

Facility Name:

## Document Review Worksheet Investigation & Response Records

Staff Completing Worksheet:

### 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

<p><b>Use a separate worksheet for each allegation.</b> <b>Note:</b> Criminal and administrative investigations could occur simultaneously. Indicate both when applicable.</p> <p> <input type="checkbox"/> Criminal Case ID#:                      <input type="checkbox"/> Ongoing   <input type="checkbox"/> Concluded:  <input type="checkbox"/> Substantiated   <input type="checkbox"/> Unsubstantiated   <input type="checkbox"/> Unfounded  <input type="checkbox"/> Administrative Case ID#:                  <input type="checkbox"/> Ongoing   <input type="checkbox"/> Concluded:  <input type="checkbox"/> Substantiated   <input type="checkbox"/> Unsubstantiated   <input type="checkbox"/> Unfounded         </p>	<p> <input type="checkbox"/> Sexual Abuse  <input type="checkbox"/> Sexual Harassment    <input type="checkbox"/> Staff-on-resident  <input type="checkbox"/> Resident-on-resident         </p>	<p><b>Date of Incident:</b></p> <p><b>Date Reported:</b></p> <p><b>Date Investigation Started:</b></p> <p><b>Date Investigation Concluded:</b></p>
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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

<p>Name/Initials of alleged victim:</p>	<p><input type="checkbox"/> Currently housed <input type="checkbox"/> Released</p>	<p>Victim required to submit to a polygraph/truth-telling device as a condition for proceeding with the investigation <b>§115.371(f)</b>  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Victim forensic medical exam offered §115.321(c):</b>  <input type="checkbox"/> Onsite   <input type="checkbox"/> Offsite                      <input type="checkbox"/> Refused   <input type="checkbox"/> Received    Date: _____</p>	<p><input type="checkbox"/> Referred for Criminal Investigation §115.322 to</p> <p><input type="checkbox"/> Police   <input type="checkbox"/> Sheriff  <input type="checkbox"/> External  <input type="checkbox"/> Internal investigator  <input type="checkbox"/> Other: _____</p>
<p>Name/Initials of alleged abuser(s):</p>	<p><input type="checkbox"/> Currently housed <input type="checkbox"/> Released</p>	<p>Compelled staff interviews? <b>§115.371</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No  <input type="checkbox"/> Indicted   <input type="checkbox"/> Not indicted</p> <p>If yes, consulted with the prosecutor(s) before compelling staff interviews? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Date referred for investigation <b>§115.322:</b> _____</p> <p>Date referred for prosecution <b>§115.322:</b> _____</p>
<p><b>Investigations §115.371</b> Documented in a written report (check both if applicable):  <input type="checkbox"/> Administrative (internal) investigation report  <input type="checkbox"/> Criminal investigation report</p> <p><b>Investigation was:</b>  <input type="checkbox"/> Prompt  <input type="checkbox"/> Thorough  <input type="checkbox"/> Objective</p>	<p><b>Criminal Investigation §115.371</b>  <input type="checkbox"/> Copies of documentary evidence included  <input type="checkbox"/> Described physical evidence  <input type="checkbox"/> Described testimonial evidence  <input type="checkbox"/> Described documentary evidence  <input type="checkbox"/> Documentation of the agency remaining informed of the pending investigation conducted by outside investigators (i.e., status checks/ communication with external entity)</p>	<p><b>Adm. Crim.</b>  <input type="checkbox"/> Described investigative facts and findings  <input type="checkbox"/> Gathered &amp; preserved direct/circumstantial evidence (i.e., DNA, physical evidence, video, etc.)  <input type="checkbox"/> Interviewed victim(s), abuser(s), and witness(es)  <input type="checkbox"/> Described reasoning behind credibility assessment (for victim, abuser, staff, and witnesses)  <input type="checkbox"/> Reviewed prior reports involving the perpetrator  <input type="checkbox"/> Departure of alleged abuser/victim was not the basis for terminating investigation</p>	<p><b>Adm. Investigation (cont.) §115.371</b>  <input type="checkbox"/> Preponderance of evidence standard applied  <input type="checkbox"/> Determined if staff actions/ failures contributed to abuse  <input type="checkbox"/> Described physical evidence  <input type="checkbox"/> Described testimonial evidence</p>

Coordinated Response		
Emergency & Ongoing Medical and Mental Health (MH) Services	Official Response Continued	Reporting & Notifications to Resident Victim
<input type="checkbox"/> Medical practitioner(s) notified <b>§115.382</b> Date: <input type="checkbox"/> Mental Health practitioner(s) notified <b>§115.382</b> Date: <input type="checkbox"/> Victim received emergency medical treatment <b>§115.382</b> <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite Date: <input type="checkbox"/> <b>Agency attempted to make available victim advocate from a rape crisis center §115.321(d)</b> If a victim advocate from a rape crisis center was not available: <input type="checkbox"/> Qualified agency staff member utilized; <input type="checkbox"/> Qualified community-based organization staff member utilized; or <input type="checkbox"/> Agency made no attempt(s)  <b>As requested by the victim, they were accompanied by an advocate for §115.321(e):</b> <input type="checkbox"/> Medical forensic exam <input type="checkbox"/> Investigative interviews <input type="checkbox"/> Emotional support <input type="checkbox"/> Crisis intervention <input type="checkbox"/> Information <input type="checkbox"/> Referrals or <input type="checkbox"/> Refused accompaniment. If checked, explain which services were refused:  <b>All victims §115.382(c) and §115.383(d),(e):</b> <input type="checkbox"/> Offered timely info about STI prophylaxis <input type="checkbox"/> Offered timely access to STI prophylaxis <input type="checkbox"/> Offered test for STI as medically appropriate  <b>Resident victims of sexually abusive vaginal penetration</b> <b>Check if applicable §115.382(c) and §115.383(d),(e):</b> <input type="checkbox"/> Offered timely information about emergency contraception <input type="checkbox"/> Offered timely access to emergency contraception <input type="checkbox"/> Offered pregnancy tests <input type="checkbox"/> Received pregnancy-related medical services	<b>Reporting to other confinement facilities §115.363</b> <input type="checkbox"/> Other facility head notified [if applicable](within 72 hrs.)Date: <b>Staff first responder duties §115.364</b> <input type="checkbox"/> Separation of victim and abuser (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)  <b>Agency Protection Duties §115.362</b> <input type="checkbox"/> Immediate protection from a substantial risk of imminent sexual abuse (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)  <b>Post-allegation protective custody/segregated housing §115.368 &amp; §115.342</b> <input type="checkbox"/> Isolated as a last resort. <b>Facility clearly documented;</b> <input type="checkbox"/> Basis for facility concerns for the resident's safety <input type="checkbox"/> Reason why no alternative could be arranged <input type="checkbox"/> A review every 30 days to determine whether there is a continued need for separation from the general population Dates:  <b>During any period of isolation §115.342(b), the resident received:</b> <input type="checkbox"/> Daily large-muscle exercise <input type="checkbox"/> Legally required education programming or special education services <input type="checkbox"/> Daily visits by Medical or MH clinicians. <b>Access to extent possible (check all that apply and explain in the notes section):</b> <input type="checkbox"/> Programs <input type="checkbox"/> Work  <b>Retaliation Monitoring §115.367</b> (Evidence the agency acted promptly to remedy retaliation) Date initiated: _____ Date concluded: _____ <b>Periodic status checks for residents §115.367(d)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Details:  <b>Protection measures employed §115.367:</b> Victim Abuser Witness <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Housing changed <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Transferred <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No contact ordered <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emotional Support <b>Items monitored for retaliation §115.367:</b> Victim Abuser Witness <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Discipline <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Housing changes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Program changes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff reassignment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Staff negative performance review	Notified resident of outcome <b>§115.373</b> (i.e., substantiated, unsubstantiated, unfounded) <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Notification to resident when allegation is substantiated or unsubstantiated §115.273(c)(b)(d)</b> <input type="checkbox"/> Staff abuser is no longer posted on the resident's unit <input type="checkbox"/> Staff abuser is no longer employed at the facility Abuser indicted; <input type="checkbox"/> Staff <input type="checkbox"/> Resident Abuser convicted; <input type="checkbox"/> Staff <input type="checkbox"/> Resident  If notice was not provided: <input type="checkbox"/> Resident released from custody <input type="checkbox"/> Agency requested relevant info from the investigative agency in order to inform the resident  Were resident notifications or attempts documented? <b>§115.373</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) of notification:  <b>Disciplinary sanctions for residents §115.378</b> [provide details in notes section] <input type="checkbox"/> Resident subject to disciplinary sanctions pursuant to provisions (a)-(g)
<b>Official Response</b>		
<b>Upon receiving an allegation of sexual abuse §115.361(e):</b> <input type="checkbox"/> Facility head or designee made prompt notifications To: <input type="checkbox"/> Appropriate agency office <input type="checkbox"/> Alleged victim's parents or legal guardians (unless documentation shows that parents or legal guardians should not be notified) or <input type="checkbox"/> Caseworker (If the alleged victim is under the guardianship of the child welfare system) <input type="checkbox"/> Juvenile's attorney or legal representative within 14 days of receiving the allegation (If a juvenile court retain jurisdiction over the alleged victim) Date:  <b>Complied with mandatory child abuse reporting laws §115.361(b)</b> <input type="checkbox"/> Notification made (if applicable) <input type="checkbox"/> Notification to licensing body(ies) if applicable <b>§115.376(d) &amp; 115.377</b> Date:		

Notes:

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