

Facility:

Document Review Worksheet Resident Records

Staff Completing Worksheet:

PREA Audit – Juvenile Facilities
Standards 115.316, 115.333, 115.341, 115.363, 115.383

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)
Obtaining Information from Residents §115.341 <input type="checkbox"/> Prior sexual victimization indicated <input type="checkbox"/> Prior sexual perpetration indicated <input type="checkbox"/> Is known, resident-on-resident abuser Check (if applicable) §115.342 <input type="checkbox"/> transgender <input type="checkbox"/> intersex	<input type="checkbox"/> 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) <input type="checkbox"/> If applicable, other facility head notified of allegation (within 72 hours) §115.363 <input type="checkbox"/> Med/MH follow-up with victim offered within 14 days of intake screening §115.381(a) <input type="checkbox"/> Perpetrator offered follow-up with MH offered within 14 days §115.381(b) <input type="checkbox"/> MH eval for known resident-on-resident abuser within 60 days of learning of such abuse history §115.383(h) <input type="checkbox"/> Known resident-on-resident abuser is offered treatment when deemed appropriate by MH practitioners §115.383(h) <input type="checkbox"/> Periodic reassessment §115.341(a) Note: Indicate date(s) and result(s) of the periodic reassessment in comments. <input type="checkbox"/> Placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year §115.342(e) Dates:	
Resident Education §115.333(e) Limited English Proficient/Disability §115.316	<input type="checkbox"/> Information is age-appropriate §115.333(a) <input type="checkbox"/> Proof of PREA information at intake §115.333(a) <input type="checkbox"/> Proof of comprehensive age-appropriate education within 10 days of intake §115.333(b) Check: <input type="checkbox"/> in-person <input type="checkbox"/> through video <input type="checkbox"/> Resident education in accessible formats §115.333(d) 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	