

Note: This document was created for use by the PRC Field Training Program (FTP). Certified auditors are not required to utilize this resource for compliance audits but may choose to as a best practice. This is intended to be an aid in capturing elements of a facility's practice but may not be all-inclusive. Auditors are encouraged to reference applicable standards for specific requirements.

Facility Name:

Document Review Worksheet Employee/Contractor/Volunteer Records

Staff Completing Worksheet:

PREA Audit – Community Confinement

Standards 115.217, 115.231, 115.232, 115.234, 115.235, 115.267, 115.276, 115.277

Employee Name	Position/Title	Date of Hire
<p>Check all that apply: <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 <input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer Program or Work Area or Service Provided: _____ <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 §115.267*) <input type="checkbox"/> Disciplined/sanctioned for violating agency sexual abuse or sexual harassment policies §115.276(a), 115.277(a)* <input type="checkbox"/> Terminated for engaging in sexual abuse §115.276(b), 115.277(b)* *Obtain/review documentation (if applicable)</p>		
Record/File	Requirements	Comments
<p>Hiring and Promotion Decisions §115.217 (employees and contractors) For Hiring: Proof of required questions §115.217(a), 115.217(f): <input type="checkbox"/> On employment application <input type="checkbox"/> At interview for hire <input type="checkbox"/> On interview or self-evaluation form</p> <p>For Promotion (if applicable): Proof of required questions 115.217(a), 115.217(f): <input type="checkbox"/> On application for promotion <input type="checkbox"/> At interview for promotion</p>	<input type="checkbox"/> Initial criminal history check §115.217 (c)(1) Date:	Source (e.g., FBI, other federal, state, local):
	<input type="checkbox"/> Contact with prior institutional employers §115.217(a)(3) & 115.217(c)(2) Date(s):	Facility(ies) contacted:
	<input type="checkbox"/> 5-year criminal history check §115.217(e) Date(s): <input type="checkbox"/> Alternative alert system (if applicable, explain in "comments" column)	
	<input type="checkbox"/> Elder abuse registry check Date: <input type="checkbox"/> Child abuse registry check Date: Note: Recommended, not required by Standard.	Registry source and state(s):
Note: Auditor must ensure the employee, volunteer, and contractor training is compliant with the Standard and received prior to contact with inmates (see FAQ 10/22/2014).		
<p>Employee Training §115.231: <input type="checkbox"/> Proof of initial PREA training <input type="checkbox"/> Proof of PREA refresher training <input type="checkbox"/> Proof of refresher information</p>	<input type="checkbox"/> Documented employee's understanding of initial PREA training §115.231(d) Date: <input type="checkbox"/> Documented employee's understanding of PREA refresher training §115.231(d) Date:	<p>Specialized PREA Training Received <input type="checkbox"/> Proof of completed investigative training §115.234 Date: <input type="checkbox"/> Proof of Medical/Mental health training received §115.235 Date:</p>
<p>Volunteer Training 115.232 <input type="checkbox"/> Proof of zero-tolerance policy notification <input type="checkbox"/> Informed how to report <input type="checkbox"/> Additional PREA training received (based on services they provide and level of contact they have with residents)</p>	Explain the level and type of contact, and corresponding training received:	<input type="checkbox"/> Documentation confirming volunteer understanding of the training received §115.232(c) Date:
<p>Contractor Training §115.232: <input type="checkbox"/> Proof zero-tolerance policy notification <input type="checkbox"/> Informed how to report <input type="checkbox"/> Additional PREA training received (based on services they provide and level of contact they have with residents)</p>	Explain the level and type of contact, and corresponding training received:	<input type="checkbox"/> Documentation confirming contractor understanding the training received §115.232(c) Date:

Note: SA = Sexual abuse, SH = Sexual harassment, Nat'l = National, FAQ = Frequently asked question