



OIC/PREA Allegation Checklist

PREA Policy Reporting and Investigation of Sexual Abuse

Staff Name:	OIC/SART Members Name	Date:	Date
Victim(s):	Inmate Name and SID #	Alleged 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.

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 120 hours or DSU if over 120 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*
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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)	
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 120 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 120 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.