**Document Review Worksheet**

**Staff Completing Worksheet:**

**Facility:**

**Resident Records**

PREA Audit – Juvenile Facilities

Standards 115.316, 115.333, 115.341, 115.363, 115.383

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| **Resident Name/ID#:**    **Date of birth:** | **Date of current admission:**  ☐ Multiple admissions in the 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)** |
| **Obtaining Information from Residents §115.341**  ☐ Prior sexual victimization indicated      ☐ Prior sexual perpetration indicated    ☐ Is known, resident-on-resident abuser  **Check (if applicable) §115.342**  ☐transgender ☐intersex | ☐ Intake screening (within 72 hours of arrival) **§115.341(a)** Date:  **Note:** Auditor must ensure the intake screening considered all required factors in **§115.341(c)**  ☐ If applicable, other facility head notified of allegation (within 72 hours)**§115.363**  ☐ Med/MH follow-up with victim offered within 14 days of intake screening **§115.381(a)**  ☐ Perpetrator offeredfollow-up with MH offered within 14 days **§115.381(b)**  ☐ MH eval for known resident-on-resident abuser within 60 days of learning of such abuse history **§115.383(h)**  ☐ Known resident-on-resident abuser is offered treatment when deemed appropriate by MH practitioners **§115.383(h)**  ☐ Periodic reassessment **§115.341(a)**  **Note:** Indicate date(s) and result(s) of the periodic reassessment in comments.  ☐ Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year **§115.342(e)**  Dates: |  |
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| **Resident Education** **§115.333(e)**  **Limited English Proficient/Disability** **§115.316** | ☐ Information is age-appropriate **§115.333(a)**  ☐ Proof of PREA information at intake **§115.333(a)**  ☐ Proof of comprehensive age-appropriate education within 10 days of intake **§115.333(b)** **Check:** ☐ in-person ☐ through video  ☐ Resident education in accessible formats **§115.333(d)**  **Check (if applicable):** ☐ Limited English proficient ☐ Cognitively impaired ☐ Limited reading skills ☐ Physically disabled ☐ Otherwise disabled |  |

Note: Med = Medical, MH = Mental health