

FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Rick Scott, Governor

Christina K. Daly, Secretary

| PREA Sexual Abuse Incident Review (115.386) | | | Date: | |
|---|---------------------------|--|-------------------|--|
| CCC Incide | nt Number: | | | |
| Program Name: | | | | |
| Date incident reported: | | Date investigation concluded: | | |
| Finding(s): | ☐ Substantiated ☐ Founded | UnsubstantiatedInformation Only | (Check One Above) | |
| Review Tear | n Members: | N | , | |
| Program Administrator | | Name | Title | |
| PREA Facility Compliance Manager | | | | |
| Facility Mental Health representative | | | | |
| Line Supervisor | | | | |
| Statewide PREA Coordinator | | | | |
| DJJ Regional Representative | | | | |
| Other | | | | |
| Other | | | | |
| | | | | |

Review of Incident Summary: See attached

2737 Centerview Drive \bullet Tallahassee, Florida 32399-3100 \bullet (850) 488-1850 http://www.djj.state.fl.us

| PREA Se | xual Abuse Incident Review (115.386) Date: |
|---------|--|
| | ation of the following information: Does allegation indicate a need to change policy or practice to better detect or respond to sexual abuse? Yes No |
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| 2. | Was incident motivated by race, ethnicity, gender identity (lesbian, gay, bisexual) or perceived gender identity, gang affiliation, or was motivated by other group dynamics at the facility? Yes \square No \square |
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| 3. | Examination of area where incident occurred: a. Physical barriers observed? |
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| 4. | b. Video monitoring of area available? Yes □ No □ Adequacy of staffing levels in that area: |
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| | |
| 5. | Assessment of monitoring technology to be deployed or augmented to supplement supervision by staff: |
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| | Has victim been notified of investigation outcome: Yes ☐ No ☐ ken by facility after this incident: |
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