



## Prison Rape Elimination Act (PREA) General Questionnaire (All Recipients)

Recipient:

Grant Number:

Reporting Period:

Completed By:

Date:

### INSTRUCTIONS

The following pages outline the general questions and performance measures questions for **ALL** recipients of an award under Prison Rape Elimination Act (PREA) grant program. The performance achievements for this program are established to show the impact and value of the program and indicate how grant activities meet the PREA objectives. The data collected from this form is used by OCJG members to report performance data BJA's Performance Management Tool (PMT) system, as required by the state's federal PREA award.

Throughout this report, the term "inmate" is intended to include detainees and residents. The term is used here to describe any individual confined within a prison, jail, and lockup or juvenile facility. These supplemental questionnaires should be uploaded to the appropriate achievement in AmpliFund.

**FAILURE TO SUBMIT THE APPROPRIATE PERFORMANCE QUESTIONNAIRE(S) BY  
YOUR AGENCY'S REPORTING DEADLINE WILL RESULT IN THE WITHHOLDING OF  
FUNDS ON YOUR AWARD.**

Please contact the Office of Criminal Justice Grants at (850) 617-1250 for any questions pertaining to this report.

### GENERAL AWARD INFORMATION

1. Was there grant activity during the reporting period?  
*If No, please explain:*

### HIRING PERSONNEL

**The intent of this section is to report on the number of newly created positions as a result of PREA program funds. Please only report newly created positions that are paid for at least partially using PREA program funds.**

2. Did you create any **NEW** staff and/or contract positions paid for at least partially with PREA program funds during the reporting period?  
*If No, skip to question 4.*



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

3. If Yes, please enter the number of **NEW** positions created in each category during the reporting period. *Please only report each newly created position once, in the reporting period in which the position was classified. Please select the category that best describes each position.*

Staff	Number
PREA Coordinator/Director	
Other PREA Staff (e.g., compliance manager)	
Medical staff/practitioner	
Mental health staff/practitioner	
Officers/Supervision staff	
Investigator	
Data Analysts/IT personnel	
Other:	
If Other, please describe:	

### TRAINING

4. During the reporting period, did you provide PREA-related training to correctional staff, contractors, and/or volunteers paid for at least partially using PREA program funds? *Training is the action/process of teaching an individual(s) a vocational (or practical) skill(s) or a type of behavior. Examples of training include webinars, presentations at staff meetings, and lesson plans/curricula designed by your PREA coordinator or other staff member. Please do not count pamphlets and flyers as training unless they are part of a training session.*

Yes, training was provided to correctional staff

Yes, training was provided to contractors and/or volunteers

Yes, training was provided to correctional staff, contractors and volunteers

No (go to question 14)

5. Please describe the PREA-related training provided to staff. Consider discussing the training cycles, topics covered, and links to training materials, if available.



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

6. Which training method best describes your PREA-related training given to **correctional staff** (select all that apply). Please report for correctional staff only. You will be asked about contractor and volunteer training later.

Classroom based

E-learning (e.g., web based)

Take-home paper-based training (e.g., training manuals, written policies or protocols)

Other (please describe):

7. During the reporting period, how many correctional staff members were **NEWLY HIRED**?

Category	Number
Number of newly hired staff.	
Of those, how many received PREA-related training?	

8. During the reporting period, how many existing correctional staff received PREA-related training? This **excludes** any newly hired correctional staff.
9. Which training method best describes your PREA-related training given to **contractors/volunteers** (select all that apply). Please report for contractors/volunteers only.

Classroom based

E-learning (e.g., web based)

Take-home paper-based training (e.g., training manuals, written policies or protocols)

Other (please describe):

10. During the reporting period, how many **NEW** contractors/volunteers who have contact with inmates started working within your agency? Of those, how many **NEW** contractors/volunteers received PREA-related training according to §115.32; §115.132; §115.232; or §115.332 during the reporting period?

Category	Number
Number of new contractors/volunteers.	
Of that total, how many received PREA-related training?	

11. During the reporting period, how many staff/contracted investigators received specialized **sexual assault investigator** training according to §115.34; §115.134; §115.234; or §115.334 of the PREA Standards?



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

12. During the reporting period, how many staff/contracted medical professionals received specialized training in **sexual-related trauma** according to §115.35; §115.235; or §115.335 of the PREA Standards?
13. During the reporting period, how many staff/contracted mental health professionals received specialized training in **sexual assault-related mental health treatment** according to §115.35; §115.235; or §115.335?

### INMATE SCREENING/ASSESSMENT AND EDUCATION

This section asks about inmate screening for risk of victimization or abusiveness (§115.41; §115.141; §115.241; or §115.341 of the PREA Standards). Please only report screening and assessment activity in this section if PREA program funds are used at least partially to conduct screenings/assessments OR to develop or purchase a new screening/assessment tool. The Inmate Education section asks about inmate education regarding the agency policy regarding sexual abuse or sexual harassment and PREA in general (i.e., §115.33; §115.233; or §115.333 of the PREA Standards). Please only report inmate education activities in this section if PREA program funds at least partially paid for the development of education materials, or if PREA staff, paid for with PREA program funds, delivered the education/educational materials to inmates.

14. Did you use any PREA program funds to develop or purchase a **NEW** screening/assessment tool or to conduct screening/assessment?  
If No, skip to question 16.
15. Please answer the following for new inmates that were admitted to your facility or facilities during the reporting period.

Category	Number
Number of inmates newly admitted during the reporting period:	
Of those newly admitted during the reporting period, how many received a screening for risk of sexual victimization or perpetration:	
Of those reported in above, what is the number of inmates found to be at high risk for sexual victimization:	
Of those reported in above, what is the number of inmates found to be at high risk for sexual abusiveness/ perpetration:	

16. Did you provide PREA-related education to inmates during the reporting period?  
*According to the PREA Standards, within 30 days of intake, agencies are required to provide comprehensive education to inmates regarding their PREA-related rights and responsibilities as an inmate in the facility/agency. Inmate education should be comprehensive and inform individuals about the agency's zero-tolerance policy and how to report any incidents of sexual abuse or harassment. Examples include peer-led classes, staff-led classes, or an orientation video. Please do not count pamphlets, flyers, and posters placed in the common areas.*  
If No, skip to question 19.



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

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If Yes, please describe the PREA-related education provided to inmates. Consider discussing the education provided at intake, education provided within the first 10 to 30 days, and upon transfer.

17. Which training method best describes your PREA-related education provided to inmates during the reporting period (select all that apply):

Classroom based

E-learning (e.g., web based)

Take-home paper-based training (e.g., training manuals, written policies or protocols)

Other (please describe):

18. During the reporting period, how many inmates received PREA-related education/educational materials?

*Please count only when inmates either received classroom-based, e-learning, or paper-based training. Only count paper-based training if inmates were given training materials. Although these materials are important, please do not count flyers/posters that are posted on a wall in a common area or bulletin board as training.*

### TECHNOLOGY IMPLEMENTATION AND ENHANCEMENT

**This section asks about surveillance cameras and data systems/database purchases and enhancements as well as the implementation of new hotlines. Please only report activities in this section if they are paid for at least partially with PREA program funds.**

19. During the reporting period, did you install any **new** surveillance units/cameras purchased at least partially using PREA program funds?

If Yes, please describe the improvements you are making to your surveillance capabilities.

20. During the reporting period, did you purchase or improve any new or existing data systems, paid for at least partially with PREA program funds?

If Yes, please describe the improvements you are making to your data systems. *In particular, please focus on how the new technology will improve recording, reporting, and investigating allegations of sexual abuse/misconduct.*



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

21. During the reporting period, did you establish any **new** confidential support hotlines or new methods of reporting for victims to report allegations of sexual abuse or staff sexual misconduct using PREA program funds?

*One example is signing an agreement with a victim service provider to staff a 24/7 hotline.*

If yes, please select from below the **NEW** methods of reporting allegations of sexual abuse that were created and/or purchased using PREA program funds at least partially during the reporting period.

*These methods may apply to both inmates who report on their own behalf and to correctional staff who report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual misconduct. Select all that apply:*

### Internal Reporting Methods

Anonymous hotline via agency staff (e.g., the initial call is routed to correctional staff members)

Anonymous locked confidential mail box for designated correctional staff

### External Reporting Methods

Anonymous hotline via non-agency staff (e.g., the initial call is routed to an ombudsman or other public or private entity)

### Third-Party Reporting Methods

Third-party (e.g., clergy or family member) report to correctional or non-correctional staff

Third-party website/online (e.g., e-mail or website form)

### Other Internal, External, or Third-Party Reporting Methods

Other (please describe):

22. During the reporting period, using PREA program funds, did you sign any **NEW** agreements for outside confidential victim support services per §115.53, §115.253, and §115.353 of the PREA Standards? An example is a toll-free hotline to victim advocates or rape crisis organizations. Victim advocates or rape crisis organizations do not report allegations of sexual abuse on behalf of the victims.

## **VICTIM SUPPORT SERVICES**

**This section asks questions about the sexual assault forensic examiners (SAFEs), sexual assault nurse examiners (SANEs), and sexual assault response teams (SARTs) as well as medical and mental health services provided to alleged victims of sexual abuse or nonconsensual sexual acts. Please report activities in this section if they are paid for at least partially using PREA program funds.**

23. During the reporting period, **at least partially** using PREA program funds, did you hire, contract, or sign agreements with any organizations for NEW SANEs or SAFEs?

If Yes, how many are **NEW** to the agency (within or outside of the agency) during the reporting period:



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

24. During the reporting period, did you provide training using PREA program funds to any existing staff to perform the functions of a SANE/SAFE?  
If Yes, please enter the number of staff who received SANE/SAFE training during the reporting period.

25. Did your organization implement or participate in a Sexual Assault Response Team (SART) using PREA program funds?

*A SART typically consists of individuals representing public and private entities, including advocates, law enforcement, SAFEs/SANEs, forensic personnel, prosecutors, and correctional staff. It may also be referred to as a coordinated response team.*

If yes, complete the following table.

Category	Number
How many <b>NEW</b> SARTS were implemented <b>during the reporting period?</b> <i>Implemented means that all identified members have formally agreed to form the SART and are able to respond to incidents of sexual abuse and staff sexual misconduct within the facilities. This includes existing SARTs that expanded its service area to include your facilities.</i>	
How many SARTs available to your organization <b>as of the last day of the reporting period?</b> <i>For example, you would enter 3 if your agency has 3 facilities and each facility has partnered with a local SART.</i>	

26. During the reporting period, did any alleged victims of sexual abuse or nonconsensual sexual acts receive medical or mental health services, paid for at least partially using PREA program funds? *Sexual abuse is defined in §115.16 of the PREA standards. Nonconsensual sexual acts are defined as contact of any person without his or her consent, or of a person who is unable to consent or refuse; AND contact between the penis and the vagina or the penis and the anus including penetration, however slight; OR contact between the mouth and the penis, vagina, or anus; OR penetration of the anal or genital opening of another person by a hand, finger, or other object.*  
If No, go to question 29.

27. During the reporting period, at least partially using PREA program funds, how many alleged victims received medical services as a result of sexual abuse or nonconsensual sexual acts?

Category	Number
Total number of alleged victims who received medical services resulting from sexual abuse or nonconsensual sexual acts: <i>This includes any alleged victims who received medical services in the current reporting period, both those who received medical services for the first time in the</i>	



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

*reporting period as well as those who received medical services in a previous reporting period and continue to receive them.*

Number of **NEW** alleged victims who received medical services resulting from sexual abuse or nonconsensual sexual acts for the first time during the reporting period.

Of those reported in the above question, please enter the number of alleged victims of sexual abuse or nonconsensual sexual acts who received emergency medical services.

Of those who received emergency medical services, please enter the number of alleged victims of nonconsensual sexual acts seen by a medical professional for emergency medical services who were offered a forensic exam.

Of those who were offered a forensic exam, please enter the number of alleged victims who received a forensic exam.

28. During the reporting period, did any alleged victims of sexual abuse receive mental health services paid for at least partially using PREA program funds? If yes, complete the following table.

Category	Number
If Yes, please report the <b>total number</b> of alleged victims of sexual abuse who received mental health services during the reporting period. <i>This includes those who received services in previous quarters and continue to receive them and those who received services in only this reporting period.</i>	
Of those reported above, please report the number of alleged victims of sexual abuse who <b>received mental health services</b> during the reporting period (i.e., did not receive mental health services in the previous reporting period)	

### AUDIT

**This section asks questions about auditing and corrective action according to sections §115.401–.405 of the PREA Standards. Please report activities in this section if they are paid for at least partially using PREA program funds.**

29. Did your agency prepare any facilities for a PREA audit during the reporting period?

If Yes, please describe how your agency is using PREA program funds at least partially to prepare for an audit. *Examples include contracting with one or more DOJ-Certified Auditors to schedule audits for each of your facilities and conducting an internal “mock” audit.*





## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

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30. Did your agency complete any PREA audits during the reporting period? *For the purpose of the PREA standards, the audit is considered complete upon issuance of the initial audit report or 30 days after the conclusion of the audits onsite visit to the facility, whichever one comes first.*
31. If your agency completed any PREA audits, please enter the number of facilities audited during the reporting period.
32. Please list the names of facilities that had audits completed and the date of the on-site portion of the audit for each facility during the reporting period.
33. Was there a finding of "Does Not Meet Standard" with one or more of the PREA standards for any facility audited during the reporting period.  
If Yes, please list the facilities found to be out of compliance and identify each PREA standard that the facility did not meet.

### OUTCOME MEASURES

**This next section asks about outcome measures, including number of victims, perpetrators identified, and investigations opened/closed. Please answer the following questions based on data from all facilities identified in your grant award as part of your PREA initiative.**

34. During the reporting period, did the agency you are reporting for complete the **Survey of Sexual Violence Summary Form (SSV-2)** for the Bureau of Justice Statistics (BJS) administered by the U.S. Census Bureau?
35. If Yes to the previous question, did you forward a copy of the completed Survey of Sexual Violence Summary Form (SSV-2) to the Office of Criminal Justice Grants? *As a special condition of the grant, BJA requires grantees to share a copy of the completed form.*  
If you have completed the SSV-2 form, but have not submitted a copy to the Office of Criminal Justice Grants, please explain:



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

36. During the reporting period, were there any new or ongoing investigations of **inmate-on-inmate** sexual abuse?  
*This includes both criminal and administrative investigations. Include all investigations that were opened, continued, and/or closed during the current reporting period.*  
If No, skip to question 42.
37. Please enter the number of alleged victims of **inmate-on-inmate** sexual abuse identified during the reporting period.  
*The intent of this question is for you to report an unduplicated count of alleged victims who experienced at least one incident of sexual abuse during the reporting period.*
38. Please enter the number of alleged inmate perpetrators of **inmate-on-inmate** sexual abuse identified during the reporting period.  
*The intent of this question is for you to report an unduplicated count of alleged perpetrators who committed at least one sexual abuse offense during the reporting period and were identified.*
39. During the reporting period, how many **NEW** allegations of **inmate-on-inmate** sexual abuse were investigated?

Category	Number
Total number of NEW allegations of sexual abuse investigated this reporting period	
Number of NEW internal investigations started during the reporting period	
Number of NEW external investigations started (i.e., investigations conducted by an external investigative agency) during the reporting period	

40. How many investigations of **inmate-on-inmate** sexual abuse were closed during the reporting period?  
*An investigation can be considered closed for any reason. This includes finding the incident was unsubstantiated, unfounded, forwarded to a prosecutor, or the agency administratively closed the case.*

Category	Number
Total number of investigations closed	
Number of internal investigations closed	
Number of external (i.e., investigations initiated by an external investigative agency) closed	
Number of investigations closed where the allegations were found to be substantiated. <i>This includes all cases where an investigation found sufficient evidence to corroborate the allegation.</i>	



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

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Number of investigations closed that were referred to a prosecutor. *This includes any cases resulting from internal or external investigations. Please report regardless of the prosecutor's decision to prosecute the case.*

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41. As of the last day of the reporting period, how many investigations of **inmate-on-inmate** sexual abuse are ongoing?  
*This includes any new investigations started this reporting period that have not yet closed and those that were started in previous reporting periods and are still active.*
42. During the reporting period, were there any new or ongoing investigations of **staff-on-inmate** sexual abuse?  
*This includes both criminal and administrative investigations. Include all investigations that were opened, continued, and/or closed during the current reporting period*  
If No, skip to question 48.
43. Please enter the number of alleged victims of **staff-on-inmate** sexual abuse identified during the reporting period.  
*The intent of this question is for you to report an unduplicated count of alleged victims who experienced at least one incident of sexual abuse during the reporting period.*
44. Please enter the number of alleged staff perpetrators of sexual abuse of inmates identified during the reporting period.  
*The intent of this question is for you to report an unduplicated count of alleged perpetrators who committed at least one sexual abuse offense during the reporting period and were identified.*
45. During the reporting period, how many **NEW** allegations of **staff-on-inmate** sexual abuse were investigated?

Category	Number
Total number of NEW allegations of sexual abuse investigated this reporting period	
Number of NEW internal investigations started during the reporting period	
Number of NEW external investigations started (i.e., investigations conducted by an external investigative agency) during the reporting period	

46. How many investigations of **staff-on-inmate** sexual abuse were closed during the reporting period? *An investigation can be considered closed for any reason. This includes finding the incident was unsubstantiated, unfounded, forwarded to a prosecutor, or the agency administratively closed the case.*

Category	Number
Total number of investigations closed	
Number of internal investigations closed	



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

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Number of external (i.e., investigations initiated by an external investigative agency) closed

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Number of investigations closed where the allegations were found to be substantiated. *This includes all cases where an investigation found sufficient evidence to corroborate the allegation.*

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Number of investigations closed that were referred to a prosecutor. *This includes any cases resulting from internal or external investigations. Please report regardless of the prosecutor's decision to prosecute the case.*

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47. As of the last day of the reporting period, how many investigations of staff-on-inmate sexual abuse are ongoing?

*This includes any new investigations started this reporting period that have not yet closed and those that were started in previous reporting periods and are still active.*

### NARRATIVE QUESTIONS

48. What were your accomplishments during the reporting period?

49. What goals were accomplished, as they relate to your grant award?

50. What problems/barriers did you encounter, if any, during the reporting period that prevented you from reaching your goals or milestones?

51. Is there any assistance that OCJG can provide to address any problems/barriers identified in question?

If Yes, please explain:



## Prison Rape Elimination Act (PREA) Questionnaire (All Recipients)

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52. Are you on track to fiscally and programmatically complete your program as outlined in your grant application?

Please explain:

53. What major activities are planned for the next 6 months?

54. Based on your knowledge of the criminal justice field, are there any innovative programs/accomplishments that you would like to share with OCJG?

If Yes, please explain:

55. Is this the **FIRST** performance reporting period for this award?

If "Yes," you must submit a completed **BASELINE** questionnaire when uploading this form

56. Is this the **LAST** performance reporting period for this award?

If "Yes," you must submit a completed **POST-AWARD** questionnaire when uploading this form.



**This completes your PREA General Questionnaire reporting requirements. Please ensure if you answered yes to question 55 or 56 that the additional questionnaire is uploaded with this document.**