

Facility:

## Document Review Worksheet Sexual Abuse Incident Review (SAIR) Records

Staff Completing Worksheet:

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)	
<b>Auditor Instructions:</b>  <b>If a sexual abuse allegation has been determined to be unfounded the facility is not required to conduct a SAIR.</b>	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: <ul style="list-style-type: none"> <li>• line supervisors;</li> <li>• investigator; and</li> <li>• medical or mental health practitioners</li> </ul>	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.
<b>Admin Inv. #</b>  <b>Conclusion Date</b>  <b>Crim Inv. #</b>  <b>Conclusion Date</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Review Date:  Determination: <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub. <input type="checkbox"/> Unfounded	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:
<b>Admin Inv. #</b>  <b>Conclusion Date</b>  <b>Crim Inv. #</b>  <b>Conclusion Date</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No Review Date:  Determination: <input type="checkbox"/> Sub. <input type="checkbox"/> Unsub. <input type="checkbox"/> Unfounded	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> N  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No  Comments:
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Note: PC = PREA Coordinator, PCM = PREA Compliance Manager, Admin Inv. = Administrative Investigation, Sub. = Substantiated, Unsub = Unsubstantiated