**Prison Facility:** Choose Facility.

Staffing and Post Plan Review Date: Select a date

Operating Capacity: Enter number. Current Capacity: Enter number.

In calculating staffing levels and determining the need for video monitoring, the following were considered:

1. Generally accepted detention and correctional practices
2. Any judicial findings of inadequacy
3. Any findings of inadequacy from federal investigative agencies
4. Any findings of inadequacy from internal or external oversight bodies
5. All components of the facility’s physical plant (including blind-spots or areas where staff or residents may be isolated)
6. The composition of the resident population
7. The number and placement of supervisory staff
8. Institution programs occurring on a particular shift
9. Any applicable state or local laws, regulations, or standards
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse
11. Any other relevant factors, including the facility’s deployment of video monitoring systems and other monitoring technologies, as well as the resources the facility has available to commit to ensure adherence to the staffing plan.

It was noted that:

\_\_\_\_\_\_There are no documented deviations from the staffing plan.

\_\_\_\_\_\_ Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
PREA Compliance Manager Date

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PREA Coordinator Date

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Facility Head Date

**Community Reentry Center:** Choose Facility.

Staffing and Post Plan Review Date: Select a date

Operating Capacity: Enter number. Current Capacity: Enter number.

In calculating staffing levels and determining the need for video monitoring, t the following were considered:

1. All components of the facility’s physical plant (including blind-spots and areas where staff or residents may be isolated)
2. The composition of the resident population
3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse
4. Any other relevant factors

It was noted that:

\_\_\_\_\_\_There are no documented deviations from the staffing plan.

\_\_\_\_\_\_ Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  
PREA Compliance Manager Date

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PREA Coordinator Date

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Manager Date