



PREA INVESTIGATION CHECKLIST

PREA case number: _____

Investigation packet contents	Included	N/A	Comments
DOC 02-378 Investigative Finding Sheet, including the following:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Narrative to support finding determination, including factors taken into consideration 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Comments for reviewing the OMNI PREA database 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> A review and printout of the OMNI PREA database for prior complaints in regards to the accused is included with the investigation report packet when submitted 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Summary for the assessment of the credibility of investigation participants 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Summary for the review of all staff involved 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Completion of a for-cause PREA risk assessment for substantiated investigations of sexual assault/abuse and/or staff sexual misconduct (not required for sexual harassment) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> Mental health referral for an evaluation of an incarcerated perpetrator(s) in substantiated allegations of sexual assault and/or sexual abuse 	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of victim notification (e.g., email from staff who provided verbal notification or copy of letter sent if victim released or in restricted housing)	<input type="checkbox"/>	<input type="checkbox"/>	
Notification to victim in substantiated or unsubstantiated staff sexual misconduct investigation, if the accused employee is no longer assigned to the applicable housing unit or no longer works at the facility	<input type="checkbox"/>	<input type="checkbox"/>	
DOC 02-400 Notice of PREA Investigation Findings	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of staff notification (e.g., email from staff who provided notification)	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of law enforcement referral, including results and applicable criminal investigation reports	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of reporting a substantiated allegation to relevant licensing bodies	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of notification to Adult Protective Services or Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>	

DOC 02-382 PREA Data Collection Checklist	<input type="checkbox"/>	<input type="checkbox"/>	
DOC 02-351 Investigation Report, including the following attachments:	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Incident Management Reporting System (IMRS) report and applicable incident report(s)/supporting documentation (e.g., kite, resolution request, letter) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Applicable response checklist 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Documentation of transporting the alleged victim for a forensic examination for all aggravated sexual abuse investigations, including the presence of the designated victim advocate 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Documentation of the presence (or declination by the alleged victim) of the designated victim advocate during any investigatory interviews for all investigations involving a forensic examination 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Documentation of referral to Health Services for a report of sexual assault or staff sexual misconduct that is reported more than 120 hours after and within 12 months of the alleged incident 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ DOC 13-509 PREA Mental Health Notification when the allegation was reported 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Documentation of actions taken to separate the alleged victim from the accused 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ DOC 02-015 PREA Triage Results Letter 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Documentation of any assistance provided to individuals with special needs (e.g., communication barrier, physical limitations, inability to understand the situation, Limited English Proficiency) 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Documentation of interview summaries and acknowledgment forms for all persons interviewed 	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> ▪ Documentation of evidence management/control 	<input type="checkbox"/>	<input type="checkbox"/>	
DOC 02-383 Local PREA Investigation Review Checklist (if not complete, list the date the local review committee will review)	<input type="checkbox"/>	<input type="checkbox"/>	
Retaliation monitoring of alleged victim (if not complete, list the date monitoring will end)	<input type="checkbox"/>	<input type="checkbox"/>	
Retaliation monitoring of reporting person. Not applicable if the reporter is the same as the alleged victim (if not complete, list the date monitoring will end)	<input type="checkbox"/>	<input type="checkbox"/>	

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.

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