LOCAL PREA INVESTIGATION REVIEW CHECKLIST

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

PREA Case Number: ______________________

Offender name: ___________________________ DOC number: ______________

Date of findings by Appointing Authority: ____________ Date of Local Review Committee review: ____________
(should be completed within 30 days of findings)

Attendees/Input received from: ________________________

Management: ________________________________

Supervisors: ________________________________

Investigations: ________________________________

Medical or Mental Health: ________________________________

Other: ________________________________

Was DOC 07-019 Potential for Sexual Assault/Sexual Victimization Screening updated for:
- Substantiated victims
- Substantiated offender perpetrators?

<table>
<thead>
<tr>
<th>Victim prior assessment:</th>
<th>Potential Victim</th>
<th>Potential Predator</th>
<th>Dual Identifier</th>
<th>No risk identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim current assessment:</td>
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<tr>
<td>Separatee created?</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>Separation Level:</td>
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</tbody>
</table>

Comments:

As a result of the investigation, is a change to Department policy or local procedure indicated?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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Comments:
PREA Case Number:

- Yes  - No

Was the incident motivated by:
- race or ethnicity,
- actual or perceived sexual orientation,
- actual or perceived transgender/intersex status,
- gang affiliation, or
- other group dynamics?

If yes, provide recommendations to address.

Comments:

For Substantiated Cases ONLY:

<table>
<thead>
<tr>
<th></th>
<th>Victim</th>
<th>Suspect (if offender only)</th>
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<tbody>
<tr>
<td>Intersex</td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>Transgender</td>
<td>□ Yes</td>
<td>□ No</td>
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- Yes  - No  - N/A

Did physical barriers or physical plant layout enable the abuse? NOTE: the committee should physically examine the area as applicable.

Comments:

- Yes  - No  - N/A

Did the incident take place in an area subject to video Monitoring?

Comments:

- Yes  - No  - N/A

Were the Department approved staffing models followed?

- Yes  - No

Was the staffing in the affected area adequate? If no, provide recommendations to address.

Comments:

- Yes  - No

Was monitoring technology (e.g., video surveillance) available/adequate? If no, provide recommendations to address.

Comments:

- Yes  - No

Additional recommendation to prevent future incidents:
**Appointing Authority Review:**

For Substantiated Cases ONLY:

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

- Yes  
- No  
- Partial

Are recommendations by the Local Review Committee accepted? If no, provide reasons. If yes, provide details regarding implementation dates in the action plan.

**Comments:**

Please submit action plan to PREA Coordinator 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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Appointing Authority ___________________________ Signature ___________________________ Date ______________

Date submitted to PREA Coordinator: ________________

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