Sexual Abuse Incident Review (115.86)

Facility: MCF-
Case #
Date of Review:

Narrative:

The facility must conduct a **Sexual Abuse Incident Review** at the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The review must be conducted within 30 days of the conclusion of the investigation. The review team must include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The facility must implement recommendations for improvement or must document the reason for not doing so.

I. **Resident/Alleged Victim Name and OID:**

II. **Alleged Perpetrator:** STAFF or Incarcerated Person

III. **Resident/Alleged Perpetrator[s] Name and OID or EID:**

IV. **Findings:** Substantiated or Unsubstantiated

V. **Date of investigation conclusion:**

1. Did the allegation or investigation indicate a need to change policy or practice to prevent, detect, or respond to sexual abuse? Yes___No __

2. Did the allegation or investigation indicate a motivation by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, nonbinary, or intersex identification, status, or perceived status; or gang affiliation; or was it motivated or otherwise caused by other group dynamics at the facility? Yes___No __

3. 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? Yes___No____

   List findings (if any)

4. In the area where the incident allegedly occurred, were there adequate staffing levels in that area during different shifts? Yes___No __

5. In the area where the incident allegedly occurred, should monitoring technology be deployed or augmented to supplement supervision by staff? Yes___No____

6. If yes is checked on any of the above, state the reason why and include any recommendations for improvement:

7. **Name and title of all staff involved in this review:**
   1. Upper-Level Management
   2. Line Supervisors
   3. Investigator
   4. Medical/Behavioral Health
   5. Compliance Manager
   6. Others

8. **Warden/Superintendent Review:**
   Date Received:
   I have reviewed the above recommendations for improvement. If recommendations approved, which ones and the deadline for improvement to be made/implemented:

   If recommendations not approved, reason why:

   Signature of Warden or Designee:

Retention Schedule: This form must be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.