

# PREA INMATE ORIENTATION FORM

## PART I - BOOKING

Inmate Name: \_\_\_\_\_, DOB: \_\_\_\_\_,

PID: \_\_\_\_\_, Facility: \_\_\_\_\_,

1. Date of Booking Intake: \_\_\_\_\_ Officer Name: \_\_\_\_\_

- a. Give the inmate "You Have the Right to be Safe" brochure & read it to them if the inmate is unable to.
- b. Give locations of the inmate phones and instructions for the operation of the Agency of Human Services Inmate/Offender Hotline for reporting incidents (see *AHS Memo, Attachment 3*);
- c. Inform the inmate that they can report incidents of sexual abuse or behavior to any staff member (including contractors and volunteers);
- d. Inform the inmate of the zero-tolerance policy of sexual abuse between both staff and inmates, and inmates and inmates.

*I have reviewed the information under my responsibility with this inmate per this directive 409.09.*

Booking Officer Signature: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

The Booking Officer completes Part I and immediately gives the signed form to the CWS/LUS to give to the assigned CSS to complete Part II.

## PART II - CASEWORKER

2. Date of Intake with CSS: \_\_\_\_\_ CSS Name: \_\_\_\_\_

- a. CSS reviews "You have the Right to be Safe" brochure with inmate and reads it to them if the inmate is unable to.
- b. CSS reviews and informs them:
  - i. How to avoid risky situations related to sexual abuse
  - ii. Instructions for operation of the Offender Reporting line
  - iii. How to report an incident
  - iv. How to obtain medical assistance and/or counseling services if victimized
  - v. The risks & potential consequences of engaging in any sexual activity.
  - vi. The departments policies and procedures for responding to incidents with a sexual component
  - vii. Rights to be free from sexual abuse, sexual harassment and to be free from retaliation for reporting such incidents.

3. Inmate has access to Inmate Handbook with all PREA orientation info.

*By signing below, you are stating that you have been oriented & understand your rights and safety under the Prison Rape Elimination Act while in the custody and/or supervision of the Vermont Department of Corrections. If you have any questions, please ask staff for assistance.*

Inmate Signature: \_\_\_\_\_ Orientation Date(s): \_\_\_\_\_

*I have reviewed the information under my responsibility with this inmate per directive 409.09.*

CSS Signature: \_\_\_\_\_ Orientation Date: \_\_\_\_\_

cc: Inmate file