**Facility:**

**Document Review Worksheet**

**Staff Completing Worksheet:**

**Inmate Records**

PREA Audit – Adult Prisons & Jails

Standards 115.14, 115.16, 115.33, 115.41, 115.42, 115.63, 115.81, 115.83

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| **Inmate Name/ID#:**  | **Date of birth:**☐ Under the age 18 or has been in custody while under age of 18 **§115.14** ☐ If housed while under the age of 18, was held separately from adult inmates **§115.14** **Date of Current Admission:**☐ Multiple admissions in last 12 months. How many?\_\_\_\_\_\_\_\_\_\_ Date(s):  | **Note:** If the record shows multiple admissions the auditor should assess whether all required screening and education requirements occurred (explain in comment section).  |
| **Record/File** | **Proof Documentation** | **Comments****(notations/explanation/missing info)** |
| **Screening for Risk of Sexual Victimization and Abusiveness §115.41**☐ Prior sexual victimization indicated   ☐ Prior sexual perpetration indicated     ☐ Reassessment of inmate’s risk of sexual victimization or abusiveness **Check (if applicable) §115.42:** ☐transgender ☐intersex  | ☐ Intake screening (within 72 hours of arrival) **§115.41(a), (b)** Date: **Note:** Auditor must ensure the intake screening considered all required factors in **§115.41(d)**☐ Follow-up meeting with Med/MH offered to the inmate within 14 days **§115.81(a) or (c)**☐ If applicable, other facility head notified of allegation (within 72 hours) **§115.63****For prisons only:**☐ Perpetrator offered follow-up with MH within 14 days **§115.81(b)**☐ MH evaluation for known inmate-on-inmate abuser attempted within 60 days of learning of such abuse history **§115.83(h)**☐ Known inmate-on-inmate abuser is offered treatment when deemed appropriate by MH practitioners **§115.83(h)**☐ Reassessment (within 30 days of arrival) **§115.41(f)** Date: ☐ If applicable, reassessed when warranted **§115.41(g)** and **Reason for reassessment**: ☐ SA incident ☐ SH incident ☐ Referral ☐ Request ☐ New information**Note:** Review the reassessment. Add comments on what changed and what action(s) were taken by the facility (e.g., inmate disclosed LGB status at reassessment and facility moved inmate to a direct supervision housing unit).☐ Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year **§115.42(d)** Dates:  |  |
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| **Inmate Education §115.33****Limited English Proficient/Disability §115.16**  | ☐ Proof of PREA information at intake **§115.33(a)**☐ Proof of PREA comprehensive education w/in 30 days of intake **§115.33(b)****Check:** ☐ in-person ☐ through video☐ Inmate education in accessible formats **§115.33(d)** **Check (if applicable):** ☐Limited English proficient ☐ Cognitively impaired ☐ Limited reading skills ☐ Physically disabled ☐ Otherwise disabled  |  |

Note: SA = Sexual abuse, SH = Sexual harassment, Med = Medical, MH = Mental health, LGB = Lesbian, gay, bisexual