**Document Review Worksheet**

**Facility Name:**

**Staff Completing Worksheet:**

**Investigation & Response Records**

PREA Audit – Lockup Facilities

Standards 115.121, 115.122, 115.134, 115.162, 115.163, 115.164, 115.165, 115.167, 115.171, 115.177, 115.178, 115.182

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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-detainee ☐ Detainee-on-detainee** | **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): |
| **If available, 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 §115.134**  |
| Note: 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 **§115.271(e)** ☐ Yes ☐ No **Victim forensic medical exam** **offered** **§115.121(c):** ☐ Onsite ☐ Offsite ☐ Refused ☐ Received Date:  | ☐ **Referred for Criminal Investigation §115.122 to:** ☐ Police ☐ Sheriff ☐ External ☐ Internal investigator ☐ Other:  |
| Name/Initials of alleged abuser(s): | ☐ Currently housed ☐ Released |  Compelled staff interviews? **§115.171** ☐ Yes ☐ No ☐ Indicted ☐ Not indicted If yes, consulted with the prosecutor(s) before compelling staff interviews? ☐ Yes ☐ No  | Date referred for investigation **§115.122**:Date referred for prosecution **§115.122**: |
| **Investigations §115.171**Documented in a written report (check both if applicable):☐ Administrative (internal) investigation report ☐ Criminal investigation report**Investigation was:**☐ Prompt ☐ Thorough ☐ Objective | **Criminal Investigation** **§115.171** ☐ 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.)** **§115.171**☐ Preponderance of evidence standard applied ☐ Determined if staff actions/ failures contributed to abuse☐ Described physical evidence☐ Described testimonial evidence  |
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| **Coordinated Response** |
| **Emergency & Ongoing Medical and Mental Health Services**  | **Official Response** |
| ☐ Medical practitioner(s) notified **§115.182** Date: ☐ Notification to licensing body(ies) if applicable **§115.177** Date:☐ If victim was transferred to a jail, prison, or medical facility, the receiving facility was informed of the victim’s potential need for medical/social services (unless victim requests otherwise) **§115.165** ☐ Victim received emergency medical treatment **§115.182**  ☐ Onsite ☐ Offsite Date:☐ Detainee victim was permitted to use victim advocacy services (accompaniment) at an outside hospital for **§115.121(d)**:  ☐ Medical forensic exam  ☐ Investigative interviews  ☐ Emotional support  ☐ Crisis intervention  ☐ Information  ☐ Referrals ☐ Refused accompaniment. If checked, explain which services were refused:☐ Not permitted to use such services, consistent with security needs. If checked, explain security needs:  | **Reporting to other confinement facilities §115.163** ☐ Other facility head was notified within 72 hrs **(if applicable)** Date:**Staff first responder duties §115.164** ☐ Separation of victim and abuser (e.g., incident reports documenting response to allegation, documented housing transfer, etc.) **Agency Protection Duties §115.162** ☐ Immediate protection from a substantial risk of imminent sexual abuse (e.g. incident reports documenting response to allegation, documented housing transfer, etc.)**Retaliation Monitoring §115.167**(Evidence the agency acted promptly to remedy retaliation)Date initiated:Date concluded:**Protection measures employed §115.167**Victim Abuser Witness  ☐ ☐ ☐ Housing changed ☐ ☐ ☐ Transferred ☐ ☐ ☐ No contact ordered ☐ ☐ ☐ Emotional Support**Items monitored for retaliation §115.167** Victim Abuser Witness  ☐ ☐ ☐ Discipline  ☐ ☐ ☐ Housing changes ☐ ☐ ☐ Program changes  ☐ ☐ ☐ Staff reassignment  ☐ ☐ ☐ Staff negative performance review  |

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