

Facility Name: \_\_\_\_\_

## Document Review Worksheet Employee/Contractor/Volunteer Records

Staff Completing Worksheet: \_\_\_\_\_

### PREA Audit – Juvenile Facilities

Standards 115.317, 115.331, 115.332, 115.334, 115.335, 115.367, 115.376, 115.377

<b>Employee Name</b>	<b>Position/Title</b>	<b>Date of Hire</b>
<p><b>Check all that apply:</b>   <input type="checkbox"/> New Hire (use new sheet if re-hired)   <input type="checkbox"/> Current Employee   <input type="checkbox"/> Promotion (Date of Promotion _____)   <input type="checkbox"/> Part-time</p> <p style="padding-left: 40px;"><input type="checkbox"/> Contractor   <input type="checkbox"/> Volunteer   Program or Work Area or Service Provided: _____</p> <p><input type="checkbox"/> Alleged abuser in SA/SH allegation   <input type="checkbox"/> Reported, cooperated w/ investigation or witness to SA/SH allegation (If so, review retaliation monitoring §115.367*)</p> <p><input type="checkbox"/> Disciplined/Sanctioned for violating agency sexual abuse or sexual harassment policies §115.376(a), §115.377(a)*</p> <p><input type="checkbox"/> Terminated for engaging in sexual abuse §115.376(b), §115.377(b)* <span style="float: right;">*Obtain documentation (if applicable)</span></p>		
Record/File	Requirements	Comments
<p><b>Hiring and Promotion Decisions §115.317</b> (employees and contractors)</p> <p><b>For Hiring:</b> Proof of required questions §115.317(a), §115.317(f):</p> <p><input type="checkbox"/> On employment application</p> <p><input type="checkbox"/> At interview for hire</p> <p><input type="checkbox"/> On interview or self-evaluation form</p> <p><b>For Promotion (if applicable):</b> Proof of required questions §115.317(a), §115.317(f):</p> <p><input type="checkbox"/> On application for promotion</p> <p><input type="checkbox"/> At interview for promotion</p>	<input type="checkbox"/> Initial criminal history check §115.317(c)(1) & (d)   Date: _____	Source (e.g., FBI, other federal, state, local): _____
	<input type="checkbox"/> Contact with prior institutional employers §115.317(a)(3) & 115.317(c)(2)   Date(s): _____	Facility(ies) contacted: _____
	<input type="checkbox"/> 5-year criminal history check §115.317(e)   Date(s): _____ <input type="checkbox"/> Alternative alert system (if applicable, explain in "comments" column)	
	<input type="checkbox"/> Child abuse registry check §115.317(c)(2)   Date: _____	Registry source and state(s): _____
<b>Note: Auditor must ensure the employee, volunteer, and contractor training is compliant with the Standard and received prior to contact with residents(see FAQ 10/22/2019).</b>		
<p><b>Employee Training §115.331:</b></p> <p><input type="checkbox"/> Proof of initial PREA training</p> <p><input type="checkbox"/> Proof of PREA refresher training</p> <p><input type="checkbox"/> Proof of refresher information</p>	<input type="checkbox"/> Documented employee's understanding of initial PREA training received §115.331(d)   Date: _____ <input type="checkbox"/> Documented employee's understanding of PREA refresher training §115.331(d)   Date: _____	<p><b>Specialized PREA Training (if applicable):</b></p> <p><input type="checkbox"/> Proof of investigative training received §115.334   Date: _____</p> <p><input type="checkbox"/> Proof of Medical/Mental health training received §115.335   Date: _____</p>
<p><b>Volunteer Training §115.332:</b></p> <p><input type="checkbox"/> Proof of zero-tolerance policy notification</p> <p><input type="checkbox"/> Informed how to report</p> <p><input type="checkbox"/> Additional PREA training received (based on services they provide and level of contact they have with residents)</p>	<p><b>Explain the level and type of contact, and corresponding training received:</b></p>	<input type="checkbox"/> Documentation confirming volunteer understanding the training received §115.332(c)   Date: _____
<p><b>Contractor Training §115.332:</b></p> <p><input type="checkbox"/> Proof of zero-tolerance policy notification</p> <p><input type="checkbox"/> Informed how to report</p> <p><input type="checkbox"/> Additional PREA training received (based on services they provide and level of contact they have with residents)</p>	<p><b>Explain the level and type of contact, and corresponding training received:</b></p>	<input type="checkbox"/> Documentation confirming contractors understanding the training received §115.332(c)   Date: _____