



**CORRECTION DEPARTMENT  
CITY OF NEW YORK**

FORM:  
HR-PREA-2016



**HUMAN RESOURCES CHECKLIST  
RELATING TO PRISON RAPE ELIMINATION ACT  
(PREA) (2003)**

REF: PREA  
28 CFR Part 115.17  
Effective: 12/01/2016

NAME OF EMPLOYEE: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_ DATE OF REVIEW \_\_\_\_\_

I, \_\_\_\_\_, was interviewed by \_\_\_\_\_  
CANDIDATE (PRINT NAME)

\_\_\_\_\_, on \_\_\_\_\_  
INTERVIEWER'S NAME TODAY'S DATE

for the position of \_\_\_\_\_.

**THE BELOW QUESTIONS ARE PREMISED ON PREA, 28 CODE OF FEDERAL REGULATIONS (CFR) § 115.17: HIRING AND PROMOTION DECISIONS. EACH APPLICANT'S CASE IS INDEPENDENTLY CONSIDERED AND EVALUATED BASED ON THE TOTALITY OF THE APPLICANT'S VERIFIABLE ACCUMULATED INFORMATION: E.G., BACKGROUND CHECKS, REFERENCES, PRIOR WORK EXPERIENCE, QUALITY OF INTERVIEWS, ETC., IN RELATION TO THE DUTIES AND RESPONSIBILITIES OF THE POSITION(S) FOR WHICH THE APPLICANT APPLIED.**

**28 CFR § 115.17: HIRING AND PROMOTION DECISIONS**

*(a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who -*

*(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);*

*(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or*

*(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.*

*(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.*

*(c) Before hiring new employees who may have contact with inmates, the agency shall:*

*(1) Perform a criminal background records check; and*

*(2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.*

*(d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.*

*(e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.*

*(f) The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.*

*(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.*

**BASED ON THE ABOVE LAW, I AFFIRM THE FOLLOWING:**

1. I have not intentionally, recklessly, or negligently materially omitted or withheld any relevant, important, or required information regarding past misconduct, which may serve as grounds for termination or forfeiture of my employment with the Department. True \_\_\_\_\_, False \_\_\_\_\_, Initial. \_\_\_\_\_.
2. I have not provided any materially false information that may be discovered in the course of my employment with the Department that may serve as grounds for termination or forfeiture of my employment with the Department. True \_\_\_\_\_, False \_\_\_\_\_, Initial. \_\_\_\_\_.
3. I am aware that I have an affirmative duty to inform the Department if I engage or have engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, other institution, or in the community. True \_\_\_\_\_, False \_\_\_\_\_, Initial. \_\_\_\_\_.
4. I have never been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. True \_\_\_\_\_, False \_\_\_\_\_, Initial. \_\_\_\_\_.
5. I have never been civily or administratively adjudicated to have engaged in or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. True \_\_\_\_\_, False \_\_\_\_\_, Initial. \_\_\_\_\_.
6. I have never been involved in incidences or accused of sexual harassment. True \_\_\_\_\_, False \_\_\_\_\_, Initial. \_\_\_\_\_.
7. I do not currently have any pending or unresolved offenses against the law. True \_\_\_\_\_, False \_\_\_\_\_, Initial. \_\_\_\_\_.
8. I have never engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (42 U.S.C. §1997(1) defines "institution" as any facility or institution which is owned, operated, or managed by, or provides services on behalf of any State or political subdivision of a State; and which is (i) for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; (ii) a jail, prison, or other correctional facility, (iii) a pretrial detention facility; (iv) for juveniles held awaiting trial; residing in such facility or institution for purposes of receiving care or treatment; or residing for any State purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is not an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, place in State custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or (v) providing skilled nursing, intermediate or long-term care, or custodial or residential care). True \_\_\_\_\_, False \_\_\_\_\_, Initial. \_\_\_\_\_.

I HEREBY CERTIFY THAT I \_\_\_\_\_, TITLE, \_\_\_\_\_ HAVE READ THE FOREGOING DOCUMENT AND ANSWERED ALL QUESTIONS TRUTHFULLY. I ALSO CERTIFY THAT I WAS ADVISED OF MY DUTY AND ON-GOING OBLIGATION TO CONFORM TO PREA (2003) AND INFORM THE DEPARTMENT IF ANY OF THE ABOVE ANSWERS CHANGE. MATERIAL OMISSIONS REGARDING THE TYPES OF MISCONDUCT DESCRIBED HEREIN, OR THE PROVISION OF MATERIALLY FALSE INFORMATION, SHALL BE GROUNDS FOR MY TERMINATION.

\_\_\_\_\_  
CANDIDATE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWER'S SIGNATURE

\_\_\_\_\_  
DATE