AGGRAVATED SEXUAL ASSAULT CHECKLIST

<table>
<thead>
<tr>
<th>Date and Location of Incident (specific location within the facility):</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Shift Commander/Community Corrections Supervisor:</td>
<td>Time:</td>
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If incident warrants, initiate Initial Emergency Checklist
DOC 410.050 Emergency Management Plan (Attachment 4) or
DOC 410.950 Emergency Management for Non-Prison Facilities and Offices (Attachment 7)

**Required Actions:**

**This checklist will be used for allegations of Aggravated Sexual Assault:**
Sexual acts perpetrated by either staff or an offender that occurred within the previous 120 hours and involve penetration or exchange of body fluids

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<tr>
<th>Time Started</th>
<th>Time Completed</th>
<th>Initial</th>
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| a. Ensure the alleged victim, accused, and possible witnesses have been separated  
  - Request the alleged victim and ensure the accused not destroy physical evidence on their bodies (e.g., no washing, brushing teeth, changing clothes, drinking, eating, urinating, defecating, smoking) unless directed by medical or as needed to transport the offender  
| | | | |
| b. Dispatch an officer to the scene with the PREA Response Kit and a camera for crime scene photographs only  
  - Photographs of the alleged victim will be taken at the designated community healthcare facility  
| | | | |
| c. Designate an officer to secure and maintain scene, as applicable  
| | | | |
| d. Activate PREA Response Team  
| | | | |
| e. Ensure law enforcement is notified, requesting response to the facility or designated healthcare facility in the community, as applicable  
| | | | |
| f. Ensure the following notifications are made:  
  - Appointing Authority or facility/section Duty Officer  
  - Onsite medical and mental health employees/contract staff, or Medical and Mental Health Duty Officers  
  - Chief Investigator, if applicable  
| | | | |
| g. **Prisons only:** Ensure the alleged victim is escorted to the infirmary for transport to the designated healthcare facility in the community  
  - The facility health care provider will only provide emergency medical care  
  - If other offenders require medical attention, ensure they are escorted separately  
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<tr>
<th>Step</th>
<th>Description</th>
<th>Time Started</th>
<th>Time Completed</th>
<th>Initial</th>
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<td>h.</td>
<td>Arrange transport of the alleged victim to the designated healthcare facility in the community</td>
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<td></td>
<td>• Contact the community-based victim advocate</td>
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<td>Name of organization: ____________________</td>
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<td>Telephone number: (<strong><strong><strong>) <strong><strong>-</strong></strong></strong></strong></strong></td>
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<td></td>
<td>• Include a photograph of the community-based victim advocate in the transport packet for identification purposes</td>
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<td></td>
<td>• Inform responding law enforcement of the estimated arrival time if not onsite</td>
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<td>i.</td>
<td>Ensure the alleged victim’s and accused’s clothing and other evidence is collected per Sexual Assault Evidence Collection: Uniform Evidence Protocol and standard evidence procedures</td>
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<td></td>
<td>• Ensure that the alleged victim’s clothing and other evidence is turned over to law enforcement at the community healthcare facility</td>
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<td>o If declined, return evidence to the facility and secure per applicable evidence policy</td>
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<td>• Evidence collection will include the following, as applicable, and not already collected by law enforcement:</td>
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<td>o Surveillance video</td>
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<td>o Videotape of the incident and/or crime scene</td>
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<td>o Pictures of the crime scene</td>
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<td>o Pictures of suspect injuries</td>
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<td>j.</td>
<td>Place the accused in restrictive housing pending an investigation or transfer to another facility, as needed</td>
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<td>k.</td>
<td>Ensure the following notifications are made, if applicable:</td>
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<td></td>
<td>• Child Protective Services (CPS) at 1-866-363-4276, if the alleged incident occurred in any correctional setting and the alleged victim is/was under the age of 18 at the time</td>
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<td>• Adult Protective Services (APS) at 1-866-363-4276, if the alleged victim is classified by Mental Health as a vulnerable adult</td>
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<td>l.</td>
<td>Upon return to the facility, ensure the alleged victim is seen by medical for follow up and appropriate housing is determined in consultation with medical practitioners</td>
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<td>m.</td>
<td>Ensure the alleged victim is provided with the PREA Investigation Process for Offenders informational sheet</td>
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<td>n.</td>
<td>Release the crime scene, as applicable and authorized by law enforcement, the Appointing Authority, or the Intelligence and Investigation Unit</td>
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<th>N/A</th>
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<tbody>
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<td>o.</td>
<td>Ensure the following are correctly completed and evidence secured in evidence lockers, as applicable:</td>
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<td></td>
<td>- Administrative Segregation paperwork</td>
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<td>- Incident reports</td>
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<td></td>
<td>- DOC 16-358 Crime Scene Security Log</td>
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<td>- DOC 16-357 Crime Scene Containment/Preservation/Processing Checklist</td>
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<td></td>
<td>- Staff memos</td>
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<td>- Videotapes of crime scene(s), if available</td>
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<td>- Video surveillance footage</td>
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<td>- Pictures of crime scene(s) and injuries, if available</td>
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<td>- Additional evidence/relevant documents</td>
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<td>p.</td>
<td>Notify the Headquarters PREA Coordinator via email as soon as possible</td>
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<td>q.</td>
<td>Complete a confidential report in the Incident Management Reporting System (IMRS) as soon as possible, but no later than the end of shift including:</td>
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<td></td>
<td>- Source of the information</td>
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<td></td>
<td>- Date(s) and time(s) of the allegation or incident</td>
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<td></td>
<td>- Date and time the incident was reported</td>
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<td></td>
<td>- Who the incident was reported to</td>
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<td></td>
<td>- Location of the incident, not where the incident was reported (e.g., facility name/Field unit and exact locations within the facility/office, as applicable)</td>
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<td></td>
<td>- Names of the alleged victim, accused, and witnesses, if known</td>
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<td></td>
<td>- How the accused was separated from the alleged victim and witnesses, if known (e.g., offender housing assignments, staff reassignments)</td>
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<td></td>
<td>- PREA Response Team activation with members’ names/role identified</td>
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<td>- Name of the community healthcare facility where forensic exam was conducted, time transported, escorting staff, whether the alleged victim was admitted to a hospital, and time returned to the facility</td>
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<td>- Housing reassignment of the alleged victim (e.g., placement on close observation watch, in infirmary)</td>
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<td>- Mental health referral/refusal information</td>
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<td>- All notifications made, including dates, times, and person to whom the notifications were given (e.g., law enforcement, Appointing Authority, Community Victim Advocate)</td>
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<td>r.</td>
<td>Ensure impacted staff (e.g., witnesses, responders) are offered Critical Incident Stress Management (CISM) services and/or staff counselors, as applicable</td>
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<td>s.</td>
<td>Ensure Aggravated Sexual Assault Medical Follow-Up Checklist (Attachment 2) has been received, if applicable</td>
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<td>t.</td>
<td>Submit the complete documentation packet to the PREA Compliance Manager/Specialist/designee</td>
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**Notes:**

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