

**Chippewa County Correctional Facility
PREA STATMENT**

PREA 28 CFR §115.17 prohibits the hiring, promotion or otherwise enlisting the services of anyone who may have contact with an individual incarcerated or detained at a correctional facility who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse or sexual activity facilitated by force in confinement settings or the community. PREA 28 CFR §115.17 also requires that any incident of sexual harassment (as defined in §115.16) be considered in determining whether to hire, promote or otherwise enlist the services of anyone who may have contact with an individual incarcerated or detained at a correctional facility.

PREA requires that Chippewa County ask employees who may have contact with individuals incarcerated or detained at a correctional facility directly whether they have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse or sexual activity facilitated by force in confinement settings or the community. Attached please find definition of sexual abuse per §115.17 Accordingly, please answer the following questions:

1. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with the consent of inmate, detainee, resident etc.). Yes ___ No ___

2. Have you ever 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? Yes ___ No ___

3. Have you ever been civilly or administratively adjudicated 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? Yes ___ No ___

If you answered yes to any of the questions above, please explain:

understand that all employees have a continuing duty to disclose any conduct identified in 1-3 above and that any omission regarding such misconduct, or the provision of material false information, shall be grounds for termination.

Chippewa County will request a criminal background check which includes, but is not limited to, contacting prior employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse.

Facility/Department: _____

Emp. Signature: _____ **Date:** _____

Printed Name: _____ **Witness:** _____

Chippewa County Sheriff's Office

BACKGROUND AUTHORIZATION REQUEST FOR CRIMINAL JUSTICE PERSONNEL, CONTRACTORS, AND VENDORS

I. Requestor Information		
Requestor (Agency Contact/Hiring Authority)		Date
Agency	Division	Email Address
II. Applicant Information		
Position	Type of Employment ☐ Temporary Employee ☐ Permanent Employee ☐ Contractor/Vendor	
Name of Applicant (Last, First, Middle)		
Home Address		
City	State	ZIP Code
Social Security Number (Optional)	Date of Birth	
Driver's License Number	Sex ☐ Male ☐ Female	
Race ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black (African American) ☐ Hispanic ☐ White ☐ Other		
III. Authorization		
By signing this authorization, the applicant grants permission to (Agency Name) to conduct a fingerprint-based background check for the express purpose of determining whether the applicant is eligible to access criminal justice information and/or physically secure facilities. I understand the personal information and fingerprints submitted are used to search against criminal identification records from both the state of Michigan and the Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the agency listed above. I further understand the information and fingerprints may be retained, as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.		

Applicant Signature: _____ Date: _____

28 CFR §16.34 - Procedure to obtain change, correction, or updating of identification record:

If any information is found that the applicant believes is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency that contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, West Virginia, 26306. The FBI will then forward the challenge to the agency that submitted the data requesting they verify or correct the challenged entry. Upon receipt of an official communication directly from the agency that contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.