



# 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 victim transgender?  Yes  No

Was the accused intersex (individuals only)?  
 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.

Action Item (add more lines as needed)	Person responsible	Planned completion date	Date completed

PREA case number: \_\_\_\_\_


\_\_\_\_\_  
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.

Distribution: **ORIGINAL** - PREA investigation report      **COPY** - PREA Coordinator/designee (electronic only)