



# PREA RESPONSE AND CONTAINMENT 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)

**If the allegation involves Aggravated Sexual Assault (i.e., sexual acts perpetrated by either staff or an individual that occurred within the previous 120 hours and involve penetration or exchange of body fluids), initiate the Aggravated Sexual Assault Checklist**

Required Actions	Time Started	Time Completed	Initial	N/A
Ensure the alleged victim, accused, and possible witnesses have been separated				<input type="checkbox"/>
Dispatch an officer to secure and maintain scene, as applicable				<input type="checkbox"/>
Ensure that medical assessment/treatment is provided, as necessary <ul style="list-style-type: none"> <li><b>Prisons Only:</b> Ensure the alleged victim is escorted to the infirmary for examination if required. If other individual(s) require medical attention, ensure they are escorted separately</li> </ul>				<input type="checkbox"/> <input type="checkbox"/>
Assign staff to determine the alleged victim's expressed level of mental health need: <ul style="list-style-type: none"> <li>If the alleged victim responds that they would like to see Mental Health:               <ul style="list-style-type: none"> <li>During business hours, call Mental Health and have the alleged victim escorted to the mental health unit</li> <li>After hours, call the on-call mental health employee, who will determine if the alleged victim requires placement on close observation watch</li> </ul> </li> <li>If the alleged victim responds that they do not want to see Mental Health, verify the victim knows how to contact Mental Health if the need arises</li> </ul>				<input type="checkbox"/>
<b>Prisons only:</b> complete DOC 13-509 PREA Mental Health Notification indicating: <ul style="list-style-type: none"> <li>Individual is involved in an alleged PREA incident</li> <li>Information obtained from the alleged victim regarding the victim's expressed need for mental health services (e.g., does victim want to be seen?)</li> </ul>				<input type="checkbox"/>



Required Actions	Time Started	Time Completed	Initial	N/A
<ul style="list-style-type: none"> <li>• DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist</li> <li>• Videotapes of crime scene(s), if available</li> <li>• Video surveillance footage</li> <li>• Pictures of crime scene(s) and injuries</li> <li>• DOC 21-917 Incident Report from all involved staff</li> <li>• Additional evidence/relevant documents</li> </ul>				
<p>Complete a confidential report in the Incident Management Reporting System (IMRS) as soon as possible, but no later than the end of shift including:</p> <ul style="list-style-type: none"> <li>• Source of the information</li> <li>• Date(s) and time(s) of the allegation or incident</li> <li>• Date and time the incident was reported</li> <li>• Who the incident was reported to</li> <li>• 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)</li> <li>• Names of the alleged victim, accused, and witnesses, if known</li> <li>• How the accused was separated from the alleged victim and witness, if known (e.g., housing assignments, staff reassignments)</li> <li>• Housing reassignment of the alleged victim (e.g., placement on close observation watch, in infirmary)</li> <li>• Any interviews conducted with the alleged victim, accused, and witnesses</li> <li>• Mental health referral/refusal information</li> <li>• All notifications made, including dates, times, and person to whom the notifications were given</li> <li>• If the allegation is received via a grievance, scan and email a copy of the grievance to <a href="mailto:docpreatriage@doc1.wa.gov">docpreatriage@doc1.wa.gov</a></li> </ul>				<input type="checkbox"/>
<p>Submit the complete documentation packet to the PREA Compliance Manager/Specialist/designee</p>				<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