**Document Review Worksheet**

**Staff Completing Worksheet:**

**Facility Name:**

**Investigation & Response Records**

PREA Audit – Prisons & Jails

Standards 115.21, 115.22, 115.34, 115.62, 115.63, 115.64, 115.65, 115.67, 115.68, 115.71, 115.72, 115.73, 115.77, 115.78, 115.82,115.83

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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-inmate ☐ Inmate-on-inmate** | **Date of Incident:**  **Date Reported:**  **Date Investigation Started:**  **Date Investigation Concluded:** |
|
| **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 §115.34** | | | | |
| 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 **§115.71(e)** ☐ Yes ☐ No  **Victim forensic medical exam offered §115.21(c)** ☐ Onsite ☐ Offsite ☐ Refused ☐ Received  Date: | | ☐ **Referred for Criminal Investigation §115.22 to:**  ☐ Police  ☐ Sheriff  ☐ External  ☐ Internal investigator  ☐ Other: |
| Name/Initials of alleged abuser(s): | ☐ Currently housed ☐ Released | Compelled staff interviews? **§115.71** ☐ Yes ☐ No  ☐ Indicted ☐ Not indicted  If yes, consulted with the prosecutor(s) before compelling staff interviews? ☐ Yes ☐ No | | Date referred for investigation **§115.22**:  Date referred for prosecution **§115.22**: |
| **Investigations §115.71**  Documented in a written report (check both if applicable):  ☐ Administrative (internal) investigation report  ☐ Criminal investigation report  **Investigation was:**  ☐ Prompt  ☐ Thorough  ☐ Objective | **Criminal Investigation** **§115.71**  ☐ 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. §115.71**  ☐ ☐ 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.)** **§115.71**  ☐ 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 Services** | | **Official Response** | | **Reporting & Notifications to Inmate Victim** |
| ☐ Medical practitioner(s) notified **§115.82** Date:  ☐ Mental Health practitioner(s) notified **§115.82** Date:  ☐ Victim received emergency medical treatment **§115.82**  ☐ Onsite ☐ Offsite Date:  **Agency attempted to make available victim advocate from a rape crisis center §115.21(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 §115.21(e):**  ☐ Medical forensic exam ☐ Investigative interviews ☐ Emotional support ☐ Crisis intervention ☐ Information ☐ Referrals or  ☐ Refused accompaniment. If checked, explain which services were refused:  ***For prisons only:***  ☐ Mental health eval for known inmate-on-inmate abuser attempted  within 60 days of learning of abuse history **§115.83(h)**  Date:  ☐ Treatment deemed appropriate by mental health for inmate-on-  inmate abuser **§115.83(h)** Date:  ☐ Treatment offered to inmate-on-inmate abuser **§115.83(h)**  Date:  **All victims §115.82(c) and 115.83(d),(e):** ☐ Offered timely info about STI prophylaxis ☐ Offered timely access to STI prophylaxis ☐ Offered test for STI as medically appropriate  **Inmate victims of sexually abusive vaginal penetration**  **Check if applicable** **§115.82(c) and 115.83(d),(e)*:***  ☐ Offered timely information about emergency contraception  ☐ Offered timely access to emergency contraception  ☐ Offered pregnancy tests  ☐ Received pregnancy-related medical services | | ☐ Notification to licensing body(ies) **[if applicable] §115.76(d) & 115.77** Date:  **Reporting to other confinement facilities §115.63**  ☐ Other facility head notified if applicable (within 72 hrs.) Date:  **Staff first responder duties §115.64**  ☐ Separation of victim and abuser (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)  **Agency Protection Duties §115.62**  ☐ Immediate protection from a substantial risk of imminent sexual abuse (e.g., incident reports documenting response to allegation, documented housing transfer, etc.)  **Protective Custody §115.43**  ☐ **Voluntary Segregated Housing**  Start Date: End Date:  **Access to extent possible (check all that apply and explain in notes section):** ☐ Programs ☐ Privileges ☐ Edu ☐ Work  ☐ Restricted access documented: (1) What opportunities are limited? (2) Duration of limitation? (3) Reason for limitation?  ☐ Review(s) for continuing need for separation. Date(s):  ☐ **Involuntary Segregated Housing**  Start Date: End Date:  ☐ Assessment of all alternatives made  ☐ No available alternative means of separation  ☐ Held in involuntary segregation for <24 hours while  completing the assessment  **Access to extent possible** **(check all that apply and explain in notes section):** ☐ Programs ☐ Privileges ☐ Edu ☐ Work ☐Restricted access documented: (1) What opportunities are limited? (2) Duration of limitation? (3) Reason for limitation?  ☐ Basis for the facility’s concern for the inmate’s safety  ☐ Reason no alternative of separation can be arranged  ☐ Review(s) for continuing need for separation. Date(s): | | Notified inmate of outcome **§115.73**  (i.e., substantiated, unsubstantiated, unfounded)  ☐Yes ☐ No  **Notification to inmate when allegation is substantiated or unsubstantiated §115.73(c)(b)(d)**  ☐ Staff abuser is no longer posted on the inmate’s unit  ☐ Staff abuser is no longer employed at the facility  Abuser indicted; ☐ Staff ☐ Inmate  Abuser convicted; ☐ Staff ☐ Inmate  If notice was not provided:  ☐ Inmate released from custody  ☐ Agency requested relevant info.  from the investigative agency in  order to inform the inmate  Were inmate notifications or attempts documented? **§115.73**  ☐Yes ☐ No  Date(s) of notification:  **Disciplinary sanctions for inmates §115.78** [provide details in notes section]  ☐ Inmate subject to disciplinary sanctions pursuant to provisions (a)-(g) |
| **Retaliation Monitoring §115.67**  (Evidence the agency acted promptly to remedy retaliation)  Date initiated:    Date concluded: | | **Items monitored for retaliation: §115.67**  Victim Abuser Witness  ☐ ☐ ☐ Discipline  ☐ ☐ ☐ Housing changes  ☐ ☐ ☐ Program changes  ☐ ☐ ☐ Staff reassignment  ☐ ☐ ☐ Staff negative performance review | | **Protection measures employed: §115.67**  Victim Abuser Witness  ☐ ☐ ☐ Housing changed  ☐ ☐ ☐ Transferred  ☐ ☐ ☐ No contact ordered  ☐ ☐ ☐ Emotional Support |

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

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