

## OJJ PREA Coordinated Response to Sexual Abuse Incidents

The following checklist explains the protocol which must be completed for each PREA related incident. It includes the actions to be taken by the first responder, medical and mental health staff, investigations, and facility leadership. This checklist has been developed to ensure appropriate notifications are made in a timely and consistent manner. Obtain the following signatures upon the completion of their area of this protocol/checklist. Form is to be maintained in the youth's file.

### FIRST RESPONDER:

- |   |  |
|---|--|
| <input type="checkbox"/> Secure the scene   | <input type="checkbox"/> Request the perpetrator not do anything that would destroy potential evidence |
| <input type="checkbox"/> Separate the alleged victim and perpetrator<br>Date:_____ Time:_____     | <input type="checkbox"/> Notify the Shift Supervisor<br>Date:_____ Time:_____                          |
| <input type="checkbox"/> Request the victim not do anything that would destroy potential evidence | <input type="checkbox"/> Complete Unusual Occurrence Report (UOR)                                      |

First Responder: \_\_\_\_\_

Date: \_\_\_\_\_

### SHIFT SUPERVISOR:

- |  |   |
|--|---|
| <input type="checkbox"/> Notify the Facility Director<br>Date:_____ Time:_____   | <input type="checkbox"/> Ensure First Responder has initiated or completed the required UOR   |
| <input type="checkbox"/> Notify medical if the allegation involves rape or penetrative sexual abuse<br>Date:_____ Time:_____ | <input type="checkbox"/> Ensure the alleged victim and perpetrator or separated and that the alleged victim has been accommodated in housing to ensure their safety |
| <input type="checkbox"/> Notify the PREA Compliance Manager at the facility<br>Date:_____ Time:_____                         |   |

Shift Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

**FACILITY DIRECTOR:**

- Follow-up with medical and mental health staff to ensure appropriate treatment was rendered.
- Check with medical and mental health staff to verify that appropriate optional services were offered and provided, where accepted by the victim and/or perpetrator
- Notify Deputy Secretary and Assistant Secretary  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify SART & hold meeting within 72 hours (or designee) \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Facility Director: \_\_\_\_\_

**PREA COMPLIANCE MANAGER:**

- Ensure protocol/checklist is completed.
- Ensure alleged victim is in suitable housing/least restrictive option available
- Ensure proper medical exam, including forensic exam has been performed, where necessary

PREA Compliance Manager: \_\_\_\_\_

- Notify Regional Director  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify Chief of Operations  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify Agency PREA Coordinator  
Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Notify Director of Investigative Services  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL:**

- Assess the alleged victim, determine necessary medical services.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

- Ensure transport to the hospital, if necessary

**Medical Staff:** \_\_\_\_\_

- Collect youth's signature when forensic exam is refused

- Ensure daily visits with the alleged victim, if victim remains at the facility

- Ensure SANE or SAFE is available to collect forensic evidence

**Date:** \_\_\_\_\_

**MENTAL HEALTH:**

- Render appropriate victim services
- Refer victim and perpetrator to optional services
- Obtain signature(s) for refusal of services for victim and perpetrator

- Accompany victim during the medical and investigative processes until victim advocate arrives

- Refer victim to a Rape Crisis Center and /or victim advocate, if accepted

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Mental Health Staff:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**INVESTIGATOR:**

- Accept the report and initiate the investigation
- Conduct the investigation
- Confer with medical on the need for a forensic medical exam
- Participate in the Sexual Abuse Incident Review

- Complete the required investigation and provide the report to the required parties
- Notify local law enforcement as appropriate and in accordance with local procedures

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Investigator:** \_\_\_\_\_

**Date:** \_\_\_\_\_