



AGGRAVATED SEXUAL ASSAULT CHECKLIST

Date: _____

Shift Commander/Community Corrections Supervisor: _____

Date, time, and location of incident (specific location within the facility):

If incident warrants, initiate Initial Emergency Checklist DOC 410.050 Emergency Management Plan (Attachment 4) or DOC 410.950 Emergency Management for Non-Prison Facilities and Offices (Attachment 7).

This checklist will be used for allegations of Aggravated Sexual Assault: Sexual acts perpetrated by either staff or an individual that occurred within the previous 120 hours and involve penetration or exchange of body fluids.

Required Actions	Time Started	Time Completed	Initial	N/A
Ensure the alleged victim, accused, and possible witnesses have been separated <ul style="list-style-type: none"> Request the alleged victim and ensure the accused not destroy physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed to transport the individual 				<input type="checkbox"/> <input type="checkbox"/>
Dispatch an officer to the scene with the PREA Response Kit and a camera for crime scene photographs only <ul style="list-style-type: none"> Photographs of the alleged victim will be taken at the designated community healthcare facility 				<input type="checkbox"/>
Designate an officer to secure and maintain scene, as applicable				<input type="checkbox"/>
Activate PREA Response Team				<input type="checkbox"/>
Ensure law enforcement is notified, requesting response to the facility or designated healthcare facility in the community, as applicable				<input type="checkbox"/>
Ensure the following notifications are made: <ul style="list-style-type: none"> Appointing Authority or facility/section Duty Officer Onsite medical and mental health employees/contract staff, or Medical and Mental Health Duty Officers Chief Investigator, if applicable 				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Prisons Only: Ensure the alleged victim is escorted to the infirmary for transport to the designated healthcare facility in the community <ul style="list-style-type: none"> The facility health care provider will only provide emergency medical care If other individuals require medical attention, ensure they are escorted separately 				<input type="checkbox"/>

Required Actions	Time Started	Time Completed	Initial	N/A
Arrange transport of the alleged victim to the designated healthcare facility in the community <ul style="list-style-type: none"> • Contact the community-based victim advocate Name of organization: _____ Telephone number: (____) ____ - ____ • Inform responding law enforcement of the estimated arrival time if not onsite • Include a photograph of the community-based victim advocate in the transport packet for identification • Document the presence of the advocate in the Incident Management Reporting System (IMRS) report 				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Ensure the alleged victim's and accused's clothing and other evidence is collected per Sexual Assault Evidence Collection: Uniform Evidence Protocol and standard evidence procedures <ul style="list-style-type: none"> • Ensure that the alleged victim's clothing and other evidence is turned over to law enforcement at the community healthcare facility <ul style="list-style-type: none"> ○ If declined, return evidence to the facility and secure per applicable evidence policy • Evidence collection will include the following, as applicable, and not already collected by law enforcement: <ul style="list-style-type: none"> ○ Surveillance video ○ Videotape of the incident and/or crime scene ○ Pictures of the crime scene ○ Pictures of suspect injuries 				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Document in the IMRS whether a forensic medical exam took place and if it was conducted by a SAFE/SANE <ul style="list-style-type: none"> • If a SAFE/SANE was not available, document that the exam was completed by another qualified medical practitioner • If the IMRS was submitted prior to completion of the exam, the IMRS should be amended by the author to include the information as soon as it is available 				<input type="checkbox"/>
Document in the IMRS whether a community victim advocate was present during the forensic medical exam.				<input type="checkbox"/>
Place the accused in restrictive housing pending an investigation or transfer to another facility, as needed				<input type="checkbox"/>
Ensure the following notifications are made, if applicable: <ul style="list-style-type: none"> • Child Protective Services (CPS) at 1-866-363-4276, if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time 				<input type="checkbox"/>

Required Actions	Time Started	Time Completed	Initial	N/A
<ul style="list-style-type: none"> Adult Protective Services (APS) at 1-877-734-6277, if the alleged victim is classified by Mental Health as a vulnerable adult 				
<p>Prior to departing the designated community healthcare facility, ensure the individual is provided with a card detailing access to the sexual assault kit tracking database to include URL, user name, and password information</p> <ul style="list-style-type: none"> Transport staff must provide this card to health services staff or Reentry Center case manager to include in the medical record 				<input type="checkbox"/>
<p>Upon return to the facility, ensure the alleged victim is seen by medical for follow up and appropriate housing is determined in consultation with medical practitioners</p>				<input type="checkbox"/>
<p>Ensure the alleged victim is provided with the PREA Investigation Process informational sheet</p>				<input type="checkbox"/>
<p>Release the crime scene, as applicable and authorized by law enforcement, the Appointing Authority, or the Intelligence and Investigation Unit</p>				<input type="checkbox"/>
<p>Ensure the following are correctly completed and evidence secured in evidence lockers, as applicable:</p> <ul style="list-style-type: none"> Administrative Segregation paperwork Incident reports DOC 16-358 Crime Scene Security Log DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist Staff memos Videotapes of crime scene(s), if available Video surveillance footage Pictures of crime scene(s) and injuries, if available Additional evidence/relevant documents 				<input type="checkbox"/>
<p>Notify the Headquarters PREA Coordinator via email as soon as possible</p>				<input type="checkbox"/>
<p>Complete a confidential report in IMRS as soon as possible, but no later than the end of shift including:</p> <ul style="list-style-type: none"> Source of the information Date(s) and time(s) of the allegation or incident Date and time the incident was reported Who the incident was reported to Location of the incident, not where the incident was reported (e.g., facility name/Field unit and exact locations within the facility/office, as applicable) Names of the alleged victim, accused, and witnesses, if known 				<input type="checkbox"/>
<ul style="list-style-type: none"> How the accused was separated from the alleged victim and witnesses, if known (e.g., housing assignments, staff reassignments) 				

Required Actions	Time Started	Time Completed	Initial	N/A
<ul style="list-style-type: none"> • PREA Response Team activation with members' names/role identified • Name of the community healthcare facility where forensic exam was conducted, time transported, escorting staff, whether the alleged victim was admitted • Housing reassignment of the alleged victim (e.g., placement on close observation watch, in infirmary) • Mental health referral/refusal information • All notifications made, including dates, times, and person to whom the notifications were given (e.g., law enforcement, Appointing Authority, Community Victim Advocate) 				
Ensure impacted staff (e.g., witnesses, responders) are offered Critical Incident Stress Management (CISM) services and/or staff counselors, as applicable				<input type="checkbox"/>
Ensure DOC 02-021 Aggravated Sexual Assault Medical Follow-Up Checklist has been received, if applicable				<input type="checkbox"/>
Submit the complete documentation packet to the PREA Compliance Manager/Specialist/designee				<input type="checkbox"/>

Notes: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - PREA Compliance Manager/designee