



OIC/PREA Allegation Checklist

PREA Policy Reporting and Investigation of Sexual Abuse

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Staff Name: | OIC/SART Members Name | Date: | Date |
| Reported Victim(s): | Inmate Name and SID # | Reported Abuser(s): | Inmate Name and SID # |
| | Inmate Name and SID # | | Inmate Name and SID # |
| | Inmate Name and SID # | | Inmate Name and SID # |

| Completed | Staff Responsibilities |
|--------------------------|--|
| <input type="checkbox"/> | Ensure the victim is safe and kept separated from the alleged abuser. |
| <input type="checkbox"/> | Notify Sexual Abuse Liaison and advise on the status of the victim and alleged abuser. |
| <input type="checkbox"/> | Isolate victim and Sexual Abuse Liaison or representative ask the following questions: |
| | <i>When did the reported "sexual contact" occur?</i> |
| | Click here to enter text. |
| | <i>Where did the reported "sexual contact" occur?</i> |
| | Click here to enter text. |
| | <i>What happened during the sexual contact?</i> |
| | Click here to enter text. |
| | <i>When was the last time you showered?</i> |
| | Click here to enter text. |
| | <i>Have you changed clothes since the sexual contact? If yes, where is the clothing?</i> |
| | Click here to enter text. |
| | <i>Have you brushed your teeth since the sexual contact?</i> |
| | Click here to enter text. |
| | <i>Who did you have sexual contact with?</i> |
| | Click here to enter text. |
| | <i>Was the sexual contact consensual? (Inmate on Inmate situations only)</i> |
| | Click here to enter text. |
| | <i>Were there any witnesses to the sexual contact?</i> |
| | Click here to enter text. |

| Completed | Staff Responsibilities |
|--------------------------|--|
| <input type="checkbox"/> | If deemed appropriate maintain crime scene and chain of custody for evidence until the scene and evidence is released by the Oregon State Police. Refer to DOC Policy 70.1.3 Criminal Evidence Handling. Evidence may include but is not limited to the victim and aggressors toothbrush, undergarments, clothing, personal items in cell. |
| <input type="checkbox"/> | If the clothing is moist, damp, or wet, place on butcher paper in a secured location to be dried. Refer to DOC Policy 70.1.3, Subsection E, Section 3: Evidence Packaging. |

Note: OIC/SART member to fill out the PREA Allegation Checklist.

OIC/PREA Allegation Checklist

Page 2

| Completed | Staff Responsibilities |
|--------------------------|---|
| <input type="checkbox"/> | After clothing is dried, place each item separately in a paper bag. Refer to DOC Policy 70.1.3, Subsection E, Section 3: Damp or biological evidence. |
| <input type="checkbox"/> | Place the alleged, identified inmate suspect(s) in a dry segregation cell(s) if within 96 hours or DSU if over 96 hours. |

Do not interview the alleged suspect(s) unless authorized by the Oregon State Police or representative of DOC Investigations Unit (SIU).

| | |
|--------------------------|---|
| <input type="checkbox"/> | Notifications: *Any life threatening injuries call 9-911* |
|--------------------------|---|

Immediate Notifications

| Name | Date | Time | Title | Case # |
|------|------|------|---------------------------------------|--|
| Name | Date | Time | Sexual Abuse Liaison | |
| Name | Date | Time | Security Manager | |
| Name | Date | Time | Asst. Superintendent Security | |
| Name | Date | Time | Superintendent | |
| Name | Date | Time | Officer-of-the-Day (OD) | |
| Name | Date | Time | On-Call Institutions Administrator | |
| Name | Date | Time | State Police Dispatch | Case number |
| Name | Date | Time | Advocate (for response to hospital) | Provide advocate's name to escorting officer |
| Name | Date | Time | SIU / After Hour Phone (503) 569-0734 | Case number |
| Name | Date | Time | Medical Services Manager | |
| Name | Date | Time | BHS Manager | |

Following Business Day

| | | | | |
|------|------|------|----------------------------|----------------|
| Name | Date | Time | Public Information Officer | |
| Name | Date | Time | DOC Communications Mgr. | (503) 945-0930 |
| Name | Date | Time | DOC PREA Administrator | (503) 947-9950 |

| Completed | Staff Responsibilities |
|--------------------------|--|
| <input type="checkbox"/> | Within 96 hours. Work with institutions Health Services and the State Police to arrange for transport to a designated medical facility for treatment, examination, documentation, collection of forensic evidence, testing for sexually transmitted diseases, advocacy, and referral for counseling. |
| <input type="checkbox"/> | Over 96 hours. Work with the institution's Health Services staff for: <ul style="list-style-type: none"> <input type="checkbox"/> Evaluation and determination of on-site medical evaluations versus transport to a designated medical facility for treatment, examination, and documentation. <input type="checkbox"/> Testing for sexually transmitted diseases. <input type="checkbox"/> Referral to BHS for counseling. |
| <input type="checkbox"/> | Prepare DOC Unusual Incident Report |
| <input type="checkbox"/> | Place both victim and perpetrator on CIS conflict notification. |
| <input type="checkbox"/> | PCM to enter information into OMS. |

Send completed form to the institution PCM.