

FACILITY WORKSHEET

This fillable worksheet is designed to equip advocates with a general knowledge of key characteristics, contacts, and information relevant to each facility in your agency's service area as well as provide a quick review of your agency's support services available to incarcerated survivors.

One worksheet should be filled out for each corrections facility in your service area, using information from correctional partners and other relevant materials, including facility PREA audit reports. These worksheets should be filled out by an individual or team who are knowledgeable about the facilities in their area, and then distributed to any advocates who may work with survivors who are incarcerated. The "Facility Information" section should cover the basics of the facility, such as who is housed there. The "PREA Information" section is to help advocates provide survivors with basic information on how to make a report of sexual abuse or sexual harassment in the facility. The "Support Services" section should include your agency's information, explain how a survivor who is incarcerated can access your services, and detail the level of confidentiality of those services.

Complete one worksheet for each facility, and make as many copies as necessary to cover all the facilities in your service area. Some sections may not be applicable and can be left blank. Be clear about the limitations of each service or any knowledge gaps, and be as succinct as possible. Remember, these worksheets are not intended as a substitute for comprehensive orientations or trainings on the subject matter, but rather to provide a helpful overview. Be sure to review the information on all worksheets periodically at least every two years to ensure it is up-to-date and accurate.

FACILITY WORKSHEET

Facility Information Worksheet

Facility Information

Facility name:				
Address:				
Phone number:				
Emergency contact:				
Emergency number:				
Facility type:	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	<input type="checkbox"/> Other:
Facility classification:	<input type="checkbox"/> Prison	<input type="checkbox"/> Jail	<input type="checkbox"/> Juvenile Facility	
	<input type="checkbox"/> Community Confinement		<input type="checkbox"/> Other:	
Average population size:				
Security level(s):				
Facility designated for:	<input type="checkbox"/> Men	<input type="checkbox"/> Women	<input type="checkbox"/> Both	

PREA Information

PREA staff name and title:	
Phone number:	
Email:	
Facility PREA reporting line number:	
Facility PREA reporting mailing address:	
PREA outside reporting agency:	

Emotional support services provided by: (name of Rape Crisis Center)

- | | | |
|---|--|---|
| <input type="checkbox"/> Hotline services by dialing: (number people dial to reach RCC hotline)
<input type="checkbox"/> Confidential
<input type="checkbox"/> Unmonitored
<input type="checkbox"/> Unrecorded | <input type="checkbox"/> Forensic exam accompaniment
<input type="checkbox"/> Investigatory interview accompaniment | <input type="checkbox"/> In-person services
<input type="checkbox"/> One-on-one support
<input type="checkbox"/> Group counseling
<input type="checkbox"/> Other: _____
_____ |
|---|--|---|

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- Mail
correspondence
via letters sent to:
(address of RCC
and any words
that need to be
on the envelope
to keep
correspondence
confidential)
- Confidential

Additional services/information: