

Facility Name: _____

Sexual Abuse Incident Review Checklist

Incident Report #: _____

The facility shall conduct a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The review shall be conducted during the monthly designated PREA meeting but no more than within 30 days of the conclusion of the investigation.

I. Offender Name: _____ **Date:** _____

II. Checklist:

1. Was the incident report entered into SCRIBE in accordance with SOP 203.03 Incident Report? Yes _____ No _____
2. Did the allegation or investigation indicate a need to change policy or practice to prevent, detect, or respond to sexual abuse? Yes _____ No _____
3. Did the allegation or investigation indicate a motivation 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 at the facility? Yes _____ No _____
4. Was an examination of the area in the facility where the incident allegedly occurred conducted to determine whether physical barriers of the area may enable abuse?
List findings (if any) Yes _____ No _____
5. In the area where the incident allegedly occurred were there adequate staffing levels in that area during different shifts? Yes _____ No _____
6. In the area where the incident allegedly occurred should monitoring technology be deployed or augmented to supplement supervision by staff? Yes _____ No _____

If yes is checked on any of the above, state the reason why: _____

Name and title of all staff involved in the review:

Name	Title	Name	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Improvements:

The facility shall implement recommendations for improvement or shall document the reason for not doing so. Were recommendations put in place?

Yes _____ No _____

If no, List why:

IV. Warden/Superintendent review:

1. Date Received: _____
2. Comments: _____
3. Signature of Warden/Superintendent or Designee: _____

V. PREA Compliance Manager notification:

Date sent to PREA Compliance Manager: _____