LOCAL PREA INVESTIGATION REVIEW CHECKLIST

Must be completed for all substantiated or unsubstantiated investigations of individual-on-individual sexual assault/abuse and/or staff sexual misconduct.

PREA case number: ____________________________

Name: ____________________________ DOC number: ____________

Findings: __________________________________________________________________________

Date of findings by Appointing Authority: ____________________________

Date of review by local PREA Review Committee: ____________________________
(should be completed within 30 days of findings)

Attendees/input received from:

• Management: ___________________________________________________________________
• Supervisors: __________________________________________________________________
• Investigations: __________________________________________________________________
• Medical/mental health: __________________________________________________________________
• Other: __________________________________________________________________

Was DOC 07-019 Prison Rape Elimination Act (PREA) Risk Assessment updated for:

• Substantiated victims? □ Yes □ No □ N/A
• Substantiated perpetrators? □ Yes □ No □ N/A

Victim prior assessment: □ Potential victim □ Potential predator □ Dual identifier □ No risk identified
Victim current assessment: □ Potential victim □ Potential predator □ Dual identifier □ No risk identified
Predator prior assessment: □ Potential victim □ Potential predator □ Dual identifier □ No risk identified
Predator current assessment: □ Potential victim □ Potential predator □ Dual identifier □ No risk identified

Separatee created? □ Yes □ No □ N/A Separation level: ____________________________

Comments: __________________________________________________________________________

As a result of the investigation, is a change to Department policy or local procedure indicated?
□ Yes □ No

Comments: __________________________________________________________________________

Was the incident motivated by:

• Race or ethnicity……………………………………… □ Yes □ No
• Actual or perceived sexual orientation……………… □ Yes □ No
• Actual or perceived transgender/intersex status… □ Yes □ No
• Gang affiliation……………………………………… □ Yes □ No
• Other group dynamics……………………………… □ Yes □ No

If yes, provide recommendations to address.
PREA case number: __________________________

Comments:

Did physical barriers or physical plant layout enable the abuse?              ☐ Yes ☐ No ☐ N/A

NOTE: The committee should physically examine the area as applicable.

Comments:

Did the incident take place in an area subject to electronic surveillance?..... ☐ Yes ☐ No ☐ N/A

If no, explain in comments and next question is N/A.

Comments:

Was monitoring technology (e.g., electronic surveillance) available/adequate? ☐ Yes ☐ No ☐ N/A

If no, provide recommendations to address.

Comments:

Were the Department approved staffing models followed?                      ☐ Yes ☐ No ☐ N/A

Was the staffing in the affected area adequate?                               ☐ Yes ☐ No ☐ N/A

If no, provide recommendations to address.

Comments:

All recommendations to prevent future incidents:

FOR SUBSTANTIATED CASES ONLY

Was the victim intersex? ☐ Yes ☐ No

Was the accused intersex (individuals only)? ☐ Yes ☐ No

Was the victim transgender? ☐ Yes ☐ No

Was the accused transgender (individuals only)? ☐ Yes ☐ No

APPOINTING AUTHORITY REVIEW
(for substantiated cases only)

At the time of the incident, how long had the employee/contract staff/volunteer worked at the facility?

Are recommendations by the Local Review Committee accepted?.................. ☐ Yes ☐ No ☐ N/A

If no, provide reasons. If yes, provide details regarding implementation dates in the action plan.

Comments:

Please submit action plan to the PREA Coordinator/designee when developed and update when tasks have been completed.

<table>
<thead>
<tr>
<th>Action Item (add more lines as needed)</th>
<th>Person responsible</th>
<th>Planned completion date</th>
<th>Date completed</th>
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| PREA case number: ___________________________
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Appointing Authority ___________________________  Signature ___________________________  Date __________

Date submitted to PREA Coordinator/designee: ______

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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