



FACILITY SART PREA CHECKLIST

PREA Policy Reporting and Investigation of Sexual Abuse

State of Oregon
OREGON YOUTH AUTHORITY

Today's Date: _____ Time: AM PM

Name of Reporting Person: _____ JJIS#: _____

Victim(s)
Name: _____ JJIS#: _____ DOB: _____ Age: _____

Name: _____ JJIS#: _____ DOB: _____ Age: _____

Perpetrator(s)

Name: _____ JJIS#: _____ DOB: _____ Age: _____

Name: _____ JJIS#: _____ DOB: _____ Age: _____

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 OYA Policy II-A-1.2 regarding preserving chain of evidence. Evidence may include, but is not limited to, the area in which the abuse occurred, as well as the victim(s) and perpetrator(s) toothbrush, undergarments, clothing, and personal items.

Make sure the victim is safe from harm, and place the alleged perpetrator in isolation.

Do not interview the alleged perpetrator unless authorized by the Oregon State Police (OSP) or someone from the Professional Standards Office (PSO).

Notifications: *Any life threatening injuries call 9-911

Immediate Notifications

State Police

Contact Name: _____ Date: _____ Time: AM PM Case # _____

Child Abuse Report to DHS if needed (complete form)

Contact Name: _____ Date: _____ Time: AM PM Case # _____

Superintendent/ Camp Director

Contact Name: _____ Date: _____ Time: AM PM Case # _____

Assistant Superintendent

Contact Name: _____ Date: _____ Time: AM PM Case # _____

Officer of the Day (OD)

Contact Name: _____ Date: _____ Time: AM PM Case # _____

Health Services

Contact Name: _____ Date: _____ Time: AM PM Case # _____

PSO 503-508-4813 or 503-559-8408

Contact verbally

Contact Name: _____ Date: _____ Time: AM PM Case # _____

Following Business Day

AM PM

Contact Name:
JPPO

Date:

Time:

AM PM

Contact Name:

Date:

Time:

If the abuse occurred within 96 hours:

1. Complete the Facility PREA responder Checklist (form YA 1958), and
2. Coordinate with facility management for immediate transport to a designated medical facility for collection of forensic evidence.

If the abuse occurred beyond 96 hours:

1. Complete the Facility PREA responder Checklist (form YA 1958),
2. Seek a medical evaluation and treatment for the alleged victim and suspect,
3. Place alleged victim and suspect on a 15 minute tracker until MH assessment, and
4. Make a referral to a QMHP for mental health assessment for the alleged victim and suspect.

Sexual Assault Forensic Exam at a Hospital:

Arrange for Sexual Assault Forensic Exam at an appropriate health care facility as soon as possible. Communicate to the ER nurse the following information:

- Reported facts and medical information (from form YA 1958 Facility PREA First Responders Checklist), and

If the victim is willing to undergo a Sexual Assault Forensic Exam at an area hospital, it is important that you understand he/she has experienced a traumatizing event. Informing him/her what to expect during the exam will help him/her understand the process and reduce stress. Inform him/her they will be checked for injuries, sexually transmitted infections and biological evidence. Explain the necessity for the exam to be conducted by non-OYA practitioner and that the hospital staff are specially trained to help victims of abuse. Let him/her know they will also be provided mental health follow up care once they have been returned to the facility. It is important he/she is aware of the criminal investigation process to include their being interviewed by the State Police. Reassure him/her that OYA is there to help through the abuse.

If the victim is NOT willing to undergo a Sexual Assault Forensic Exam at an area hospital, clearly document the refusal in the space provided below. Provide education of risk of STI's and pregnancy (if appropriate), and advise the victim on the availability of medical care while at OYA.

Completed by: _____ Signature: _____

Title: _____ Date: _____

Reason for Refusal of a Sexual Assault Forensic Exam:

Refused by: _____ : Signature _____ : Date _____