

**PREA SEXUAL ABUSE
INCIDENT REVIEW**JD-JM-213 Rev. 11-21
34 U.S.C. § 30301, et seq.; 28 C.F.R. Part 115**CONNECTICUT JUDICIAL BRANCH
JUVENILE RESIDENTIAL SERVICES**

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Instructions: For use to guide the Incident Review Team pursuant to § 115.386 of the PREA Juvenile Facility Standards.

Facility	Date of PREA Incident	Date of Conclusion of PREA Investigation	Date of PREA Sexual Abuse Incident Review
PREA Investigation Conducted By		Result of PREA Investigation	<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated

I. Review Team:Superintendent InvestigatorsPREA Coordinator Medical PractitionersPREA Manager Mental Health PractitionersCentral Responsible Health Authority OtherSupervisors Other**II. Review Team Considerations:****A. Is there a need to change policy or practice to better prevent, detect, or respond to sexual abuse?** Yes No
*If yes, explain and identify policy/practice.***B. Was the incident/allegation motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility?** Yes No
*If yes, explain.***C. Examine the area in the facility where the incident allegedly occurred and assess whether physical barriers in the area may enable abuse.** Yes No
*Document findings.***D. Assess the adequacy of staffing levels in the area of the incident during different shifts.**
*Document findings.***E. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.** Yes No
*Document findings.***F. Additional Considerations (ex. incidents of retaliation)**

III. Review Team Recommendations

A. Findings and recommendations for improvement.

Date of Report	Printed Name and Title	Signature
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IV. Facility Response

A. Plan for implementing recommendations or reasons for not adopting recommendations.

Date of Facility Response	Printed Name and Title	Signature
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