

Facility Name:

Document Review Worksheet Investigation & Response Records

Staff Completing Worksheet:

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

Use a separate worksheet for each allegation. Note: Criminal and administrative investigations could occur simultaneously. Indicate both when applicable.		<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Staff-on-detainee <input type="checkbox"/> Detainee-on-detainee	Date of Incident: Date Reported: Date Investigation Started: Date Investigation Concluded:
<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		
Source of Allegation: <input type="checkbox"/> Website/online <input type="checkbox"/> Anonymous <input type="checkbox"/> Verbal <input type="checkbox"/> Hotline <input type="checkbox"/> Grievance <input type="checkbox"/> Third-party <input type="checkbox"/> External source (i.e., Department of Homeland Security, consular office, Office of Inspector General) <input type="checkbox"/> 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: <input type="checkbox"/> Criminal charges were filed by the prosecutor <input type="checkbox"/> Case is pending prosecutorial review <input type="checkbox"/> Case is pending trial <input type="checkbox"/> Case was refused by the prosecutor <input type="checkbox"/> Case was referred back to agency/facility for investigation			
Investigator Name and Title:		<input type="checkbox"/> Documentation of Specialized Training §115.134	
Note: Name/Initials of alleged victim:	<input type="checkbox"/> Currently housed <input type="checkbox"/> Released	Victim required to submit to a polygraph/truth-telling device as a condition for proceeding with the investigation §115.271(e) <input type="checkbox"/> Yes <input type="checkbox"/> No Victim forensic medical exam offered §115.121(c): <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite <input type="checkbox"/> Refused <input type="checkbox"/> Received Date:	<input type="checkbox"/> Referred for Criminal Investigation §115.122 to: <input type="checkbox"/> Police <input type="checkbox"/> Sheriff <input type="checkbox"/> External <input type="checkbox"/> Internal investigator <input type="checkbox"/> Other:
Name/Initials of alleged abuser(s):	<input type="checkbox"/> Currently housed <input type="checkbox"/> Released	Compelled staff interviews? §115.171 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indicted <input type="checkbox"/> Not indicted If yes, consulted with the prosecutor(s) before compelling staff interviews? <input type="checkbox"/> Yes <input type="checkbox"/> 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): <input type="checkbox"/> Administrative (internal) investigation report <input type="checkbox"/> Criminal investigation report Investigation was: <input type="checkbox"/> Prompt <input type="checkbox"/> Thorough <input type="checkbox"/> Objective	Criminal Investigation §115.171 <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)	Adm. Crim. <input type="checkbox"/> Described investigative facts and findings <input type="checkbox"/> Gathered & 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	Adm. Investigation (cont.) §115.171 <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

Coordinated Response	
Emergency & Ongoing Medical and Mental Health Services	Official Response
<p><input type="checkbox"/> Medical practitioner(s) notified §115.182 Date:</p> <p><input type="checkbox"/> Notification to licensing body(ies) if applicable §115.177 Date:</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Victim received emergency medical treatment §115.182 <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite Date:</p> <p><input type="checkbox"/> Detainee victim was permitted to use victim advocacy services (accompaniment) at an outside hospital for §115.121(d): <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</p> <p><input type="checkbox"/> Refused accompaniment. If checked, explain which services were refused:</p> <p><input type="checkbox"/> Not permitted to use such services, consistent with security needs. If checked, explain security needs:</p>	<p>Reporting to other confinement facilities §115.163 <input type="checkbox"/> Other facility head was notified within 72 hrs (if applicable) Date:</p> <p>Staff first responder duties §115.164 <input type="checkbox"/> Separation of victim and abuser (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)</p> <p>Agency Protection Duties §115.162 <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.)</p> <p>Retaliation Monitoring §115.167 (Evidence the agency acted promptly to remedy retaliation) Date initiated: Date concluded:</p> <p>Protection measures employed §115.167 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</p> <p>Items monitored for retaliation §115.167 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</p>

Notes:
