeping the information confidential but confidentiality is not addressed in the policy.

115.61(c) The GCDOC policy does not address that medical practitioners are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

115.61(d) The GCDOC policy does not address that the Medical and Mental Health staff are mandated reports and although the GCDOC does not house inmates under the age of 18, if the victim is considered a vulnerable adult under a State or local vulnerable person's statute, they must report the allegation to the designated State or local services agency under applicable mandatory reporting laws

115.61(e) The GCDOC staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's investigator. Staff interviewed are aware of their reporting responsibilities.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility should incorporate language into the policy that all staff are "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".
2. The facility should incorporate language into the policy that staff are "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".
3. The facility should incorporate language into the policy that staff "must report immediately and according to any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation".
4. The facility policy should include language that 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".

5. The facility policy must include language that medical practitioners are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
6. The facility should incorporate language in the policy that "the Medical and Mental Health staff are mandated reports and although the GCDOC does not house inmates under the age of 18, if the victim is considered a vulnerable adult under a State or local vulnerable person's statute, they must report the allegation to the designated State or local services agency under applicable mandatory reporting laws".

Update:

1. The facility has incorporated language into the policy that all staff are "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".
2. The facility has incorporated language into the policy that staff are "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".
3. The facility has incorporated language into the policy that staff "must report immediately and according to any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation".
4. The facility policy has included language that 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".
5. The facility policy has included language that medical practitioners are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
6. The facility has incorporated language in the policy that "the Medical and Mental Health staff are mandated reports and although the GCDOC does not house inmates under the age of 18, if the victim is considered a vulnerable adult under a State or local vulnerable person's statute, they must report the allegation to the designated State or local services agency under applicable mandatory reporting laws".

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Inmate Management Policy 3.D.1
3. Grafton County Department of Correction Pre-Audit Questionnaire

Interviews:

1. Superintendent
2. Random Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.62(a) The GCDOC PREA policy 8.A.1 and the Inmate Management policy 3.D.1 lacks the specific language and does not address the steps the agency takes "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". The PAQ indicated that in the past 12 months there has not been a time when the facility or agency has determined that an inmate was subject to a substantial risk of imminent sexual abuse. The

interviews with the Superintendent and random staff were able to articulate what their responsibility was and what steps they would take to ensure the inmate's safety.

Based upon the review and analysis of all of the available evidence, the auditor has determined that the agency is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy to address the steps the agency takes “when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, and what immediate action it takes to protect the inmate”

Update:

1. The facility has included language in the policy to address the steps the agency takes “when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, and what immediate action it takes to protect the inmate”

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction – Notice of Allegation

Interviews:

1. Superintendent

Site Review Observations:

1. Observations during on-site review of physical plant

115.63(a) The GCDOC PREA policy 8.A.1 does not provide language to address that “upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred”. The PAQ indicated there have been zero (0) allegations received in the 12-month reporting period of the audit. In the interview conducted with the Superintendent, he discussed the steps he would take once the facility received the allegation to include the process which would take place. He was aware the language is not specific to the agency's response in the policy.

115.63(b) The interview conducted with the Superintendent indicated that he was aware the notification is provided as soon as possible, but no later than 72 hours after receiving the allegation. As previously stated in 115.63(a) the policy does not provide specific language that includes the period of time in which this notification must be made.

115.63(c) The GCDOC did provide the “Notice of Allegation” document that would serve as the notification to another facility if an allegation were received. As indicated in the PAQ, there have been zero (0) allegations received within the 12-month reporting period of the audit. The policy does not include the process but the agency did provide a document, the “Notice of Allegation” that would be completed to notify another agency of an allegation.

115.63(d) The interview with GCDOC Superintendent discussed that he will forward any notifications that he receives that an allegation was made and that needs to be investigated to the Grafton County Department of Correction Investigator. As previously discussed in 115.63(a) the policy does not provide any language that details the process in which an allegation received from another agency will be investigated.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy that addresses the process in which “upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred”.

Update:

1. The facility has included language in the policy that addresses the process in which “upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred”.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 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: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes 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? Yes 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? Yes No

115.64 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1

Interviews:

1. Security Staff and Non-Security Staff First Responders

Site Review Observations:

1. Observations during on-site review of physical plant

115.64(a)The GCDOC staff upon learning of an allegation that an inmate was sexually abused, and the first security staff member to respond to the report is required to separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 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 and 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. All the staff that were interviewed have a strong knowledge of their duties and detailed how to respond effectively and professionally.

115.64(b) All of the GCDOC staff interviewed were able to articulate their requirements as a responder if they receive the information first. The staff member who received the allegation would instruct the alleged victim not take any actions that could destroy physical evidence, and then notify the security supervisor.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

- Grafton County Department of Correction PREA Policy 8.A.1
- Grafton County Department of Correction Coordinated Response Card

- Superintendent

Site Review Observations:

- Observations during on-site review of physical plant

115.65(a)The GCDOC has developed a written institutional plan according to the policy to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse. The auditor reviewed the coordinated response plan that meets the requirements of this standard. The interview with the Superintendent reiterated the training the staff have received on the coordinated response plan.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 limits 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 No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire

Interviews:

1. Superintendent

Site Review Observations:

1. Observations during on-site review of physical plant

115.66(a) The GCDOC staff are not part of any bargaining agreements or departmental policy therefore it would not limit the Grafton County Department of Correction in its ability to protect victims or potential victims of sexual abuse. This information was reviewed and reiterated during the interview with the Superintendent.

115.66(b) The Auditor is not required to audit this provision.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- 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 No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes 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? Yes 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: Act promptly to remedy any such retaliation? Yes 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 any inmate disciplinary reports? Yes 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? Yes 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? Yes 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? Yes 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? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Pre-Audit Questionnaire

Interviews:

1. Superintendent
2. Designated Staff Member Charged with Monitoring Retaliation

Site Review Observations:

1. Observations during on-site review of physical plant

115.67(a) The GCDOC policy does not address how "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, and shall designate which staff members or departments are charged with monitoring retaliation". The GCDOC indicated on the PAQ that it has designated a staff member to oversee the retaliation monitoring, however that staff member is also tasked with investigating allegations of sexual abuse and sexual harassment.

115.67(b) The GCDOC policy does not address 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.

115.67(c) The GCDOC policy or practice does not address that for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.

The policy also do not address that it will also monitor any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

115.67(d) The GCDOC policy does not address how it conducts status checks and how that information is documented.

115.67(e)The GCDOC policy does not address how it will monitor any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy on how “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, and shall designate which staff members or departments are charged with monitoring retaliation”.
2. The facility must include language in the policy on the 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.
3. Incorporate in the policy and establish a practice that addresses that the facility for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The policy must address that it will also monitor any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
4. The policy must language that includes how the facility conducts status checks and how that information is documented.
5. The policy must address how the facility will monitor any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.

Recommendation:

1. The facility should consider designating staff that were not directly involved for investigating the allegation to monitor retaliation.

Update:

1. The facility has included language in the policy on how “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, and shall designate which staff members or departments are charged with monitoring retaliation”.

2. The facility has included language in the policy on the 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.
3. The facility has incorporated in the policy and established a practice that addresses that the facility for at least 90 days following a report of sexual abuse, monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The policy now address that it will also monitor any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.
4. The policy has language that includes how the facility conducts status checks and how that information is documented.
5. The policy now addresses how the facility will monitor any individual who cooperates with an investigation and who expresses a fear of retaliation, and they will take appropriate measures to protect that individual against retaliation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Inmate Management Policy 3.D.1

Interviews:

1. Superintendent
2. Staff who Supervise Inmates in Segregated Housing

Site Review Observations:

1. Observations during on-site review of physical plant

115.68(a) The GCDOC PREA policy 8.A.1 and Inmate Management policy 3.D.1 lacks the language in the policies “prohibiting the placement of inmates who allege to have suffered sexual abuse 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 the likely abusers”. A review of the PAQ indicated there have not been any inmates that were housed in involuntary segregation for alleging sexual abuse. Interviews conducted reiterated the facilities classification process.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy that addresses “prohibiting the placement of inmates who allege to have suffered sexual abuse 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 the likely abusers”.

Update:

1. The facility has included language in the policy that addresses “prohibiting the placement of inmates who allege to have suffered sexual abuse 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 the likely abusers”.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- 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 No NA

115.71 (b)

- 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 No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- 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 No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- 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 No

115.71 (j)

- 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 No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction Pre-Audit Questionnaire
2. Grafton County Department of Correction Investigative Policy
3. Investigative Files

Interviews:

1. Investigative Staff

Site Review Observations:

1. Observations during the on-site review of physical plant

115.71(a): The GCDOC policy do not include language that discuss the conduct of its own investigations into allegations of sexual abuse and sexual harassment, it will initiate a thorough and objective investigation for all allegations within 24 hours or as circumstances dictate, including the third-party and anonymous reports. The PAQ indicated there was seven (7) criminal and/or administrative investigation completed in the past 12 months. There were five (5) allegations that were handled administratively and two (2) that were considered criminal and forwarded to the Grafton County Sheriff's Office. The interview with the investigator reiterated that once the allegation was received the investigation began immediately. A review of the investigation was completed and confirmed the date of the allegation and the date the investigation began was the same day it was received.

115.71(b): The GCDOC policy does not address that it shall utilize investigators who have received specialized training in sexual abuse investigations pursuant to 115.34 when sexual abuse is alleged. As previously discussed the criminal investigations are referred to the Grafton County Sheriff's Office. The PAQ indicated that there has been two (2) allegations of sexual abuse, the investigator from the Grafton County Sheriff's Office confirmed in his interview that he has received the specialized training to conduct these investigations.

115.71(c): The GCDOC policy does not address indicates that the investigators shall: gather and preserve direct and circumstantial evidence, including available physical and DNA evidence and available electronic data. They will also interview the alleged victims, suspected perpetrators and witnesses. Other responsibilities include reviewing prior complaints and reports of sexual abuse involving the alleged perpetrator. The investigative files were reviewed and detailed the evidence that was reviewed as well as the interviews conducted.

115.71(d): The GCDOC staff stated "that when the quality of evidence appears to support criminal prosecution, the GCDOC will cease any administrative investigation while the criminal investigation is being conducted. There has been two (2) allegations in which the evidence supports criminal prosecution, the investigator detailed the process during the interview.

115.71(e): The interview conducted with the investigator reiterated that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. The GCDOC or the GCSO will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegations.

115.71(f): The GCDOC policy do not address that the investigation must include an effort to determine whether staff actions or failures to act contributed to the abuse and it must be documented in written reports that include the description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The investigator confirmed this process during the interview.

115.71(g): The GCDOC policy does not address that criminal investigations must be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. There were two (2) criminal investigations, the investigator discussed the processes that would take place if applicable.

115.71(h): The GCDOC policy does not address that substantiated allegations of conduct that appears criminal shall be referred for prosecution. Per the PAQ, there have been two (2) allegations within the last 12 months. A review of the investigative files confirms this information.

115.71(i): The GCDOC policy does not address that the facility will retain all administrative and criminal written reports referenced for as long as the alleged abuse is incarcerated or employed by the agency, plus 5 years. During a review of the investigative file, all reports appeared to be in the file.

115.71(j) The GCDOC policy does not address that the investigations are completed regardless of employee status or inmate status. This auditor reviewed the investigative file that corroborated this provision.

115.71(k) Auditor is not required to audit this provision.

115.71(l): The GCDOC policy does not address that when the Grafton County Sheriff's Office investigates sexual abuse, GCDOC staff shall cooperate with outside investigators and shall remain informed about the progress of the investigation. The interview with the investigator did discuss that the agency would cooperate with outside investigators and have in the past.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must incorporate language in the policy to address each provision of the criminal and administrative agency investigation standard.

Update:

1. The facility has incorporated language in the policy to address each provision of the criminal and administrative agency investigation standard.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

- Grafton County Department of Correction PREA Policy 8.A.1
- Grafton County Department of Correction Investigation Policy
- Investigative Files

Interviews:

- Investigative Staff

Site Review Observations:

- Observations during on-site review of physical plant

115.72(a) The GCDOC PREA policy 8.A.1 and the Investigation policy does not include language that "the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated". Interviews with the investigative staff reiterated they will not impose a higher standard than a preponderance of evidence in determining whether an allegation is substantiated.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy that addresses “the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated

Update:

1. The facility has included language in the policy that addresses “the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 No

115.73 (b)

- 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 No NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- 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 No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Investigation Policy
3. Investigative Files

Interviews:

1. Superintendent
2. Investigative Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.73(a) The GCDOC policy does not address that following an investigation into an inmate's allegation that he or she suffered sexual abuse that the GCDOC informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The GCDOC provided a document of "Possible outcomes of an investigation" in which the inmates acknowledges. This document does not address this provision.

115.73(b) The GCDOC policy does not address if they will request the relevant information from the GCSO who is responsible for conducting the criminal investigation in order to inform the inmate.

115.73(c) The GCDOC policy does not address that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, that the GCDOC will subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73(d) The GCDOC policy does not address that following an inmate's allegation that he or she has been sexually abused by another inmate, that the GCDOC will 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 GCDOC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73(e) The GCDOC policy does not address that notifications or attempted notifications are documented by the GCDOC and the notifications are kept in the investigative files. The GCDOC provided a document of "Possible outcomes of an investigation" in which the inmates acknowledges. This document does not address this provision.

115.73 (f) Auditor is not required to audit this provision

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must incorporate language in the policy to address each provision of the reporting to inmate’s standard.
2. The facility must establish a process in which the inmate is informed verbally or in writing of the results of the investigation.

Update:

1. The facility has incorporated language in the policy to address each provision of the reporting to inmate’s standard.
2. The facility has established a process in which the inmate is informed verbally or in writing of the results of the investigation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Personnel Policy - 1.B.9 - Prohibition of Sexual Misconduct
3. Grafton County Department of Correction Pre-Audit Questionnaire

Site Review Observations:

1. Observations during on-site review of physical plant

115.76(a) The GCDOC policies do not address whether or not the "staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies".

115.76(b) The GCDOC policies do not address whether or not "termination shall be presumptive disciplinary sanction for staff who have engaged in sexual touching".

115.76(c) The GCDOC policies do not address "the sanctions for violations of agency policies relating to sexual abuse and sexual harassment 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". The PAQ indicated that within the past 12 months, there has been one (1) staff member that was terminated (or resigned prior to termination) for violating

agency sexual abuse or sexual harassment policies. The criminal investigation regarding this allegation is on going.

115.76(d) The GCDOC policies do not address whether or not “the terminations for violations of agency sexual abuse, sexual harassment 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”.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include in the policy “that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies”.
2. The facility must include language in the policy that addresses “the sanctions for violations of agency policies relating to sexual abuse and sexual harassment 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”.
3. The facility must include language in the policy that the terminations for violations of agency sexual abuse, sexual harassment 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”.

Update:

1. The facility has included in the policy “that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies”.
2. The facility has included language in the policy that addresses “the sanctions for violations of agency policies relating to sexual abuse and sexual harassment 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”.
3. The facility has included language in the policy that the terminations for violations of agency sexual abuse, sexual harassment 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”.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Personnel Policy 1.B.9
3. Grafton County Department of Correction Pre-Audit Questionnaire
4. Volunteer Orientation Acknowledgement Form

Interviews:

1. Superintendent

Site Review Observations:

1. Observations during on-site review of physical plant

115.77(a)The GCDOC PREA policy or the Personnel policy does not address that "Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to

law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies”. The Superintendent indicated that the contractor or volunteer would be prohibited from contact with inmates, would be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, there have not been any contractors or volunteers that have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

115.77(b)The GCDOC PREA policy or the Personnel policy does not address that “Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies”. The interview with the Superintendent indicated that the contractor or volunteer would be prohibited from contact with inmates, would be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy that addresses that “Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies”.

Update:

1. The facility has included language in the policy that addresses that “Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies”.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 No

115.78 (b)

- 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 No

115.78 (c)

- 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 No

115.78 (d)

- 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 No

115.78 (e)

- 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 No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Inmate Management – Inmate Discipline Policy 3.G.1
3. Grafton County Department of Correction Inmate Handbook

Interviews:

1. Superintendent
2. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.78(a) The GCDOC policies do not address whether “inmates at the GCDOC shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

115.78(b) The GCDOC policies or inmate handbook do not reflect that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

115.78(c) The Interview with the Superintendent reiterated that the disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The GCDOC policies do not reflect that “the disciplinary process shall consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed”.

115.78(d) The GCDOC does not offer programming such as therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The Medical and Mental Health may consider a referral for one on one counselling if appropriate.

115.78(e) The GCDOC policies do not address whether or not they will “discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact”.

115.78(f) The GCDOC policies do not address “for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation”. The GCDOC has a zero tolerance policy concerning sexual contact.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy that addresses the “disciplinary sanctions that the GCDOC inmates will face pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse”.
2. The facility must include specific language in the inmate handbook that reflects the disciplinary sanctions for inmates.

Update:

1. The facility has included language in the policy that addresses the “disciplinary sanctions that the GCDOC inmates will face pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse”.
2. The facility has included specific language in the inmate handbook that reflects the disciplinary sanctions for inmates.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 No NA

115.81 (b)

- 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 No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Inmate Medical Services and Healthcare Administration
3. Grafton County Department of Correction Medical Intake Form
4. Grafton County Department of Correction Pre-Audit Questionnaire

Interviews:

1. Staff Responsible for Risk Screening

Site Review Observations:

1. Observations during on-site review of physical plant

115.81(a) This provision is Not Applicable, this facility is a jail

115.81(b) This provision is Not Applicable, this facility is a jail

115.81(c) The GCDOC policies do not address “if the inmate indicates that he/she has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The GCDOC risk screening tool does ask the inmate about prior sexual victimization however the Medical Intake form does not.

115.81(d) The GCDOC policies do not address that “any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law”.

115.81(e) The GCDOC does not house inmates under the age of 18 and medical and mental health practitioners do not have a process to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy that addresses that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening once it is known that there is prior sexual victimization.
2. The GCDOC must include language in the policy and establish a process where they receive informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Update:

1. The facility has included language in the policy that addresses that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening once it is known that there is prior sexual victimization.
2. The GCDOC has included language in the policy and establish a process where they receive informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. The auditor reviewed the revised Patient Acknowledgment and General Consent form that now includes the specific language. This form is signed during the Medical Intake with the Nurse. There were five (5) intakes completed since the form has been revised, all forms were in compliance.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 No

115.82 (b)

- 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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Inmate Medical Services and Healthcare Administration
3. Intake Medical Screening

Interviews:

1. Medical Staff

Site Review Observations:

1. Observations during on-site review of physical plant

115.82(a)The GCDOC policies do not address that “inmate victims of sexual abuse shall 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”.

115.82(b)The GCDOC staff will act as security staff first responders, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, the security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

115.82(c) The GCDOC policies do not address that “inmate victims of sexual abuse while incarcerated shall be 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”.

115.82(d) The GCDOC do not address that “treatment services shall be 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 GCDOC Inmate Medical Services and Healthcare Administration policy states “Inmates will be charged a co-pay to see the DOC physician and/or psychiatrist per the inmate handbook” which conflicts with the provision of this standard.

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must incorporate language into the policy the access to medical and mental health services that a victim can access immediately following a sexual assault.

2. The facility must address language in the policy that “treatment services shall be 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”.

Update:

1. The facility has incorporated language into the policy the access to medical and mental health services that a victim can access immediately following a sexual assault.
2. The facility has addressed language in the policy that “treatment services shall be 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”.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 No

115.83 (b)

- 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 No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- 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 No NA

115.83 (e)

- 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 No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Inmate Medical Services and Healthcare Administration Policy

Interviews:

1. Medical Staff

Site Review Observations:

2. Observations during on-site review of physical plant

115.83(a) The GCDOC policies does not address that the facility will 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.

115.83(b) The GCDOC policies do not address “the evaluation and treatment of victims to 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

115.83(c) The GCDOC policies do not address that the facility provides such victims with medical and mental health services consistent with the community level of care. The interview Medical staff did indicate that all victims would receive medical and mental health services that were consistent with the community level of care.

115.83(d) The GCDOC policies do not address that “inmate victims of sexually abusive vaginal penetration while incarcerated at the GCDOC shall be offered pregnancy tests”.

115.83(e) The GCDOC policies do not address that “if pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services”.

115.83(f) The GCDOC policies do not address that “inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate”.

115.83(g) The GCDOC policies do not address that “any 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 .

115.83(h) Not Applicable, the facility is a jail

Based upon the review and analysis of all the available evidence, the auditor finds the facility is not substantially compliant with this standard and corrective action is required.

Corrective Action:

1. The facility must include language in the policy that addresses the agency’s ongoing medical and mental health care for sexual abuse victims and abusers. That language must include the must include the evaluation, treatment, follow-up services and when necessary referrals for continued care.

Update:

1. The facility has included language in the policy that addresses the agency's ongoing medical and mental health care for sexual abuse victims and abusers. That language must include the evaluation, treatment, follow-up services and when necessary referrals for continued care.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- 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 No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Pre-Audit Questionnaire
3. Investigative Files

Interviews:

2. Superintendent
3. PREA Coordinator
4. Incident Review Team Member

Site Review Observations:

3. Observations during on-site review of physical plant

115.86(a) The GCDOC PREA policy states “the agency conducts 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”. The PAQ indicates that there have been seven (7) allegations in the past 12 months and two (2) have been referred to the Grafton County Sheriff’s Office for a criminal investigation and are under investigation. The incident review team did review the five (5) administrative investigations in accordance with the policy.

115.86(b) The GCDOC PREA policy states “the review will ordinarily occur within 30 days of the conclusion of the investigation”. The reviews were conducted within the 30 days of the conclusion of the investigation.

115.86(c) The GCDOC review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The team includes the Superintendent, PREA Coordinator, Captain, Medical and Mental Health staff.

115.86(d) The GCDOC PREA policy discusses that the review team will consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Also they will 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. They will examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and assess the adequacy of staffing levels in that area during different shifts. The GCDOC review team will assess whether monitoring technology should be deployed or augmented to supplement supervision by staff and will 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 Superintendent.

115.86(e) The GCDOC will implement the recommendations for improvement, or document its reasons for not doing so.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- 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 No

115.87 (d)

- 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 No

115.87 (e)

- 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 No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Investigation Policy

115.87 (a) The GCDOC does collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions

115.87(b) The GCDOC does aggregate the incident-based sexual abuse data at least annually

115.87(c) The GCDOC uses 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.

115.87 (d) The GCDOC does maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e) Not Applicable – the GCDOC does not contract for the confinement of its inmates

115.87 (f) Not Applicable - the DOJ has not requested agency data

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 No
- 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 No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- 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 No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

- Grafton County Department of Correction PREA Policy 8.A.1
- Grafton County Department of Correction Investigation Policy

115.88(a) The GCDOC PREA policy 8.A.1 did address that the facility will 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. The review also includes; 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.

115.88(b) The GCDOC annual report will 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.

115.88(c) The GCDOC annual report is approved by the Superintendent and made readily available to the public through its website

115.88(d) The GCDOC will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- 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 No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

Documents:

1. Grafton County Department of Correction PREA Policy 8.A.1
2. Grafton County Department of Correction Investigation Policy

115.89(a) The GCDOC ensures that data collected pursuant to § 115.87 are securely retained.

115.89(b) The GCDOC makes 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.

115.89(c) The GCDOC removes all personal identifiers before making aggregated sexual abuse data publicly available.

115.89(d) The GCDOC will 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.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. No corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No 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.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.

This the first audit for the Grafton County Department of Correction.

(b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

(c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA-related issues.

(d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.

The audit instrument provided by the PREA Resource Center was used to conduct this audit.

(e) The agency shall bear the burden of demonstrating compliance with the standards.

The Agency was required to provide the documentation demonstrating compliance.

(f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.

The auditor reviewed policies, procedures, reports and the ACA accreditation report.

(g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period.

Sampling size is noted throughout the report.

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities.

The auditor was provided access to, was able to observe all areas of the audited facility.

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information)

The auditor was able to receive copies of any relevant documents requested.

(j) The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

All items collected are being retained for up to 18 months after the corrective action period.

(k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

Numbers and types of interviews are noted in the narrative section of the report.

(l) The auditor shall review a sampling of any available videotapes and other electronically available data that may be relevant to the provisions being audited.

The auditor was able to review electronic surveillance current and past as the system allowed.

(m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

All interviews conducted were in a private setting.

(n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

A poster announcing the audit, providing the auditors address was sent to the facility six weeks prior to the audit. They were not viewed in every housing unit. Some of the randomly requested inmates acknowledged they saw them, other indicated they had not.

(o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

The auditor reached out to Just Detention, Inc. to ascertain if they have any relevant insight into conditions of this facility.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard has the following requirements:

- (a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.
- (b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.

- (c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: 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 audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.
- (d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.
- (e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.
- (f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.

This is the first audit for the Grafton County Department of Correction

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Danielle M. Frane
Auditor Signature

April 12, 2021
Date

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.
PREA Audit Report – V5.