

Facility:

## Document Review Worksheet Inmate Records

Staff Completing Worksheet:

PREA Audit – Adult Prisons & Jails

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

<b>Inmate Name/ID#:</b>	<b>Date of birth:</b> <input type="checkbox"/> Under the age 18 or has been in custody while under age of 18 <b>§115.14</b> <input type="checkbox"/> If housed while under the age of 18, was held separately from adult inmates <b>§115.14</b> <b>Date of Current Admission:</b> <input type="checkbox"/> Multiple admissions in last 12 months. How many?_____ Date(s):	<b>Note:</b> 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)
<b>Screening for Risk of Sexual Victimization and Abusiveness §115.41</b>  <input type="checkbox"/> Prior sexual victimization indicated  <input type="checkbox"/> Prior sexual perpetration indicated  <input type="checkbox"/> Reassessment of inmate's risk of sexual victimization or abusiveness  <b>Check (if applicable) §115.42:</b> <input type="checkbox"/> transgender <input type="checkbox"/> intersex	<input type="checkbox"/> Intake screening (within 72 hours of arrival) <b>§115.41(a), (b)</b> Date: <b>Note:</b> Auditor must ensure the intake screening considered all required factors in <b>§115.41(d)</b>  <input type="checkbox"/> Follow-up meeting with Med/MH offered to the inmate within 14 days <b>§115.81(a) or (c)</b> <input type="checkbox"/> If applicable, other facility head notified of allegation (within 72 hours) <b>§115.63</b>  <b>For prisons only:</b> <input type="checkbox"/> Perpetrator offered follow-up with MH within 14 days <b>§115.81(b)</b> <input type="checkbox"/> MH evaluation for known inmate-on-inmate abuser attempted within 60 days of learning of such abuse history <b>§115.83(h)</b> <input type="checkbox"/> Known inmate-on-inmate abuser is offered treatment when deemed appropriate by MH practitioners <b>§115.83(h)</b>  <input type="checkbox"/> Reassessment (within 30 days of arrival) <b>§115.41(f)</b> Date: <input type="checkbox"/> If applicable, reassessed when warranted <b>§115.41(g)</b> and <b>Reason for reassessment:</b> <input type="checkbox"/> SA incident <input type="checkbox"/> SH incident <input type="checkbox"/> Referral <input type="checkbox"/> Request <input type="checkbox"/> New information <b>Note:</b> 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).  <input type="checkbox"/> Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year <b>§115.42(d)</b> Dates:	
<b>Inmate Education §115.33</b>  <b>Limited English Proficient/Disability §115.16</b>	<input type="checkbox"/> Proof of PREA information at intake <b>§115.33(a)</b> <input type="checkbox"/> Proof of PREA comprehensive education w/in 30 days of intake <b>§115.33(b)</b> <b>Check:</b> <input type="checkbox"/> in-person <input type="checkbox"/> through video  <input type="checkbox"/> Inmate education in accessible formats <b>§115.33(d)</b> <b>Check (if applicable):</b> <input type="checkbox"/> Limited English proficient <input type="checkbox"/> Cognitively impaired <input type="checkbox"/> Limited reading skills <input type="checkbox"/> Physically disabled <input type="checkbox"/> Otherwise disabled	