

Facility: _____

Staff Completing Worksheet: _____

Document Review Worksheet Resident Records

PREA Audit – Community Confinement

Standards 115.216, 115.233, 115.241, 115.263, 115.283

Resident Name/ID#: Date of birth:	Date of Current Admission: <input type="checkbox"/> 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)
Screening for Risk of Sexual Victimization and Abusiveness §115.241 <input type="checkbox"/> Prior sexual victimization indicated <input type="checkbox"/> Prior sexual perpetration indicated <input type="checkbox"/> Reassessment of resident's risk of sexual victimization or abusiveness	<input type="checkbox"/> Intake/transfer screening (within 72 hours of arrival) §115.241(a),(b) Date: Note: Auditor must ensure the intake screening considered all required factors in §115.241(d) If applicable: <input type="checkbox"/> Other facility head notified of allegation (within 72 hours) §115.263 <input type="checkbox"/> MH evaluation for known resident-on-resident abuser within 60 days of learning of such abuse history §115.283(h) <input type="checkbox"/> Reassessment (within 30 days of arrival) §115.241(f) Date: <input type="checkbox"/> If applicable, reassessed when warranted §115.241(g) and Reason for reassessment: <input type="checkbox"/> SA incident <input type="checkbox"/> SH incident <input type="checkbox"/> Referral <input type="checkbox"/> Request <input type="checkbox"/> New information Note: Review the reassessment. Add comments on what changed and what action(s) were taken by the facility (e.g., resident disclosed LGB status at reassessment and facility moved resident to a direct supervision housing unit).	
Resident Education §115.233 Limited English Proficient/Disability §115.216	<input type="checkbox"/> Proof of PREA information at intake §115.233(a) <input type="checkbox"/> Resident education in accessible formats §115.233(c) Check (if applicable): <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	