**Document Review Worksheet**

**Staff Completing Worksheet:**

**Facility:**

**Sexual Abuse Incident Review (SAIR) Records**

PREA Audit – All Facility Types - Standard 115.86/115.186/115.286/115.386

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | (b) | (c) | *The Incident Review Team shall: (d) 1-6* | | | | | | (e) |
| **Auditor Instructions:**  **If a sexual abuse allegation has been determined to be unfounded the facility is not required to conduct a SAIR.** | Such review shall ordinarily occur within 30 days of the conclusion of the investigation. | The review team shall include upper-level management officials, with input from:   * line supervisors; * investigator; and * medical or mental health practitioners | Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. | Consider whether 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 at the facility/lockup. | Examine the area in the facility/lockup where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. | Assess the adequacy of staffing levels in that area during different shifts. | Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. | Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement; and submit such report to the facility head and PCM(or PC for lockups). | The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so. |
| **Admin Inv. #**  **Conclusion Date**  **Crim Inv. #**  **Conclusion Date** | ☐ Yes ☐ No  Review Date:  Determination:  ☐ Sub.  ☐ Unsub.  ☐ Unfounded | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: |
|
|
|
| **Admin Inv. #**  **Conclusion Date**  **Crim Inv. #**  **Conclusion Date** | ☐ Yes ☐ No  Review Date:  Determination: ☐ Sub.  ☐ Unsub.  ☐ Unfounded | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ N  Comments: | ☐ Yes ☐ No  Comments: |
|
|
|
| **Admin Inv. #**  **Conclusion Date**  **Crim Inv. #**  **Conclusion Date** | ☐ Yes ☐ No  Review Date:  Determination: ☐ Sub.  ☐ Unsub.  ☐ Unfounded | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: | ☐ Yes ☐ No  Comments: |
|
|
|

Note: PC = PREA Coordinator, PCM = PREA Compliance Manager, Admin Inv. = Administrative Investigation, Sub. = Substantiated, Unsub = Unsubstantiated