

PENOBSCOT COUNTY JAIL PREA COORDINATOR CHECK LIST

The following actions are to be completed whenever any Sexual Misconduct is alleged.

Inmate/Resident Name: _____ ID#: _____

Complete a separate form on each inmate involved.

	Date/Time Completed	Verified By
PREA screening & assessment completed on Inmate/Resident	Screening:	
	Assessment:	
PREA education completed for Inmate/Resident		
Scene and evidence secured immediately		
Alleged Perpetrator and Alleged Victim separated (specify how):		
Alleged sexual misconduct reported to Sheriff or designee		
Inmate/Resident advised that they should not eat, drink, bath, brush teeth etc., if applicable		
Alleged Victim offered Medical treatment		
Alleged Perpetrator offered Medical treatment		
Alleged Victim offered Mental Health		
Alleged Perpetrator offered Mental Health		
Inmate/Resident sent to Medical (if applicable)	Med Staff Name:	
	Date/Time:	
Inmate/Resident sent to Mental Health	MH Staff Name:	
	Date/Time:	
Detective designated to investigate notified		
Sheriff or designee notified if an employee is involved		
Sheriff or designee and PREA Coordinator notified within 24 hours of allegation. Include the following details: Date, Time, Location, Circumstances		
PREA Coordinator sent a detailed report within 3 weeks from date of allegation. Include the following details: Date, Time, Location of Incident, Interviews, Staff Reports, Photographs, Disposition of Case (if applicable)		
If investigation is not completed within 3 weeks, Sheriff or designee and PREA Coordinator is sent a follow- up report at the time of the disposition of the case		