Sexual Abuse Incident Review

*The Sexual Abuse Review shall be normally completed within 30 days of completion of an investigative finding of Substantiated or Un-Substantiated Sexual Abuse.*

Choose an item.

Institution: Date of Alleged Incident:

Click here to enter a date.

PREA Reference #: Click or tap here to enter text.

Location of Alleged Incident: Click or tap here to enter text.

Choose an item.

Incident Type: Choose an item.

Victim’s Name and Offender #: Click or tap here to enter text.

Aggressor’s Name and Offender #: Click or tap here to enter text.

Investigation Outcome:

1. **Summary of Incident / Additional Information:**

Click here to enter text.

1. **Review:**
2. Did the allegation or investigation indicate a need to review policy or practice to better prevent, detect, or respond to sexual abuse? [ ]  Yes [ ]  No If yes, explain:

Click here to enter text.

1. The incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics? [ ]  Yes [ ]  No If yes, explain:

Click here to enter text.

1. Were there any physical barriers that may have enabled the abuse?

[ ]  Yes [ ]  No If yes, explain:

Click here to enter text.

1. Could monitoring technology be deployed or augmented to supplement supervision by staff in location of the alleged incident? [ ]  Yes [ ] No If yes, explain:

Click here to enter text.

1. Were required medical and mental health assessments offered to the victim?

 [ ]  Yes [ ]  No If yes, is follow up care needed?

Click here to enter text.

1. Were the staffing levels adequate in the area of the incident? [ ]  Yes [ ]  No If no, explain.

Click here to enter text.

1. Were the victim and aggressor informed of the allegation determination? [ ]  Yes [ ]  No

If no, explain.

Click here to enter text.

1. What if any, corrective actions were determined or are recommended?
* What action was taken?
* If all recommended corrective actions were not taken, why not?

Click or tap here to enter text.

1. **Review Team Signatures**

 Name and Title Signature/Date

 Name and Title Signature/Date

 Name and Title Signature/Date

 Name and Title Signature/Date

 Name and Title Signature/Date

 **PREA Compliance Manager:**

 Name and Title Signature/Date

 **Superintendent or Designee:**

 Name and Title Signature/Date