

Prairie Lakes Youth Programs

PREA Policies and Procedures

Zero Tolerance Policy: (115.311) Prairie Lakes Youth Programs has a zero tolerance policy concerning all forms of sexual abuse, sexual misconduct, and sexual harassment of PLYP residents, through compliance with the standards set forth in the Prison Rape Elimination Act of 2003.

PLYP is committed to preventing, detecting, and responding to all reports of sexual abuse, sexual misconduct, and sexual harassment. All reports of victimization can be made confidentially. All complaints shall be reported promptly and thoroughly investigated by the proper authorities. Information regarding sexual abuse, misconduct, or harassment shall only be disclosed to those who need to know for the purpose of investigation, decision making and/or prosecution.

The purpose of this policy is to provide procedures to assist in identifying, monitoring, counseling, and tracking residents that have a tendency for committing nonconsensual sexual acts, abusive sexual contact, or possible vulnerability to being a victim of nonconsensual sex or abusive sexual contact. PLYP employees, contract workers, teachers, interns, or any persons providing services in the facility are trained to recognize such behaviors and take appropriate action, and to ensure residents receive orientation and have a mechanism for pursuing criminal prosecution as deemed appropriate.

Violation of this policy may result in disciplinary sanctions and/or criminal prosecution, as authorities deem appropriate, for any staff, teacher, contractor, intern, or youth perpetrators.

Background: The Prison Rape Elimination Act of 2003 (PREA) prompted the creation of mandatory national standards to eliminate rape and other forms of sexual abuse in confinement settings. Standards were developed by the National Prison Rape Elimination Commission and released in a report. The Commission recommends that Federal, State, and community corrections agencies that manage adult and juvenile correctional and/or detention facilities meet and maintain these standards.

Abuse-Related Definitions:

Sexual abuse includes-

1. Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and
2. Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, teacher, or intern.

Sexual abuse by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of any person, excluding contact incidental to a physical altercation.

Sexual abuse by a staff member, teacher, contractor, or intern includes-

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Contact between the mouth and any body part where the staff member, teacher, contractor, or intern has the intent to abuse, arouse, or gratify sexual desire;
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, teacher, contractor, or intern has the intent to abuse, arouse, or gratify sexual desire;
5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, teacher, contractor, or intern has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1-5 of the section;
7. Any display by a staff member, teacher, contractor, intern of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
8. Voyeurism by a staff member, teacher, contractor, or intern.

Sexual harassment includes-

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, teacher, contractor, or intern, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Voyeurism by a staff member, teacher, contractor, or intern means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

I. Prevention Planning:

- A. PREA Coordinator-(115.311) Prairie Lakes Youth Programs shall employ a PREA coordinator to develop, implement, and coordinate PLYP policies and procedures in order to comply with the standards of the Prison Rape Elimination Act. The PREA Coordinator shall be granted one day a week in order to perform PREA duties within the facility.

- B. Supervision and Monitoring-(115.313)
 - 1. Pursuant to PLYP's staffing plan policy 2960.0150, (see Attachment: Staffing Plan) staff ratios will be maintained at 1:8 during resident waking hours and 1:16 during sleeping hours.
 - 2. Facilities shall comply with the staffing plan except during limited, exigent circumstances. Deviations from this staffing plan shall be fully documented.
 - 3. Both facilities shall develop, document, and implement a staffing plan that provides adequate levels of staffing, and use video monitoring to protect residents against sexual abuse.
 - 4. Annually, the facility along with the PREA coordinator, will conduct an assessment to determine whether adjustments are needed to the staffing plan, and whether further video monitoring systems need to be deployed. On 2-25-20, six cameras (three in each stairwell) were installed in the Secure building's stairwells in order to enhance monitoring.

- C. Unannounced Rounds-(115.313)
 - 1. PLYP supervisory staff will conduct unannounced rounds to identify and deter staff sexual abuse and harassment. These rounds will occur on all shifts and areas of the facility at a minimum of one time per week. (See Attachment: Unannounced Rounds for Detention, Unannounced Rounds for Corrections, Unannounced Rounds for Non-Secure)
 - 2. PLYP prohibits staff from alerting other staff when these rounds occur.

- D. Cross-gender Viewing and Searches-(115.315)
 - 1. Pursuant to policy 2960.0150, (see Attachment: Staffing Plan) Prairie Lakes Youth Programs will not supervise residents in a manner that invades the

privacy of the residents by requiring the staff person of the opposite gender to search them.

2. Cross-gender pat searches, strip searches, or visual body cavity searches are strictly prohibited and conducted only when performed by medical practitioners, or in a case of emergency, or in exigent circumstances. If this occurs, this circumstance shall be justified and documented on a “Special Incident Reporting Form.” (see Attachment). PLYP staff will perform searches based on the anatomy of the residents from the waist down.
3. Examination of residents to determine genital status is prohibited. Determination of the inmates genital status shall be made during conversations with the resident, by reviewing medical records, or if necessary, as part of a broader medical examination.
4. Pursuant to policy 2960.0150, (see Attachment: Staffing Plan) residents are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing private body parts, except in exigent circumstances or when such viewing is incidental to routine cell checks. Opposite gender staff will announce their presence when entering housing units where opposite gender residents may be changing, when doing resident well-being checks, and when residents are showering or performing bodily functions.

E. Residents with Disabilities and Limited English Proficiency-(115.316)

1. At intake, all residents regardless of ability shall receive an orientation that includes PLYP’s resident brochure (see Attachment) and resident handbook (see Attachment) relating to nonconsensual sexual contact and abusive sexual contact. The information shall be communicated orally and in written form in a language that is clearly understood by the resident.
2. Residents who have limited English proficiency and/or any physical or cognitive impairment which may impact their ability to report sexual abuse/ harassment must be provided with assistance. The staff will have access to IPADS with translator apps on them in order to communicate with non-English speaking residents.
3. Information provided shall include, but not be limited to self-protection, prevention/intervention, reporting procedures, treatment and counseling, protection against retaliation, disciplinary actions for making false allegations, and the zero-tolerance policy within PLYP.
4. Residents shall be required to sign a “Resident Orientation Notice of Understanding” form (see Attachment) to acknowledge that they have received this information during the intake process. A copy of this acknowledgement shall be maintained in the resident’s case file.

5. It is the policy of PLYP to prohibit the use of inmate interpreters, inmate readers, or other types of inmate assistants. The exception to this would be circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties under 115.364, or the investigation of the inmate's allegations. If this circumstance should arise, PLYP shall document the use of inmate interpreters, readers, or other types of inmate assistance.
6. PLYP is not mandated to take steps which would result in a fundamental alteration in a service program or activity, or in undue financial and administrative burdens in accordance with Title II of the Americans with Disabilities Act.

F. Hiring and Promotion Decisions-(115.317)

1. PLYP will exclude the hiring or promoting of any individuals who have:
 - a. Engaged in sexual abuse in an institutional setting.
 - b. Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, the threat of force, or coercion.
 - c. Been civilly or administratively adjudicated to have engaged in such activity.
2. PLYP will consider any incident of sexual harassment when determining whether or not to:
 - a. Hire or promote staff; and
 - b. Enlist the services of any contractor who may have contact with residents.
3. Pursuant to Prairie Lakes Youth Programs Hiring and Recruitment policy, (see Attachment), in addition to background checks for new employees, the following checks shall also occur:
 - a. PLYP will contact all prior institutional employers for information on substantiated allegations of sexual abuse, consistent with Federal, State, and local law; and
 - b. Consult any abuse or predatory offender registry maintained by the state or locality in which the employee would work. (See Attachment: Registration of Predatory Offenders, statute 243.166)
 - c. Directly ask prospective employees about previous misconduct as reported on applications or during interviews for hiring.
4. Current employees and contractors that have contact with residents, PLYP will:
 - a. Conduct criminal background checks a minimum of every five years.
 - b. Conduct criminal background checks for every promotional opportunity.
 - c. Directly ask current employees about previous misconduct in written applications or interviews for promotions.

- d. Directly ask current employees about previous misconduct in any interviews or written self-evaluations conducted as part of performance reviews.

All instances of hiring and promoting at PLYP will be conducted according to PREA standards. Material omissions or false information will be grounds for termination.

Unless prohibited by law, PLYP will respond to requests from institutional employers for information regarding substantial allegations of sexual abuse perpetrated by a former PLYP employee.

G. Upgrades to Facilities and Technology-(115.318)

1. All designing, acquiring, renovations, additions, and new construction shall be of a design that facilitates direct contact between youth and staff, while considering the agency's ability to protect youth from sexual abuse.
2. Video monitoring shall be utilized in both facilities in order to enhance PLYP's ability to protect residents from sexual abuse. As of 2-25-20, six cameras (3 in each stairwell) have been installed in the Secure building's stairwells in order to enhance monitoring.

II. Responsive Planning:

A. Evidence Protocol and Forensic Medical Examinations-(115.321)

1. PLYP will offer all residents who experience sexual abuse transportation and access to forensic medical exams. This service will be provided at no financial cost to the victim. (See Attachment: MOU for Rice Hospital)
 - a. Staff shall advocate that the resident be treated by a sexual assault nurse examiner (SANE).
 - b. In the event a SANE nurse is not available, a sexual assault forensic exam (SAFE) will be performed by an emergency room physician.
 - c. PLYP will document its efforts to provide SANES or SAFES.

B. Victim Advocacy Services-(115.321)

1. Every attempt shall be made to make available to the victim a victim advocate from a rape crisis center. (See Attachment: MOU for Safe Avenues)
 - a. This rape crisis center is part of a nongovernmental entity and offers confidential victim services.
 - b. PLYP shall document efforts to secure services from a rape crisis center.
 - c. If a resident feel more comfortable with a staff member than a victim advocate, that staff member will be appointed to provide support services to the victim.
 - i. The staff member will be screened for appropriateness to serve as victim support.

- ii. The staff member will receive education concerning sexual assault and forensic examination issues.
- d. As requested by the victim, the victim advocate or qualified staff member will accompany and support the victim through the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals.

In the event an outside law enforcement agency investigates an allegation of sexual abuse, that agency will be requested to follow the requirements of sections A. and B. above.

C. Referrals of Allegations for Investigation-(115.322)

- 1. An administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment.
- 2. Any allegation that involves potentially criminal behavior will be referred for investigation by local law enforcement per local protocol. (see Attachment: MOU for Kandiyohi County Sheriff's Department, and Attachment: MOU for Willmar Police Department)
- 3. Sexual abuse and sexual harassment referrals shall be documented by the agency.
- 4. PLYP shall publish this policy on the Prairie Lakes Youth Programs website at www.prairielakes.net.

III. Training and Education

A. Employee, Teacher, and Intern Training-(115.331)

- 1. All staff shall be trained in how to fulfill their responsibilities in the detection, prevention, investigation, and reporting of sexual abuse and sexual harassment during new employee orientation with the PREA Coordinator, and during annual PREA refresher training through Zoom. Training topics shall consist of, but not be limited to the following:
 - a. The zero tolerance policy for sexual abuse, sexual harassment, and sexual misconduct.
 - b. How to fulfill responsibilities regarding the prevention, detection, reporting, and response of sexual abuse and sexual harassment.
 - c. The resident's right to be free from sexual abuse/harassment.
 - d. The rights of both residents and employees to be free from retaliation for reporting.
 - e. The dynamics of sexual abuse and sexual harassment in juvenile facilities.

- f. The common reactions of juvenile victims of sexual abuse and sexual harassment.
 - g. Detecting and responding to signs of threatened and actual sexual abuse, and how to distinguish between consensual sexual contact and sexual abuse between residents.
 - h. Boundaries training inclusive of avoiding inappropriate relationships with residents.
 - i. Communicating effectively and professionally with residents, including those who are lesbian, gay, bisexual, transgender, intersex, or gender non-conforming.
 - j. Relevant laws regarding mandatory reporting.
 - k. Relevant laws regarding the applicable age of consent.
2. Training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the youth at the employee's facility.
 3. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses both males and females.
 4. All current employees who have not received training will be trained within one year of the effective date the PREA standards are implemented.
 5. PLYP will provide each employee with refresher training annually. This will be done in video format and offered through Zoom. The staff will be informed of any policy or procedural updates at this time as well.
 6. Employee attendance and understanding of the training provided shall be documented through employee signature on the "Staff Acknowledgement of Training" form. (See Attachment)

B. Contractor Training-(115.332)

1. Contractors who have contact with youth shall be trained on their responsibilities under PLYP's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. (See Attachment: Contractor Brochure)
2. The level and type of training provided to contractors shall be based on the services they provide and level of contact they have with youth, but all contractors who have contact with youth shall be notified of PLYP's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (See Attachment: Contractor Notice of Zero Tolerance Policy)
3. PLYP shall maintain documentation confirming that contractors have received and understood their training through a signature on the Contractor Signature page. There is a training video that is posted on our website for contractors as

well. All contractors who view this will print off the completion page of the video, as well as date, sign and return to the PREA Coordinator for proof of completion.

C. Resident Education-(115.333)

1. Upon intake to PLYP residents shall receive:
 - a. Information in an age-appropriate fashion explaining the zero tolerance policy regarding sexual abuse and sexual harassment and;
 - b. How to report incidents or suspicions of sexual abuse or sexual harassment. (See Attachment: Resident Brochure and Handbook)
2. Within 10 days of intake, the facility will provide comprehensive education to residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. This information will be given through the video “PREA: What You Need To Know” and will teach youth how to:
 - a. Avoid risky situations related to sexual assault.
 - b. Safely report rape or sexual activity.
 - c. Obtain counseling services and/or medical assistance if victimized.
 - d. Evaluate the risks and potential consequences for engaging in any type of sexual activity while incarcerated.
3. All residents will be oriented within 72 hours of their arrival into PLYP. All residents will sign a “Juvenile PREA Intake Orientation” form to verify this education. (See Attachment)
4. Education shall be provided to residents upon transfer between programs at PLYP. Documentation shall be maintained of resident participation in these sessions.
5. The facility shall provide youth education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.
6. Key information will be continuously and readily available or visible to residents through posters, resident handbooks, video, and brochures.

D. Specialized Training: Medical and Mental Healthcare-(115.335)

1. All full and part-time medical and mental health care practitioners who work regularly at PLYP shall be trained to:
 - a. Detect and assess signs of sexual abuse and sexual harassment.
 - b. Preserve physical evidence of sexual abuse.
 - c. Respond effectively and professionally to victims of sexual abuse and sexual harassment.
 - d. Report allegations or suspicions of sexual abuse and sexual harassment.

2. Medical and mental health care practitioners shall also receive the training mandated for employees, teachers, interns, and contractors as outlined above in section III.
3. Documentation of attendance and training shall be obtained through a signature on the last page of the PREA training video for Contractors.

IV. Screening for Risk of Sexual Victimization and Abusiveness

A. Obtaining Information from Residents-(115.341)

1. Within 72 hours of a resident's arrival at PLYP, they will be given an intake interview which will, at minimum, contain the following criteria for screening residents:
 - a. Prior acts of sexual abuse and prior convictions for violent offenses.
 - b. Any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse.
 - c. Current charges and offense history.
 - d. Age.
 - e. Level of emotional and cognitive development.
 - f. Physical size and stature.
 - g. Mental illness.
 - h. Mental, physical, intellectual, or developmental disabilities.
 - i. The residents own perception of vulnerability.
 - j. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
2. This information will be obtained through conversations with residents, through the intake process, through medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.
3. All residents will be screened using a tool for sexual victimization and abusiveness upon intake. (See Attachment: Vulnerability Assessment Instrument)
4. PLYP staff will notify the on duty supervisor or appropriate program director when screening identifies a resident with a potential vulnerability and/or tendency to act out with sexually aggressive behavior.
5. Privacy and/or confidentiality of responses to screening questions shall be maintained to ensure the resident is not exploited.

B. Placement of Residents in Housing, Bed, Program, Education, and Work Assignments-(115.342)

1. PLYP will use information from the risk screening as described previously to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.
2. This facility prohibits placing lesbian, gay, bisexual, transgender, and intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. It also prohibits their status as being used as an indicator for being sexually abusive.
3. When determining housing and program assignments for transgender and intersex inmates, the following guidelines will be used:
 - a. Review on a cases-by-case basis.
 - b. Make assignments with the intention of ensuring the residents health and safety.
 - c. Assess whether the housing assignment would present management and/or security problems.
 - d. Take into serious consideration the residents own views with respect to his or her own safety.
 - e. Re-assess housing assignments weekly.
4. PLYP will only isolate residents as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged.
5. During this period of isolation, residents will be given access to programs, privileges, education, exercise, and work opportunities to the extent possible. If PLYP restricts access, the reasons for these limitations will be documented.
6. If requested, residents in isolation will also be provided with daily visits from a medical or mental health care clinician.
7. If a resident is isolated for safety reasons, PLYP will document the basis for the facility's concern for the resident's safety, and the reason why no alternative means of separation can be arranged.
8. Every 7 days PLYP will review if there is a continuing need for separation from the general population. Facility administrators will have the authority to override whether or not a resident needs continuing segregation. Their reasons for doing so will be documented.

V. Reporting

A. Resident Reporting-(115.351)

1. There shall be multiple internal methods provided for youth to privately report sexual abuse and sexual harassment, retaliation by other youths or staff for

reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

2. Residents shall be provided at least one method to report abuse or harassment to a public or private entity or office that is not part of PLYP and that is able to receive and immediately forward youth reports of sexual abuse and sexual harassment to facility officials, allowing the youth to remain anonymous upon request.
3. PLYP staff shall provide youth with access to tools necessary to make a written report. (see Attachment: Grievance Form)
4. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
5. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.
6. Staff may use a private reporting mechanism to report sexual abuse and sexual harassment of residents by using the anonymous medical drop boxes or through the following methods:

Kandiyohi County Sheriff's Department
2201 23rd St. NE
Willmar, MN 56201
320-214-6700 Ext. 3315

Kandiyohi County Family Service Department
2200 23rd St. NE Suite 1020
Willmar, MN 56201-6600
320-231-7800

Safe Avenues
P.O. Box 568
Willmar, MN 56201
320-262-3829

B. Exhaustion of Administrative Remedies-(115.352)

1. Parents, professionals, or any third party person known to the victim may submit a grievance on behalf of the alleged victim for any report of sexual abuse, sexual misconduct and sexual harassment.
2. Inform an alleged victim of the grievance and their right to request that it not be processed.

- a. Allow a parent or legal guardian of a resident to file a grievance regarding sexual abuse, including appeals, on behalf of such resident regardless of whether or not the resident consents.
- 3. Grievances will be processed according to institutional procedures.
- 4. Document any requests to have a sexual abuse and/or sexual harassment grievance withdrawn/not processed.
- 5. Accept any grievance filed by a parent or legal guardian of a juvenile regarding an allegation of sexual abuse, including appeals, on behalf of the juvenile.
- 6. Inform the alleged victim that the facility may require them to personally pursue any subsequent steps in the administrative remedy process.
- 7. Follow guidelines to determine if a resident has exhausted their administrative remedies in instances of allegations of sexual abuse.
- 8. Final decisions are based upon the results of the investigation regardless of where the report initiated.
- 9. Monitor deadlines for decisions, appeals, and extensions of grievance process.
 - a. A final decision needs to be made within 90 days of filing the grievance. Computation of the 90 day period does not include:
 - 1) The date of the alleged abuse.
 - 2) Time required to appeal decisions.
 - b. Extensions of up to 70 days may be permitted in the event a decision requires more consideration and time.
 - c. Ensure that the resident is notified in writing of any such extension, and provide a date by which a decision will be made.
- 10. A resident seeking immediate protection from imminent sexual abuse will be deemed to have exhausted his or her administrative remedies 48 hours after notifying any facility staff member of his or her need for protection.
- 11. Make the following exceptions in institutional grievance policy for all cases of reported sexual abuse.
 - a. Grievances involving allegations of sexual abuse have no time limits to be filed.
 - b. Incidents involving sexual abuse do not require an informal grievance process prior to filing a formal grievance.
- 12. Establish procedures filing an emergency grievance where a resident is subject to a substantial risk of imminent sexual abuse.
 - a. Immediately forward all emergency grievances to a level of review at which corrective action may be taken.
 - b. Provide an initial response within 48 hours.
 - c. Provide a completed final agency decision within 5 calendar days.

- d. Document the determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance in the facility's initial response and final decision.
13. If the grievance is determined not to be an emergency:
- a. Provide the resident with a written explanation of why the grievance does not qualify as an emergency.
 - b. Return the grievance to the resident and have them follow normal grievance procedures.
 - c. Consider discipline for any resident who intentionally filed an emergency grievance where no emergency exists, only when filed in bad faith.
- C. Resident Access to Outside Support Services and Legal Representation-(115.353)
- 1. Victims of sexual abuse will be provided access to outside victim advocates for emotional support services by providing, posting, or otherwise making accessible the mailing address and telephone number, including a toll free hotline number, for a local rape crisis organization. The facility shall enable reasonable communication between residents and this organization, in as confidential a manner as possible.
 - 2. The facility shall inform residents, prior to giving them access, the extent to which communications will be monitored and which reports will be forwarded to authorities in accordance with mandatory reporting laws.
 - 3. PLYP shall provide victims of sexual abuse with reasonable and confidential access to their attorney or other legal representation, and reasonable access to parents or legal guardians.
 - 4. PLYP shall maintain or attempt to enter into memoranda of understanding or other agreements with a local rape crisis organization or other community service provider that is able to provide residents with confidential support services related to sexual abuse. PLYP shall maintain copies of these agreements or documentation showing attempts to enter into such agreements. (See Attachment: MOU for Safe Avenues)
- D. Third-Party Reporting-(115.354)
- 1. Third parties shall have the ability to file reports of sexual abuse and sexual harassment by contacting the facility, or by filling out a grievance form that can be found on our website at www.prairielakes.net. (see Attachment: Third Party Reporting Form)
 - 2. PLYP will publicly distribute methods for reporting through the parent letter or through pamphlets. (See Attachment: Parent Letter)

VI. Official Response Following A Resident Report

A. Staff and Agency Reporting Duties-(115.361)

1. All staff shall report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is a part of the agency.
2. Staff shall report retaliation against youth or staff who reported such an incident of sexual abuse or sexual harassment; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
3. All staff shall comply with mandatory child abuse reporting laws pursuant to PLYP policy 2960.0080, (see Attachment: Mandatory Reporting), and Federal and State law. (See Attachment: Mandatory Reporting Statutes 609.556 and 626.556) (See Attachment: Vulnerable Persons Statute 609.23)
4. Except for reporting to supervisors, facility directors, designated state or local service agencies, staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.
5. All medical and mental health practitioners shall report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is a part of the agency.
6. All medical and mental health practitioners shall report retaliation of residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
7. Medical and mental health practitioners shall report sexual abuse in accordance with contract provisions and mandatory child abuse reporting laws. They are also to report immediately to the facility's director or designated supervisors.
8. Medical practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality unless otherwise precluded by Federal, State, or local law.
9. Upon receiving an allegation of sexual abuse or sexual harassment, including third-party and anonymous reports, the on-call supervisors or facility director shall promptly report the allegation to law enforcement. They shall also notify the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.
10. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.

11. If a juvenile court retains jurisdiction over the alleged victim, the facility director shall also report the allegation to the appropriate juvenile judge, the juvenile's attorney, or other legal representative of record within 14 days of receiving the allegation.

B. Agency Protection Duties-(115.362)

PLYP shall take immediate action to protect a resident when the facility obtains or discovers a resident is subject to a substantial risk of imminent sexual abuse. Such measures will include but not be limited to, separating the victim from the abuser by placing them on separate floors, or in separate activity rooms or bedrooms, or by providing a staff shadow. PLYP may also take measures to remove the abuser from the facility.

C. Reporting To Other Confinement Facilities-(115.363)

1. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility director who received the allegation shall notify the facility director or appropriate office of the agency where the alleged abuse occurred, and shall also notify the appropriate investigating agency.
2. Such notice shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. This notification shall be documented.
3. The facility director who receives such notification shall ensure that the allegation is investigated in accordance with PREA standards.

D. Staff First Responder Duties-Coordinated Response-(115.364,115.365)

PLYP has zero tolerance for incidents of sexual abuse, sexual misconduct, and sexual harassment in order to promote a safe and secure setting. All complaints of sexual abuse, misconduct, and harassment will be investigated and PLYP will take every measure necessary to support a safe environment.

In the event a report of sexual abuse is given, the following steps will be followed:

1. Duties of the First Responder: (See Attachment: Staff Brochure)
 - a. Separate the alleged victim and perpetrator from both sight and sound.
 - b. Inform the victim you are required to report the incident.
 - c. Secure and protect the crime scene
 - d. Remain with the victim to provide safety and support. Request that the victim does not wash, shower, change clothes, brush their teeth, use the bathroom, or do anything to destroy evidence. The perpetrator shall be

placed into DRT with the water turned off so as to ensure they do not wash, shower, use the bathroom, or brush their teeth to destroy evidence.

- e. Inform the shift supervisor, program director, or facility director.
 2. Contact the Kandiyohi County Sheriff's Department, to inform them of the assault.
 3. Complete a "Report of Abuse or Neglect of Children" form and a "PREA Sexual Abuse Worksheet" form. (See Attachments)
 4. Coordinate with management, transportation of the alleged victim to Rice Memorial Hospital Emergency Services for a forensic exam.
 5. Contact Safe Avenues for victim advocate services to support the victim.
 6. Contact PLYP's medical and mental health staff for follow-up care and crisis counseling.
- E. Preservation of Ability to Protect Residents From Contact With Abusers-(115.366)
1. No collective bargaining agreement or other agreement can be entered into that would limit the facility's ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
 2. Nothing in this section shall restrict the entering into or renewal of agreements that govern:
 - a. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of this policy regarding evidentiary standards for administrative proceeding.
 - b. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.
- F. Agency Protection Against Retaliation-(115.367)
1. Residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff.
 2. For at least 90 days following a report of sexual abuse, supervisory staff with primary staff shall monitor the conduct or treatment of residents or staff who reported the sexual abuse, and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff, and shall act promptly to remedy any such retaliation. This shall be discussed between primary staff and program directors during Tuesday staffing meetings.

3. Multiple protection measures shall be employed, such as housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with victims, and emotional support services for youth or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
4. Monitoring shall be documented and will include:
 - a. Resident disciplinary reports;
 - b. Resident housing or program changes;
 - c. Negative performance reviews or reassignments of staff;
 - d. Periodic status checks of residents.
5. If there is a need, monitoring shall continue beyond 90 days until there are no indications for the continuing need to do so.
6. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation.
7. The facility's obligation to monitor shall terminate if an investigation determines that the allegation is unfounded.

G. Post-Allegation Protective Custody-(115.368)

Any use of segregated housing to protect a youth who is alleged to have suffered sexual abuse shall be subject to the requirements set forth previously in standard 115.342.

VII. Investigations

A. Criminal and Administrative Agency Investigations-(115.371)

1. When local law enforcement investigates sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.
2. Any State entity or Department of Justice component that conducts such investigations shall inform the facility of their compliance with the requirements set forth in standard 115.371.
3. The facility shall not terminate an investigation solely because the source of the allegation recants the allegation.
4. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
5. When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews, only after consulting with

prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution as appropriate.

6. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as youth or staff. A resident who alleges sexual abuse shall not be compelled to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
7. The departure or resignation of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
8. Administrative Investigations:
 - a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
 - b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
9. Criminal Investigations:
 - a. Shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence; and
 - b. Copies of all documentary evidence will be attached to the report, where feasible.
10. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.
11. The facility shall retain all written reports as outlined under all administrative and criminal investigations in this section for as long as the alleged abuser is incarcerated or employed by the facility, plus five (5) years, unless the abuse was committed by a youth and applicable law requires a shorter period of retention.

B. Evidentiary Standard for Administrative Investigations-(115.372)

In determining whether allegations of sexual abuse or sexual harassment are substantiated, the agency shall not use a standard higher than preponderance of the evidence.

C. Reporting to Residents-(115.373)

1. When an investigating agency conducts investigations of sexual abuse, PLYP shall request relevant information from the investigative agency in order to inform the youth as to whether the allegation has been substantiated, unsubstantiated, or unfounded.

2. Following a resident's allegation that a staff member has sexually abused the resident, PLYP shall inform the resident (except where an allegation has been determined to be unfounded) whenever:
 - a. The staff member is no longer posted within the resident's building.
 - b. The staff member is no longer employed at the facility.
 - c. The facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - d. The facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
3. Following a resident's allegation that he or she has been sexually abused by another resident, PLYP shall inform the alleged victim whenever:
 - a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or;
 - b. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
4. The obligation to report under standard 115.373 shall terminate if the resident is released from the agency's custody.
5. All such notifications or attempted notifications shall be documented.

VIII. Discipline

A. Disciplinary Sanctions for Staff-(115.376)

Staff must never tolerate any level of incidents of sexual abuse, sexual harassment, or sexual misconduct directed toward residents by staff, teachers, interns, and/or contractors. Staff failure to address these behaviors as mandated by PREA and this policy will result in disciplinary action up to and including dismissal.

1. Discipline will be administered per agreed upon sanctions and guidelines pursuant to PLYP's "Offensive Conduct, Harassment, and Violence" policy. (See Attachment)
2. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. (See Attachment: Criminal Sexual Conduct in the First Degree 609.342, Second Degree 609.343, Third Degree 609.344, Fourth Degree 609.345, and Fifth Degree 609.3451)
3. Disciplinary sanctions for violations of PLYP's policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
4. All terminations for violations of PLYP sexual abuse or sexual harassment policies, or resignations by staff who resigned to avoid termination shall be reported to law enforcement agencies, unless the activity was clearly not

criminal, and to any relevant licensing bodies through a “Special Incident Reporting Form.” (See Attachment)

B. Corrective Action for Contractors-(115.377)

1. Any contractor who engages in sexual abuse at a minimum shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies through a “Special Incident Reporting Form.” (See Attachment)
2. PLYP shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, pursuant to any other violations regarding PLYP’s, “Offensive Conduct, Harassment, and Violence” policy. (See Attachment)

Note: Per PREA, consensual sexual contact/activity between a resident and staff, teacher, intern, or contractor is strictly prohibited.

C. Interventions and Disciplinary Sanctions for Residents-(115.378)

1. Residents may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse.
2. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the youth’s disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories.
3. In the event a disciplinary sanction results in disciplinary room time of a resident, the facility shall provide residents with daily large-muscle exercise, and access to any legally required educational programming or special education services. If requested, residents in disciplinary room time shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.
4. The disciplinary process shall consider whether a resident’s disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.
5. The facility may discipline a resident for sexual contact with staff only upon finding that the staff member did not consent to such contact.
6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

7. All sexual activity between residents is prohibited, and will be addressed by the facilities' disciplinary processes. However, such activity shall not be deemed to constitute sexual abuse if it determines that the activity is not coerced.

IX. Medical and Mental Care

A. Medical and Mental Health Screenings; History of Sexual Abuse-(115.381)

1. If the screening in section IV indicates that a resident has experienced prior sexual victimization or that they have perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake screening.
2. PLYP will strictly limit information related to sexual information or abusiveness that occurred in the institution to medical and mental health practitioners and other staff as necessary to inform treatment plans, and security and management decisions including housing, bed, work, education, and program assignments or as otherwise required by Federal, State, or local law.
3. If the resident is 18 or over, medical and mental health practitioners will obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting.

B. Access To Emergency Medical and Mental Health Services-(115.382)

1. When a resident reports to staff that they have been a victim of sexual abuse, staff first responders will follow the steps as outlined above in order to protect the victim pursuant to standard 115.364.
2. Residents will be offered unimpeded access to emergency medical treatment and crisis intervention services, which are to be determined by medical and mental health professionals according to their professional judgment.
3. These treatment services shall be provided at no cost to the victim and these services will be provided whether or not the victim names the abuser.
4. Treatment services will be provided to the victim regardless of whether or not the victim cooperates with the investigation. Should the victim refuse or decline such services, the victim will sign a "Refusal of Treatment" form. (See Attachment)
5. Resident victims of sexual abuse will be offered timely information and access to emergency contraception and follow-up care for sexually transmitted or other communicable diseases, as appropriate, and will be documented.

C. Ongoing Medical and Mental Health Care For Sexual Abuse Victims And Abusers-(115.383)

1. If a resident discloses prior sexual victimization or abusiveness, whether it occurred in any institutional setting or the community, staff shall ensure that the resident is offered a follow-up with medical or mental health practitioners within 14 days of the initial health screening.
2. Pregnancy testing, as well as comprehensive information and access to all lawful pregnancy related medical services, shall be provided in a timely manner if a resident becomes a victim of sexually abusive vaginal penetration while incarcerated.
3. Follow-up will be done by a mental health professional to assess the need for crisis intervention and long-term follow-up services, in the event that the resident transfers to, or gets placed in another facility, or is released from custody.
4. A mental health evaluation will be conducted on all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate.

X. Data Collection and Review

A. Sexual Abuse Incident Reviews-(115.386)

1. The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
2. Such review shall occur within 30 days of the conclusion of the investigation.
3. The review team shall include the facility director, management team, and include input from shift supervisors, investigators, and medical or mental health practitioners.
4. The review team shall:
 - a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
 - b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTI identification, status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
 - c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
 - d. Assess the adequacy of staffing levels in that area during different shifts.
 - e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
 - f. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to A-E above, and any recommendations for

improvement. This report shall be submitted to the facility director and PREA coordinator.

5. The facility shall use a Site Visit Reporting Form (see Attachment) to identify any vulnerable areas and implement any recommendations for improvement, or shall document its reasons for not doing so.

B. Data Collection-(115.387)

1. The facility shall collect accurate, uniform data for every allegation of sexual abuse within its secure and non-secure programs in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, and make such data available to the public.
2. PLYP shall collect accurate, uniform data for every allegation of sexual abuse using the standardized instrument known as the Survey of Sexual Violence (SSV). (See Attachment)
3. The data shall be collected, reviewed, and maintained on an ongoing basis as needed from all available incident-based documents, reports, investigative reports, and sexual abuse incident reviews.
4. The facility shall aggregate the incident-based sexual abuse data annually.
5. Upon request, all such data from the previous calendar year shall be forwarded to the Department of Justice no later than June 30.

C. Data Review For Corrective Action-(115.388)

1. PLYP shall review data collected and aggregated pursuant to standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:
 - a. Identifying problem areas; and
 - b. Taking corrective action on an ongoing basis.
2. PLYP will prepare an annual report of its findings and corrective actions for both secure and non-secure, as well as the facility as a whole.
 - a. Such report shall include a comparison of the current year's data and corrective actions taken with sexual abuse; and
 - b. An assessment of the agency's progress in addressing sexual abuse.
3. PLYP's report shall be approved by the facility director and made readily available to the public through its website.
4. Before making aggregated sexual abuse data publicly available, PLYP shall remove all personal identifiers and any other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

D. Data Storage, Publication, and Destruction-(115.389)

The data collected pursuant to this section shall be securely maintained and retained for at least 10 years after the date of its initial collection.

General Definitions

For purposes of this part, the term-

Agency means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.

Agency Head means the principal official of an agency.

Community Confinement Facility means a community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which individuals reside as part of term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.

Contractor means a person who provides services on a recurring basis pursuant to a contractual agreement with the agency.

Detainee means any person detained in a lockup, regardless of adjudication status.

Direct Staff Supervision means that security staff is in the same room with, and within reasonable hearing distance of, the resident or inmate.

Employee means a person who works directly for the agency or facility.

Exigent Circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility means a place, institution, building (or part thereof), set of building, structure, or area (whether or not enclosing a building or set of buildings) that is used by an agency for the confinement of individuals.

Facility Head means the principal official of a facility.

Full Compliance means compliance with all material requirements of each standard except for de minimis violations, or discrete and temporary violations during otherwise sustained periods of compliance.

Gender Nonconforming means a person whose appearance or manner does not conform to traditional societal gender expectations.

Inmate means any person incarcerated or detained in a prison or jail.

Intersex means a person who's sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Jail means a confinement facility of a Federal, State, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of one year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility.

Juvenile means any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.

Juvenile Facility means a facility primarily used for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system.

Law Enforcement Staff means employees responsible for the supervision and control of detainees in lockups.

Lockup means a facility that contains holding cells, cell blocks, or other secure enclosures that are:

1. Under the control of law enforcement, court, or custodial officer; and
2. Primarily used for the temporary confinement of individuals who have recently been arrested, detained, or are being transferred to or from a court, jail, prison, or other agency.

Medical Practitioner means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental Health Practitioner means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat-down Search means a running of the hands over the clothed body of an inmate, detainee, or resident by an employee to determine whether the individual possesses contraband.

Prison means an institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.

Resident means any person confined or detained in a juvenile facility or in a community confinement facility.

Secure Juvenile Facility means a juvenile facility in which the movements and activities of individual residents may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows resident's access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.

Security Staff means employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.

Staff means employees.

Strip Search means a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.

Transgender means a person whose gender identity (i.e. internal sense of feeling male or female) is different from the person's assigned sex at birth.

Substantiated Allegation means an allegation that was investigated and determined to have occurred.

Unfounded Allegation means an allegation that was investigated and determined not to have occurred.

Unsubstantiated Allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Volunteer means an individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

Youthful Inmate means any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

Youthful Detainee means any person under the age of 18 who is under adult court supervision and detained in a lockup.

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