



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 Yes No N/A
- Substantiated offender perpetrators? Yes No N/A

Victim prior assessment:	<input type="checkbox"/> Potential Victim	<input type="checkbox"/> Potential Predator	<input type="checkbox"/> Dual Identifier	<input type="checkbox"/> No risk identified
Victim current assessment:	<input type="checkbox"/> Potential Victim	<input type="checkbox"/> Potential Predator	<input type="checkbox"/> Dual Identifier	<input type="checkbox"/> No risk identified
Predator prior assessment:	<input type="checkbox"/> Potential Victim	<input type="checkbox"/> Potential Predator	<input type="checkbox"/> Dual Identifier	<input type="checkbox"/> No risk identified
Predator current assessment:	<input type="checkbox"/> Potential Victim	<input type="checkbox"/> Potential Predator	<input type="checkbox"/> Dual Identifier	<input type="checkbox"/> No risk identified
Separatee created?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Separation Level:		

Comments:

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

Comments:

PREA Case Number: _____

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.

Comments:

For Substantiated Cases ONLY:

Was the	Victim		Suspect (if offender only)	
Intersex	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transgender	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Did physical barriers or physical plant layout enable the abuse? NOTE: the committee should physically examine the area as applicable. Yes No N/A

Comments:

Did the incident take place in an area subject to video Monitoring? Yes No N/A

Comments:

Were the Department approved staffing models followed? Yes No

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

Yes No

Comments:

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

Comments:

Additional recommendation to prevent future incidents:

