

Department of Children's Services
INSTRUCTIONS FOR USE OF FORM
CS-1239 PREA INVESTIGATION TASK CHECKLIST

The PREA Investigator completes this form weekly and submits it to the Statewide PREA Coordinator (SPC) by the first day of the following week for review. This form is used to track and document PREA referrals received and the investigation process.

FORM DETAILS

1. **PREA Investigator:** The name of the investigator completing this form. The investigator enters all cases worked during the week onto the same form.
2. **Week Of:** Enter the first and last day of the weekly period.
3. **CPS or Incident Referral Number:** Enter the referral number of the case.
4. **Date Case Received:** Enter the date the case is received by the investigator.
5. **Date Case Opened:** Enter the date the investigator starts working on the case.
6. **Due Date:** Sixty (60) days from the date the case is opened.
7. **Dates of Facility Contacts:** Enter all dates the investigator has contacted the facility. Document all dates into the same cell.
8. **Method of Facility Contacts:** Enter all methods used by the investigator to contact the facility (e.g. email, phone, in-person, video conference, etc). Document all methods into the same cell.
9. **Dates of Interviews and Site Visits:** Enter all dates the investigator conducts interviews and visits the facility. Document all dates into the same cell.
10. **Date Summary Submitted:** Enter the date the investigator submits the written summary of the findings to the SPC.