

Death in Custody Reporting Act (DCRA) State Implementation Plan

In December 2014, Congress enacted the Death in Custody Reporting Act of 2013 (DCRA). DCRA requires states and federal law enforcement agencies to report information regarding the death of any person who is detained, under arrest or is in the process of being arrested, is enroute to be incarcerated or is incarcerated at a municipal or county jail, state prison, state-run boot camp prison, boot camp prison that is contracted out by the state, any state or local contract facility, or other local or state correctional facility (including any juvenile facility). Public Law No: 113-242 (12/18/2014). The State of Vermont does not have a death in custody reporting law

The Department of Justice's Bureau of Justice Assistance (BJA) requires reporting from states pursuant to the DCRA. The Vermont Department of Public Safety (DPS) is the State Administrative Agency (SAA) for the Edward Byrne Memorial Justice Assistance Grant (JAG) Program, and as the SAA, is responsible for Vermont's DCRA reporting to the BJA.

Vermont does not have state law regarding death in custody reporting. Vermont has 70 law enforcement agencies compiled of state, county, and municipal agencies. Only one of these agencies has a municipal lockup. The Department of Corrections (DOC) has 6 facilities in the state and does not use contract prisons or boot camps. DOC has been trained and is knowledgeable of the DCRA guidelines. DPS maintains contacts within DOC to ensure all deaths in custody are reported properly and that quarterly reporting is accurate.

To counter the lack of a DCRA statute, the state requires suspicious deaths and deaths in custody to be processed through the Office of the Chief Medical Examiner (OCME). The OCME is required to conduct autopsies in these death instances, including deaths of persons in correctional custody when housed out of state. The Vermont State Police has a full time Detective Sergeant assigned to the OCME's Office. This Det Sgt is trained in DCRA reporting and acts as a level of redundancy to ensure complete reporting for all deaths meeting the DCRA guidelines. Through this VSP/OCME coordination, DPS can assure an affirmative zero position when responses are not received from small law enforcement agencies in Vermont. The Det Sgt also verifies information with reporting agencies to ensure all death in custody instances are accurately and completed reported. The Det Sgt tracks open and pending investigations through the OCME's Office, providing updates to the reporting agency and DPS as needed.

To ensure statewide and accurate reporting of death in custody data, DPS has provided a submittable electronic form capturing all the required data points for DCRA reporting. This form is sent quarterly to all 70 law enforcement agencies and DOC, and includes reporting deadlines, DCRA reporting guidance, and points of contact for DCRA questions. The quarterly contact also provides a training refresher for DCRA requirements and can include any updates from federal partners. DPS does not maintain a DCRA website but provides the DCRA reporting form via the DPS SharePoint site and as an accessible link/PDF for agencies to post on their own networks. With the current system in place, and with ongoing evaluation of accuracy and effectiveness, DPS does not require training and technical assistance (TTA) from BJA. DPS does not expect challenges in collecting and reporting DCRA data because of the effectiveness of the review process through the OCME and the redundancy of the VSP Det Sgt's oversight. With quarterly and annual reviews, DPS can identify challenges and leverage BJA's TTA if needed.

For each quarter in a calendar year, criminal justice agencies must either (1) identify all reportable deaths that occurred in their jurisdictions during the corresponding quarter and provide basic information about the circumstances of the death, or (2) affirm that no reportable death occurred during the reporting period. This data is collected by the Vermont State Police's Special Investigations Commander and Criminal Division Grants Program Specialist for auditing and reporting. The Grants Program Specialist manually enters the data received through the online reporting form into the Performance Measurement Tool (PMT) and reports to the U.S. Bureau of Justice Assistance.

This applies to the following jurisdictions:

- Law enforcement agencies.
- Municipal or county jails.
- State prisons.
- State-run boot camp prison or boot camp prison that is contracted out by the state.
- Any state or local contract facility.
- Other local or state correctional facility (including any juvenile facility).

Reporting deadlines are as follows; however, you may complete the form any time during the quarter in which a death occurred, instead of waiting until due date.

- Quarter 1: October 1 to December 31 – *Report by Jan. 20*
- Quarter 2: January 1 to March 31 – *Report by April 20*
- Quarter 3: April 1 to June 30 – *Report by July 20*
- Quarter 4: July 1 to September 30 – *Report by Oct. 20*

Note: Jurisdictions that fail to comply may be ineligible to receive funds from the SAA.



Vermont State Police

Death in Custody Reporting Form

Vermont State Police
Department of Public Safety
45 State Drive
Waterbury, VT 05671

I. Please provide the following decedent information.

<input type="text"/>			<input type="text"/>			<input type="text"/>					
Last Name			First Name			Middle Name					
Date of Birth			<input type="text"/>			<input type="checkbox"/> Unknown					
MM/DD/YY											
Ethnicity			<input type="checkbox"/> Hispanic, Latino, or Spanish origin			<input type="checkbox"/> Not of Hispanic, Latino, or Spanish origin			<input type="checkbox"/> Unknown		
Decedent Race (Select all that apply)			<input type="checkbox"/> Asian			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander					
Gender			<input type="checkbox"/> Male			<input type="checkbox"/> Female			<input type="checkbox"/> Other Gender Identity: <input type="text"/>		
			<input type="checkbox"/> White			<input type="checkbox"/> American Indian/Alaska Native					
			<input type="checkbox"/> Unknown			<input type="checkbox"/> Black/African American					

II. Please list the following information regarding the decedent's death.

Name of Location of Death (if applicable). This could be the name of a facility, place of business, or other designation for the location of death.			Date of Death		
<input type="text"/>			<input type="text"/>		
Street Address			Time of Death (24-hour clock)		
<input type="text"/>			<input type="text"/>		
City		State	Zip		Cause of Death
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

If the event causing the death occurred in any of the following facilities, please indicate the appropriate facility below. If the event causing the death did not occur in one of the facilities listed below, please use the "None of the above" answer choice.

(Mark only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Municipal or county jail | <input type="checkbox"/> Any state or local contract facility | <input type="checkbox"/> Other local or state correctional facility (to include any juvenile facilities) |
| <input type="checkbox"/> State-run boot camp prison | <input type="checkbox"/> Contracted boot camp prison | |
| <input type="checkbox"/> State prison | <input type="checkbox"/> None of the above | |

III. Please list the name of the department or agency that incarcerated, detained, pursued, arrested, or was in the process of arresting the deceased.

Agency Name
<input type="text"/>

Facility Name (if applicable)
<input type="text"/>



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IV. Please indicate the manner of death.

(Mark only one)

- Accident (e.g., traffic accident, non-suicidal drug toxicity, etc.) Death attributed to use of force by a law enforcement or corrections officer
- Natural causes Suicide Homicide (e.g., an incident between two or more incarcerated individuals resulting in a death)
- Unavailable, investigation pending

Please report the agency conducting the investigation and an approximate end date:

Other

Please explain:

V. Please provide the narrative of the circumstances leading to the death (i.e., details surrounding an event that may have led to the death, the number and affiliation of any parties involved in an incident, the location and characteristics of an incident, other context related to the death, etc.).

VI. Please provide the contact information of the individual who is submitting this form.

Name, Title		Phone Number	
Agency		Email	
Date			