

PREA Audits Years Cycle 2

Facility completion dates

Facility Name	On Site Start Date	On-site End Date	Interim Report Date	Full Compliance
Chittenden	2.27.17	3.1.17	3.30.17	8.7.18
Southeast State	3.2.17	3.3.17	3.31.17	8.1.17
Southern State	3.6.17	3.8.17	6.19.17	8.8.17
Marble Valley	1.22.18	1.25.18	2.19.18	7.12.18
Northeast	1.25.18	1.30.18	2.23.18	7.24.18
Northern State	1.30.18	2.2.18	3.4.18	7.27.18
Northwest State	3.2.18	3.7.18	3.7.18	3.17.18

Standards Met in Remediation

- 1) 115.13- SUPERVISION & MONITORING
 - a) Requires use of video monitoring
 - b) Auditor identified several blind spots during tour
 - (1) 3-year camera plan addressing need for additional cameras detailed by priority
- 2) 115.14- YOUTHFUL OFFENDERS
 - a) Requires sight and sound separation between youthful offenders and adults
 - (1) Youth could be seen through unit window
 - (2) Auditor mentioned concerns in having to remove adults from the unit to comply
 - (a) Curtain placed over the window when a youthful offender is in the unit
 - (b) Youthful Offenders will be placed on constant observation since sound separation cannot be met
 - (c) Updated local procedure with new requirements
- 3) 115.15- LIMITS TO CROSS-GENDER VIEWING AND SEARCHES
 - a) Cross-gender searches of females only to be done in exigent circumstances
 - (1) Cross-gender searches being done due to lack of female staff
 - (a) Policy changed stating that lack of female staff is not an exigent circumstance
 - b) Staff must announce presence if opposite gender
 - (1) Not all staff announcing
 - (a) Staff retrained on expectation
- 4) 115.18- UPGRADES TO FACILITIES AND TECHNOLOGY
 - a) Camera placement to avoid blind spots
 - (1) Blind spots identified
 - (a) 3-year camera plan updated to reflect need for new camera placement
 - b) Staff monitoring cameras when bodily functions are being performed should not be of the opposite gender
 - (1) Females assigned to main control can see male inmates using the toilet
 - (a) Interim solution of post orders reflect that a paper is to be over the monitor control until new cameras installed
- 5) 115.33- INMATE EDUCATION
 - a) Requires record retention
 - (1) Both sides of forms were not scanned into OMS
NOTE: inmates were knowledgeable, Signs, newsletters, posters up
 - (a) Updated record process, random selection of inmate files audited; records present and complete

- 6) 115.41-SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
 - a) Ask the inmates directly if they identify as LGBTQI
 - (1) Department screening tool only referenced if the inmate voluntarily or was perceived to be identified
 - (a) Department form updated to ask directly, roll call informing staff, facility wide email
NOTE: OMS (Offender Management System) updated so this is now online and identical at all sites
- 7) 115.52- EXHAUSTION OF ADMINISTRATIVE REMEDIES
 - a) Tracking of sexual violence related grievances
 - (1) Facility was unable to identify grievances specific to sexual violence
 - (a) Use categories in OMS to categorize sexual violence
 - (b) Developed a tracking mechanism for such grievances
 - b) Requirement for initial response within 48 hours of a sexual violence related grievance being submitted
 - (1) Agency policy and statewide resident handbook did not identify the 48-hour or third-party requirement
 - (a) Agency policy and handbook updated
- 8) 115.63-REPORTING TO OTHER FACILITIES
 - a) Superintendent where the allegation is made must notify the Superintendent of the facility where it allegedly occurred
 - (1) Notification was done by Superintendent, PREA Coordinator, or others
 - (a) Superintendent provides all notifications
- 9) 115.64- STAFF FIRST RESPONDER DUTIES
 - a) Staff awareness that perpetrators and victims are to be advised not to shower, brush teeth or perform bodily functions in order to preserve evidence
 - (1) Not all staff were able to identify the expectation during interviews
 - (a) NOTE: there were 2 incidents during the reporting period where this was followed
 - (b) Staff provided additional training on evidence preservation
- 10) 115.67- AGENCY PROTECTION FROM RETALIATION
 - a) Requires retaliation monitoring for 90 days past incident conclusion
 - (1) No documentation in investigative files demonstrating that monitoring was complete
NOTE: reminders in calendar and inmates verified monitoring was being done
 - (a) Local procedure updated to require that the statewide form is used
- 11) 115.73- REPORTING TO INMATES
 - a) Requires notifying inmate victims of investigative outcome
 - (1) Some victims weren't notified or refused to sign the form so there was no documentation
 - (a) All written notification forms completed
- 12) 115.86-SEXUAL ABUSE INCIDENT REVIEWS
 - a) Requires incident reviews within 30 days of incident conclusion
 - (1) conducted outside of 30 days
 - (a) Updated facility procedure to require 30-day completion
 - (b) Set regularly schedule weekly meeting where this was on the agenda