**Document Review Worksheet**

**Staff Completing Worksheet:**

**Facility Name:**

**Investigation & Response Records**

PREA Audit – Juvenile Facilities

Standards 115.321, 115.322, 115.334, 115.361, 115.363, 115.362, 115.364, 115.367, 115.368, 115.371, 115.373, 115.376, 115.378, 115.381, 115.382, 115.383

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| **Use a separate worksheet for each allegation.**  **Note:** Criminal and administrative investigations could occur simultaneously. Indicate both when applicable.  **☐ Criminal Case ID#: ☐ Ongoing**  **☐ Concluded:**  **☐ Substantiated ☐ Unsubstantiated ☐ Unfounded**  **☐ Administrative Case ID#: ☐ Ongoing**  **☐ Concluded:**  **☐ Substantiated ☐ Unsubstantiated ☐ Unfounded** | | | **☐ Sexual Abuse**  **☐ Sexual Harassment**  **☐ Staff-on-resident ☐ Resident-on-resident** | **Date of Incident:**  **Date Reported:**  **Date Investigation Started:**  **Date Investigation Concluded:** |
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| **Source of Allegation:** ☐ Website/online ☐ Anonymous ☐ Verbal ☐ Hotline ☐ Grievance ☐ Third-party ☐ External source (i.e., Department of Homeland Security, consular office, Office of Inspector General) ☐ Other:  Made by (e.g., victim, witness, third party, parent, or attorney): Made to (e.g., security, medical, mental health, or other): | | | | |
| **Check all that apply:** ☐ Criminal charges were filed by the prosecutor ☐ Case is pending prosecutorial review ☐ Case is pending trial ☐ Case was refused by the prosecutor ☐ Case was referred back to agency/facility for investigation | | | | |
| **Investigator Name and Title: ☐ Documentation of Specialized Training §115.334** | | | | |
| Name/Initials of alleged victim: | ☐ Currently housed  ☐ Released | Victim required to submit to a polygraph/truth-telling device as a condition for proceeding with the investigation **§115.371(f)**  ☐ Yes ☐ No  **Victim forensic medical exam offered §115.321(c):**  ☐ Onsite ☐ Offsite ☐ Refused ☐ Received Date: | | ☐ **Referred for Criminal Investigation §115.322 to** ☐ Police ☐ Sheriff  ☐ External  ☐ Internal investigator  ☐ Other: |
| Name/Initials of alleged abuser(s): | ☐ Currently housed ☐ Released | Compelled staff interviews? **§115.371** ☐ Yes ☐ No  ☐ Indicted ☐ Not indicted  If yes, consulted with the prosecutor(s) before compelling staff interviews? ☐ Yes ☐ No | | Date referred for investigation **§115.322**:  Date referred for prosecution **§115.322**: |
| **Investigations §115.371**  Documented in a written report (check both if applicable):  ☐ Administrative (internal) investigation report  ☐ Criminal investigation report  **Investigation was:**  ☐ Prompt  ☐ Thorough  ☐ Objective | **Criminal Investigation** **§115.371**  ☐ Copies of documentary evidence  included  ☐ Described physical evidence  ☐ Described testimonial evidence  ☐ Described documentary evidence  ☐ Documentation of the agency remaining informed of the pending investigation conducted by outside investigators (i.e., status checks/ communication with external entity) | **Adm. Crim.**  ☐ ☐ Described investigative facts and findings  ☐ ☐ Gathered & preserved direct/circumstantial  evidence (i.e., DNA, physical evidence, video, etc.)  ☐ ☐ Interviewed victim(s), abuser(s), and witness(es)  ☐ ☐ Described reasoning behind credibility assessment  (for victim, abuser, staff, and witnesses)  ☐ ☐ Reviewed prior reports involving the perpetrator  ☐ ☐ Departure of alleged abuser/victim was not the basis for terminating investigation | | **Adm. Investigation (cont.)** **§115.371**  ☐ Preponderance of evidence standard applied  ☐ Determined if staff actions/ failures contributed to abuse  ☐ Described physical evidence  ☐ Described testimonial evidence |
| **Coordinated Response** | | | | |
| **Emergency & Ongoing Medical and Mental Health (MH) Services** | | **Official Response Continued** | | **Reporting & Notifications to Resident Victim** |
| ☐ Medical practitioner(s) notified **§115.382** Date:  ☐ Mental Health practitioner(s) notified **§115.382** Date:  ☐ Victim received emergency medical treatment **§115.382**  ☐ Onsite ☐ Offsite Date:  ☐ **Agency attempted to make available victim advocate from a rape crisis center §115.321(d)**  If a victim advocate from a rape crisis center was not available:  ☐ Qualified agency staff member utilized;  ☐ Qualified community-based organization staff member utilized; or  ☐ Agency made no attempt(s)  **As requested by the victim, they were accompanied by an advocate for §115.321(e):** ☐ Medical forensic exam ☐ Investigative interviews ☐ Emotional support ☐ Crisis intervention ☐ Information ☐ Referrals or ☐ Refused accompaniment. If checked, explain which services were refused:  **All victims §115.382(c) and §115.383(d),(e):** ☐ Offered timely info about STI prophylaxis ☐ Offered timely access to STI prophylaxis ☐ Offered test for STI as medically appropriate  **Resident victims of sexually abusive vaginal penetration**  **Check if applicable****§115.382(c) and §115.383(d),(e)*:***  ☐ Offered timely information about emergency contraception  ☐ Offered timely access to emergency contraception  ☐ Offered pregnancy tests  ☐ Received pregnancy-related medical services  **Official Response**  **Upon receiving an allegation of sexual abuse §115.361(e)**:  ☐ Facility head or designee made prompt notifications  To: ☐ Appropriate agency office ☐ Alleged victim’s parents  or legal guardians (unless documentation shows that  parents or legal guardians should not be notified)  or  ☐ Caseworker (If the alleged victim is under the guardianship  of the child welfare system)  ☐ Juvenile’s attorney or legal representative within 14 days  of receiving the allegation (If a juvenile court retain  jurisdiction over the alleged victim) Date:  **Complied with mandatory child abuse reporting laws §115.361(b)** ☐ Notification made (if applicable) ☐ Notification to licensing body(ies) if applicable **§115.376(d) & 115.377** Date: | | **Reporting to other confinement facilities §115.363** ☐ Other facility head notified **[if applicable]**(within 72 hrs.)Date:  **Staff first responder duties §115.364**  ☐ Separation of victim and abuser (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)  **Agency Protection Duties §115.362**  ☐ Immediate protection from a substantial risk of imminent sexual abuse (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)  **Post-allegation protective custody/segregated housing §115.368 & §115.342**  ☐ Isolated as a last resort. **Facility clearly documented;**  ☐ Basis for facility concerns for the resident’s safety  ☐ Reason why no alternative could be arranged  ☐ A review every 30 days to determine whether there is a continued need for separation from the general population  Dates:  **During any period of isolation §115.342(b), the resident received:** ☐ Daily large-muscle exercise☐ Legally required education programming or special education services ☐ Daily visits by Medical or MH clinicians. **Access to extent possible** **(check all that apply and explain in the notes section):** ☐ Programs ☐ Work  **Retaliation Monitoring §115.367**  (Evidence the agency acted promptly to remedy retaliation)  Date initiated: Date concluded:  **Periodic status checks for residents §115.367(d)** ☐ Yes ☐ No Details:  **Protection measures employed §115.367:**  Victim Abuser Witness  ☐ ☐ ☐ Housing changed  ☐ ☐ ☐ Transferred  ☐ ☐ ☐ No contact ordered  ☐ ☐ ☐ Emotional Support  **Items monitored for retaliation §115.367:**  Victim Abuser Witness  ☐ ☐ ☐ Discipline  ☐ ☐ ☐ Housing changes  ☐ ☐ ☐ Program changes  ☐ ☐ ☐ Staff reassignment  ☐ ☐ ☐ Staff negative performance review | | Notified resident of outcome **§115.373**  (i.e., substantiated, unsubstantiated, unfounded)☐Yes ☐ No  **Notification to resident when allegation is substantiated or unsubstantiated §115.273(c)(b)(d)**  ☐ Staff abuser is no longer posted on the resident’s unit  ☐ Staff abuser is no longer employed at the facility  Abuser indicted;☐ Staff ☐ Resident  Abuser convicted;☐ Staff ☐ Resident  If notice was not provided:  ☐ Resident released from  custody  ☐ Agency requested relevant  info from the investigative  agency in order to inform the  resident  Were resident notifications or attempts documented? **§115.373**  ☐Yes ☐ No  Date(s) of notification:  **Disciplinary sanctions for residents §115.378** [provide details in notes section] ☐ Resident subject to disciplinary sanctions pursuant to provisions (a)-(g) |

**Notes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_