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