

Sexual Abuse Incident Review Team Meeting Minutes

*The facility Sexual Abuse Review Team will conduct a sexual abuse incident review within **10 days** of the conclusion of a PREA Investigation unless the allegation has been determined to be unfounded. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. (386)*

Facility Name: _____

PREA Incident (SIR) Number: _____

PREA Code	PREA Incident Date	Completion of Investigation Date	Completion of Review Date

Meeting Information:

Meeting Date	Time	Location	Members Present	Members Absent
			1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	

Meeting Minutes

Incident Overview Questions:

1. Does polices needs to change to better prevent, detect, or respond to sexual abuse?

2. Was the incident motivated by race, ethnicity, gender identity, LGBT, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility?

3. Were there physical barriers in the area that enable the abuse?

4. Were any protective measures taken following the sexual abuse incident?

5. Were the staff levels adequate in that area during different shifts?

6. Should monitoring technology (CCVT) be deployed or augmented to supplement supervision by staff?

7. Was the incident immediately reported to supervisors and the Director?

8. Was the proper documentation completed for the incident?

Action Taken:

Recommendation: *(The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.)*

I acknowledge that the above data/information is true and accurate.

Facility PREA Compliance Manager

Date: _____

Facility Director

Date: _____

A copy must be placed in the PREA Files for Review by Agency PREA Coordinator.