

**ZERO-TOLERANCE OF SEXUAL HARASSMENT, ASSAULT,
AND/OR ABUSE OF RESIDENTS**

I. PURPOSE:

To promote and ensure a culture of Zero-Tolerance of sexual abuse and sexual harassment of Residents in Detention or Residential Treatment through the implementation of a variety of preventive measures, and to respond promptly, effectively, and compassionately to allegations of sexual abuse or harassment of a Resident.

II. POLICY:

Spectrum Juvenile Justice Services has zero-tolerance for sexual abuse and/or sexual harassment of residents and has implemented a variety of prevention methods to achieve this that are in place at each juvenile justice residential facility. In addition, Spectrum Juvenile Justice Services will respond effectively to all allegations of sexual abuse or harassment in order to rapidly restore safety, attend to and support the victim, and promptly initiate the investigative process.

III. RESPONSIBLE STAFF:

Facility/Center Director or designee.

IV. STANDARD OPERATING PROCEDURE:

A. Providing Sexual Assault/Rape Prevention Information to Residents

1. The Spectrum Juvenile Justice Services Resident orientation process includes Policy and Procedures relating to prevention of and response to reports of sexual assault/rape. Orientation is provided within the first 72-hours of a Resident's admission and comprehensive PREA education is provided within 10 days of intake. A refresher is provided annually thereafter. The information provided must include but is not limited to:
 - a. Spectrum Juvenile Justice Services *Prevention of Sexual Assault and/or Sexual Harassment Policy*.
 - b. Self-protection including avoiding risky situations related to sexual assault prevention/intervention.
 - c. Reporting Procedures; how to report rape, sexual activity, sexual abuse, or sexual harassment. Multiple reporting options at SJJS include: 1) Verbally to any Staff, counselor, or Administrator; 2) in writing to any Staff, counselor, or Administrator; 3) in writing through the Resident and family Grievance process; and, 4) Externally by telephoning Children's Protective Services toll free. Anonymous and third-party reports must also be accepted.
 - d. Treatment and counseling, how to obtain counseling services and/or medical assistance if victimized.
 - e. Protection against retaliation.

- f. Risks and potential consequences for engaging in any type of sexual activity while at the Facility.
 - g. Potential disciplinary action(s) for making false allegations.
2. The information must be provided verbally and in written form, and the information must be presented in a language and format that each Resident can understand, so that all residents are enabled to benefit from the full protections and rights afforded by PREA.
3. Video presentations may be used to supplement the content of the presentation but direct verbal and written information must be included.
4. Each Resident must sign a written acknowledgement form for the sexual assault/rape prevention portion of the orientation.
5. The signed acknowledgment form must be filed in the Resident's case record.
6. The use of Resident interpreters is prohibited except in limited circumstances when delay in translation could compromise Resident safety or the performance of first responder duties.

B. Resident Assessment

1. Each Resident's behavior history must be reviewed within 72-hours of arrival at the Facility, as part of orientation to determine the Resident's potential risk of sexual vulnerability based on the following risk factors:
 - a. Age
 - b. Physical stature
 - c. Developmental disability
 - d. Mental illness
 - e. Sex offender status (per offense history)
 - f. First-time offender status
 - g. Past history of victimization
 - h. Physical disabilities and the Residents own perception of vulnerabilities.

*All Residents that disclose any prior sexual victimization during screening must be offered a follow-up meeting with a medical or mental health practitioner within 14-days. All Residents that disclose during screening that they previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. These referrals must be documented.

2. Each Resident must be evaluated as part of the Orientation process to determine if the Resident is prone to victimize other Resident, especially in regard to sexual behavior, based on the following risk factors:
 - a. History of sexually aggressive behavior
 - b. History of violence as related to a sexual offense
 - c. Anti-social attitudes indicative of sexually aggressive behavior

3. Spectrum Juvenile Justice Services will use all information obtained to make housing, bed, program, education, and work assignments for Residents with the goal of keeping Residents safe and free from sexual abuse.
4. Lesbian, gay, bisexual, transgender, or intersex (LGBTI) Residents may not be housed solely on the basis of such identification or status. In addition, Spectrum Juvenile Justice Services will:
 - a. Decide on a case-by-case basis whether to place a transgender or intersex Resident in a Facility for male or female Residents. Placement decisions are based on whether the Placement would ensure the Resident's health and safety, and whether the Placement would present management or security problems. The Resident's own view of his/her gender identity will also be a key factor in the determination of Placement.
 - b. Review Placement and programming assignments at least twice each year to assess any threats to safety experienced by the Resident.
 - c. Allow transgender and intersex Residents the opportunity to shower separately from other Residents.
 - d. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
5. A Resident may be isolated from other Residents as a preventive and protective measure, but only as a last resort when other less restrictive measures are inadequate to keep the Resident safe from other Residents, and then only until an alternate means of keeping all Residents safe can be arranged. During any periods of protective isolation, Facility Staff may not deny a Resident otherwise under control, access to daily large-muscle exercise and legally-required educational programming or special education services. Any Resident in isolation must receive daily visits from a medical or mental health care Clinician and must have access to other programs to the extent possible. It is not the practice of Spectrum Human Services to house residents in isolation for preventive or protective measures, however should it occur that a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.
6. Staff must not search or physically examine a transgender or intersex Resident for the sole purpose of determining a youth's genital status. If a youth's genital status is unknown, it may be determined during conversations with the youth, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

C. Staff Supervision Relative to Prison Rape Elimination Act (PREA) Standards

1. Staff must recognize that sexual assault/rape can occur in virtually any area in a Residential Facility. Requirements for Staff Supervision of Resident and Staff-to-

Resident ratios apply at all times with Staff to Resident ratio during waking hours no greater than 1:5 and Staff to Resident ratio during non-waking hours no greater than 1:10.

2. Staff must always be aware of warning signs that may indicate that a Resident has been sexually assaulted or is in fear of being sexually assaulted. Warning signs include but are not limited to: isolation, depression, lashing out at others, refusing to shower, suicidal thoughts or actions, and seeking protection from Staff.
3. Staff must be aware of sexually aggressive behavior. Characteristics or warning signs may include a prior history of committing sex offenses, use of strong arm tactics (extortion), associating or pairing up with a Resident that meets the profile of a potential victim, exhibiting voyeuristic and/or exhibitionistic behavior, and a demonstrated inability to control anger.
4. All Staff of the opposite gender must announce their presence when entering a Resident housing unit. Staff of the opposite gender shall announce their presence when entering any areas where Residents are likely to be showering, performing bodily functions, or changing clothes.

D. Resident Reporting of Alleged Sexual Assault, Sexual Abuse, and/or Sexual Harassment

All Staff are required to promote a culture of Zero-Tolerance for sexual assault, abuse, and harassment. As such, all Residents must be supported and encouraged to report sexual assault/rape, attempted sexual assault/rape, and/or sexual harassment and be protected from retaliation. A Resident that believes he or she was a victim of a sexual assault/rape, attempted sexual assault/rape or sexual harassment, or believes another Resident was the victim of sexual assault/rape, attempted sexual assault/rape, or sexual harassment, the Resident must be instructed and encouraged to report this information. There are three options available to Residents for reporting such information, and Residents can choose one or more of the options that include:

- 1) Reporting information verbally to a Staff member;
- 2) Writing the allegations down and submitting the written document to a Staff person; and
- 3) Reporting the allegations through the established telephone Hotline. In addition, Residents may use the Facility Grievance process to report any allegations anonymously.

Residents who wish to report allegations to a third party/someone outside of the Facility can do so by contacting MDHHS Child Protective Services (CPS). The CPS toll-free phone number, (855) 444-3911 is visibly posted throughout each Facility. If a Resident requests to report outside of the Facility, the following steps must be taken:

- a. The Staff person receiving the Resident's request to contact the CPS Hotline must immediately contact the on-duty Supervisor or Manager to facilitate the call. The

call is confidential. The Supervisor/Manager is not permitted to eavesdrop on the Resident's reporting.

- b. The Supervisor/Manager will maintain line of sight supervision of the Resident at all times during the call.
- c. Following completion of the call, the Supervisor/Manager will notify the Facility Director or designee in the Director's absence and report that a Resident made a call to the hotline.

***Note:** Calls to CPS are confidential; however, it could occur that a Resident also volunteers information to Staff about sexual abuse. If at any time a Resident discloses information about sexual abuse to any Spectrum Juvenile Justice Services Staff, Staff must respond in accordance with the Procedures listed under Section F: *Staff Response to Sexual Abuse/Rape*.

- d. A resident may submit a grievance alleging sexual abuse or sexual harassment without submitting it to the staff member who is the subject of the complaint and without being referred to the staff that is the subject of the complaint.
- e. Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.
- f. Residents are not required to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- g. An emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse must be responded to immediately, within 48 hours, and a final agency decision to be issued within 5 days.
- h. If a grievance alleging sexual abuse is not responded to at any level of the process, within the time allotted by the policy, the grievance will be denied at that level.

E. Staff Response to Allegations of Sexual Assault and/or Abuse

- 1. Staff must report immediately any knowledge, suspicion, or information that they receive regarding: An incident of sexual abuse or sexual harassment that occurred in a Facility, whether or not the Facility is part of the agency; retaliation against Residents or Staff that reported such an incident; and/or, any Staff neglect or violation of responsibilities that may have contributed to an incident or any retaliation against residents or staff who reported and allegation or were supporting witnesses. (*See also Policy 4131: Resident Protection Law Compliance.*)
- 2. Staff receiving a report of a sexual assault/rape or attempted sexual assault/rape, or Staff that become aware of sexual activity between Residents or between a Resident and Staff, contractor, visitor, or volunteer must immediately report this to the immediate Supervisor. The Supervisor must immediately relay the report to the Facility Director or manager-level designee. That Administrator is responsible for notifying the Division of Child Welfare Licensing (DCWL).

3. The Staff member receiving the report of actual or suspected sexual abuse or rape must immediately call Child Protective Services and report the incident and/or allegation. The Staff member receiving the report of actual or suspected sexual abuse or rape must submit an *Incident Report* before the end of their work shift and must complete a *DHHS-3200, Report of Actual or Suspected Child Abuse or Neglect*, within 72-hours of becoming aware of the incident. Staff members must also comply with all rules for mandated reporters as articulated in the Child Protection Law and all related Spectrum Policies (e.g., *Abuse and/or Neglect of Consumer Policy*).
4. If it is believed or determined that a sexual assault/abuse occurred and that the alleged sexual assault/abuse occurred within the last 96-hours, the Facility Director or designee must make immediate arrangements to transport the Resident to the Facility-designated emergency room for a rape kit and the area where the incident occurred must be secured for evidence collection. If it is believed or determined that a sexual assault/rape occurred more than 96-hours previous, the emergency room must be contacted for further instructions.
5. Following emergency response and completion of the rape kit (if applicable) a Resident believed or determined to have been the victim of a sexual assault/rape must also be examined by Medical Staff for possible injuries, regardless of when the alleged sexual assault occurred. Female Residents/victims must be provided with pregnancy tests and/or emergency contraception without financial cost to the victim. If the medical provider has not done so, Spectrum must also coordinate the services of a Sexual Assault Nurse Examiner.
6. Alleged victims and alleged perpetrators of sexual assault must be encouraged to complete tests for sexually transmitted diseases, including an HIV test. Sexually transmitted infections prophylaxis must be given in accordance with professionally accepted standards of care, without financial cost to the victim, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In the case of a substantiated incident of sexual assault, the perpetrator must be requested to complete an HIV test. If the perpetrator will not voluntarily take an HIV test, the Facility Director or designee must seek a Court Order compelling the test.
7. The Facility Director or designee will report allegations of sexual abuse to the alleged victim's attorney within 14-days of receiving the allegation.
8. The victim of sexual assault/rape or attempted sexual assault/rape must be provided mental health assistance and counseling as determined necessary and appropriate. The Center Director or designee must notify the DHHS Bureau of Child Welfare and Juvenile Programs of the incident.

9. Ongoing Medical and mental health services must be available to the victim of sexual assault/rape or attempted sexual assault/rape throughout the victim's stay in the Facility.
10. The victim of sexual assault/rape or attempted sexual assault/rape must be provided access to legal representation and/or other support services. The victim will be informed the extent of such communications will be monitored with the outside support services. Prior to giving the victim to access to outside support services, of the mandatory reporting rules governing privacy, confidentiality and/or privilege that applies for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State or local law.
11. The Facility Director or designee also ensures that incidents of sexual abuse/rape, findings from investigations, and other pertinent information is reported to the Resident's Court of jurisdiction, the Resident's Case Worker, and the Resident's parent or legal guardian.
12. All records of allegations of sexual assault/rape must be maintained for a minimum of ten years.
13. If a report is received of sexual abuse from another Facility, the Facility Director must report Director-to-Director to the other Facility within 72-hours. (All other applicable reporting requirements still apply.) Any report received from another facility alleging abuse that occurred at a Spectrum facility must be fully investigated.
14. A designated Facility employee must monitor Staff and Resident to prevent retaliation for a minimum of 90-days after a sexual abuse report is made. The person monitoring for retaliation should utilize multiple methods of monitoring such as talking with youth, reviewing log books and incident reports, and observation.
15. Following the outcome of an investigation, follow-up regarding the results of the investigation must be provided to the Resident who is the alleged/confirmed victim.

F. Reporting to Residents

Following an investigation into an allegation of a Resident's sexual abuse suffered in the Facility/Center, the Director or designee shall request the findings of the investigation from the external legal authority responsible for conducting the investigation in order to inform the Resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. In addition, the result of any administrative finding must be reported to the Resident. Investigation results must also be reported if the following applies:

If the substantiated perpetrator was another Resident, the Director or designee must inform the resident victim if the alleged abuser has been indicted on a charge or convicted/adjudicated on a charge related to sexual abuse within the facility.

If the substantiated perpetrator was staff, the Director or designee must inform the resident victim that the alleged abuser is no longer posted within the resident's unit, no longer employed at the facility or has been indicted or convicted of a charge related to sexual abuse within the facility.

All notifications and attempts to notify Residents of the outcomes of an investigation must be documented in writing by the Facility Director or designee.

G. Alternate Housing Placement of Victims and Perpetrators

The Facility Director or designee must take immediate steps to protect the alleged victim from further potential sexual assault or rape (if still at the Facility) by separating the alleged victim from the alleged perpetrator(s) including arranging for separate housing, dining, and/or other elements of daily routine to the extent necessary to ensure protection. These same protections must be provided for any youth believed to be in imminent danger of sexual victimization.

H. Investigation Protocols

Each incident of alleged or reported sexual abuse, sexual harassment or sexual assault/rape must be investigated to the fullest extent possible. Evidence collected must be maintained under strict control. Spectrum Human Services will not terminate an investigation solely because the source of the allegation recants the allegation and will not terminate an investigation due to the alleged victim or alleged perpetrator(s) leaving the facility. Investigators will not make a determination based on the credibility of the alleged victim. For administrative investigations, Spectrum Human Services imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on the results of the investigation, legal authorities will determine if prosecution is appropriate.

1. Suspected or alleged Resident-on-Resident rape, sexual assault, or forced sexual activity with or without sexual penetration:
 - a. The victim and alleged perpetrator must be separated, kept isolated from each other, and prevented from communicating.
 - b. Reporting must occur as listed in Section F above.
 - c. If the assault is alleged to have occurred within the past 96-hours, the victim must be transported to DMC Children's Hospital, Detroit (or other Hospital with personnel qualified to perform forensic examinations of children as designated by Administration) for examination by qualified personnel. If the assault is alleged to have occurred more than 96-hours earlier, the Hospital is contacted for instructions at no cost to the victim.

- d. The facility will provide an outside advocate, if requested by the victim, or a qualified staff person, to accompany the victim through the forensic examination process and provide advocacy. .
 - e. The Police must be contacted to take victim statements and open an investigation.
 - f. The area where the suspected assault took place is sealed off until investigators can gather evidence. Note: Staff or Medical personnel can enter the area if it is necessary to ensure Resident safety, for example if a victim needed Medical attention or first aid before being transported, but efforts must be made to disturb the area as little as possible.
 - g. Any clothing or articles belonging to the victim are left in place and not handled or disturbed until investigators have gathered evidence. The victim must be requested to not to shower, brush teeth, urinate, defecate, smoke, drink, eat, or change clothing before being transported to the Hospital. The alleged abuser must be required to not wash, brush teeth, change clothes, urinating, defecating, smoking, drinking or eating.
 - g. Staff must not extensively interview victims or alleged perpetrators for incident details beyond obtaining the basic information necessary to inform further actions that must be taken, such as separation of victims and perpetrators, facilitating for victim medical needs, etc.
 - h. Staff must submit an Incident Report before the end of their shift. Incident Reports must contain all facts as known, including the victim’s statement of allegation in the victim’s own words. Incident Reports must not express the writer’s opinion.
 - i. Staff must not discuss the details of sexual abuse allegations or incidents, beyond the extent needed to maintain safety and security at the Facility, with persons other than Supervision/Management, investigators, and prosecuting officials.
2. Suspected or alleged Staff-on-Resident sexual activity of any type:
- a. Reporting must occur immediately, as listed in Section F above.
 - b. The Facility Director or designee must make all required notifications, including notification the suspected employee restricting work activities.
 - b. Pending notification from the Director or designee, the suspected employee must not be in direct contact with Facility Residents.
 - c. If there has been suspected or alleged sexual activity of any type the victim is transported for a forensic examination and evidence is protected using the same procedures as listed in items c through g in Section H, Number 1, above at no cost to the victim.
 - d. The facility will provide an outside advocate, if requested, or qualified staff person to accompany the victim through the forensic examination process.
3. Any other intentional Resident-on-Resident sexual touching (non-penetrative touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a Resident of another Resident, with or without the latter’s consent) and/or alleged or suspected Resident-on-Resident sexually abusive contact:

- a. If reported by Resident, observed, or suspected, duty Staff must alert Supervision. Supervision must ensure that duty Staff document information in an Incident Report and must ensure that Resident safety is restored or maintained.
 - b. The Facility Director or designee must be notified immediately.
 - c. The Facility Director or designee determines applicable reporting responsibilities and determines if an external investigation is required.
 - d. The Facility Director or designee makes required notifications as applicable.
4. No standard higher than a preponderance of the evidence may be imposed by the Agency in determining whether allegations of sexual abuse or sexual harassment are substantiated.
 5. The agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

I. Independent Audits and Agency Monitoring and Reporting, Data Collection

1. In addition to internal administrative review and analysis, and DCWL reviews, an independent and qualified auditor must audit the Agency at least every three years. Auditors must be able to access and tour the Facility, review documents and records, and interview Residents and Staff.
2. The Facility must designate a PREA Compliance Manager that has the time and authority to oversee Facility compliance efforts.
3. The Agency must distribute information to the public on how to report sexual abuse and sexual harassment on behalf of Residents, information on its Zero-Tolerance Policy for sexual abuse/rape of Residents, and sexual abuse data reports.
4. Facility Management must review each incident of sexual abuse for cause, Staffing, and physical barriers, and make recommendations for prevention and implementation of remedy(s).
5. The Facility must develop, document, and implement a Staffing plan that provides for adequate levels of Staffing and, where applicable, video monitoring to protect Residents from sexual abuse. At least annually, Facility Administration and the Facility PREA compliance manager must review the plan to ensure:
 - a. Generally accepted secure Residential practices are met.
 - b. Findings of inadequacy are addressed.
 - c. Adequate numbers of Supervisory personnel.
 - d. Physical plant inadequacies, such as “blind spots” on video monitoring systems are addressed to the maximum extent possible.
 - e. Responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location, with certain personnel, or as pertaining to other factors.
6. Mid or upper level Supervision must make documented unannounced rounds to identify and deter Staff sexual misconduct and sexual abuse.

7. The conduct and Treatment of Residents or Staff that report an abuse incident, or are cooperating witnesses, must be monitored by mid or upper-level management for 90-days.
8. The Facility must collect accurate, uniform data for every allegation of sexual abuse. At a minimum the data must be sufficient to answer all questions on the annually-required *Survey of Sexual Violence*. Aggregated data must be:
 - a. Reviewed in order to assess and improve sexual abuse prevention, detection, and response practices.
 - b. Made available to the public through the company website at least annually. (Note: All personal identifiers must be removed prior to publishing any data.) See *Sexual Abuse and/or Assault Incident Data Collection, Review, Data Storage and Reporting* policy for specific details.

J. Exhaustion of Administrative Remedies

1. The Facility must issue a final decision (initial decision and appeal decision if appealed) on the merits of a Grievance alleging sexual abuse or harassment within 90 calendar days of the initial filing of the Grievance.
2. The Facility may claim an extension of time to respond of up to 70 calendar days if the normal time period for a response is insufficient to make a decision. The Facility must notify the Resident and the Resident’s parent/guardian in writing of any such extension.
3. Third parties, including fellow Residents, Staff, family, Attorneys, and outside advocates may assist a Resident filing Grievances relating to allegations of sexual abuse and harassment. A parent or legal guardian can file a grievance on behalf of the resident regardless of whether or not the resident agrees to have the grievance filed on their behalf. If a third party, other than the parent or guardian, files a Grievance on the Resident’s behalf, the Facility must request as a condition of processing that the alleged victim agree to the Grievance filed on his behalf and may also require that the alleged victim pursue any subsequent steps in the remedy process. If the alleged victim declines to have the Grievance processed on his behalf, the Facility must document the Resident’s decision.

K. Appointment of Facility-Level PREA Coordinators

In order to ensure effective coordination and facilitation of Zero-Tolerance and PREA-related issues, including but not limited to training, ongoing participation in related professional development activities, and maintaining internal oversight of compliance with national and agency standards, a PREA Coordinator position has been established at both Spectrum Juvenile Justice Services facilities.

L. Related Policies to Prevention of Sexual Abuse and/or Harassment

Other Policy articles in this Policy manual support and address the PREA standards in addition to regulating other activities. They include, but are not limited to: Body searches, Resident supervision, cross-gender viewing, employee and volunteer screening, Staff training, outside agency/entity agreements, investigations, health screenings and medical services, counseling and transition services, Staff discipline, and mental health screenings. In addition, other state and federal laws may be related to PREA (e.g., Child Protection Law) as well as, other Spectrum policies.

M. Definitions

Resident-on-Resident sexually abusive penetration: Any sexual penetration coerced by a Resident of another Resident. The sexual acts included are: contact between the penis and the vagina or the anus; contact between the mouth and the penis, vagina, or anus; or, penetration of the anal or genital opening of another person by a hand, finger, or other object.

Resident-on-Resident sexually abusive contact: Non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks without penetration by a Resident of another Resident, with or without the latter's consent, or of a Resident who is coerced into sexual contact by threats of violence, or of a Resident who is unable to refuse.

Resident-on-Resident sexual harassment: Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, or gestures or actions of a derogatory or offensive sexual nature by one Resident directed toward another.

Staff-on-Resident sexually abusive contact: Includes non-penetrative touching (either directly or through the clothing) of the genitalia, anus, groin, breast, inner thigh, or buttocks by a Staff member or a Resident that is unrelated to official duties.

Staff-on-Resident sexually abusive penetration: Sexual penetration by a Staff member of a Resident, including contact between the penis and vagina or anus; contact between the mouth and the penis, vagina, or anus; or, penetration of the anal or genital opening of another person by a hand, finger, or other object.

Staff-on-Resident indecent exposure: The display by a Staff member of his or her uncovered genitalia, buttocks, or breast in the presence of a Resident.

Staff-on-Resident voyeurism: An invasion of a Resident's privacy by Staff for reasons unrelated to official duties or when otherwise not necessary for safety and security reasons

Staff-on-Resident sexual harassment: Repeated verbal comments or gestures of a sexual nature to a Resident by a Staff member. Such statements include demeaning

references to gender, sexually suggestive or derogatory comments about body or clothing, or profane or obscene language or gestures.

Staff sexual misconduct: Includes any behavior or act of a sexual nature directed toward a juvenile or Resident by an employee, volunteer, contractor, official visitor, or other agency representative. Sexual relationships of a romantic nature between Staff and Resident are included in this definition.

Sexual exploitation: Includes allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging, or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act as defined in MCL 750.145c

For additional definitions, please refer to the *Juvenile Justice Residential Glossary*

N. Cross-Referenced Policies

1939 PA 280,
Social Welfare Act, MCL 400.115a(1)(g)
115.311 Prison Rape Elimination Act (PREA)
115.333 PREA
115.341 PREA
115.351 PREA
115.354 PREA
115.361 PREA
115.362 PREA
115.363 PREA
115.364 PREA
115.366 PREA
115.367 PREA
115.368 PREA
115.372 PREA
115.373 PREA
115.382 PREA
115.386 PREA

Updated February 6, 2020
Replaces Policy Dated August 29, 2019
August 15, 2019
September 28, 2018
February 5, 2018

JUVENILE JUSTICE RESIDENTIAL YOUTH ORIENTATION CHECKLIST
Michigan Department of Health and Human Services

Youth Residential Record ID:

Date	Required Orientation Items that Must be Completed within 24 Hours of Admission:
	Youth was informed of his or her expectations, rights.
	Youth was informed of grievance process. Mich Admin Code, R 400.4132.
	Youth was informed on the process for obtaining medical and mental health care.
	Youth was informed of the dress code and personal hygiene requirements.

Date	Required Orientation Items that Must be Completed within 72 Hours of Admission:
	Youth was informed of the methods to report alleged physical abuse, sexual abuse, neglect and harassment at the facility. 28 CFR 115.333.
	Youth was informed that they will be protected from retaliation from reporting sexual abuse and harassment. 28 CFR 115.333.
	Youth was informed of the agency's zero tolerance policy on sexual abuse and harassment. 28 CFR 115.333.
	Youth was informed of disciplinary sanctions for sexually assaulting or attempting to assault another youth.
	Youth was informed of drug testing protocol.
	Youth was informed of the disaster and emergency preparedness procedures, including emergency drills and evacuations.
	Youth was informed of the facility policy on personal property and contraband.
	Youth was informed of room and personal searches.
	Youth was informed of visitation, mail correspondence and telephone privileges.
	Youth was informed of treatment planning process, services, treatment, and discharge/release. Mich Admin Code, R 400.4109.
	Youth was informed of the daily/weekly schedule.
	Youth was informed of eligibility criteria for off-campus activities.
	Youth was informed of the potential consequences for violations of statutes, rules and regulations, including escape.

Date	Required Orientation Items that Must be Completed within 10 Days of Admission:
_____	Youth was informed of the behavior management/support system. Mich Admin Code, R 400.4157.
_____	Youth was informed of the philosophy and goals of the program.
_____	Youth was informed of key staff and the roles they play.
_____	Youth was informed of the facilities standards of conduct, rules and regulations.
_____	Youth received a comprehensive, age appropriate education on the Prison Rape Elimination Act. 28 CFR 115.333.
_____	Youth was informed of educational/vocational programming and opportunities.
_____	Youth was informed of the release criteria and anticipated length of stay.

Youth Name: _____ Date: _____

Youth Signature: _____

Staff Certification:

I certify that the orientation information was provided to the youth in an accessible format, including accommodations for those who are limited English proficient, deaf, visually impaired or otherwise disabled, including limited reading skills.

Staff Name and Title: _____ Date: _____

Staff Signature: _____

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

**POLICY REVIEW, EDUCATION AND TRAINING REQUIREMENTS TO
EFFECTIVELY ADDRESS SEXUAL HARASSMENT, ASSAULT AND ABUSE; AND
TO SUSTAIN A ZERO-TOLERANCE CLIMATE**

I. PURPOSE:

To ensure that all Staff, contractors, and volunteers are sufficiently trained in the prevention and response to sexual harassment, assault, and/or abuse of residents in order to promote and sustain a climate of Zero-Tolerance against sexual harassment, assault, and abuse.

II. POLICY:

All Staff, contractors, and volunteers working directly with any resident of Spectrum Juvenile Justice Services must be effectively trained in methods by which to both prevent sexual harassment, assault, and/or abuse and to respond to any allegations of harassment, assault, and/or abuse. To achieve this, Spectrum Juvenile Justice Services provides initial training and subsequent annual refresher training to all Staff, contractors, and volunteers.

III. RESPONSIBLE STAFF:

Facility/Center Director or designee

IV. STANDARD OPERATING PROCEDURE:

A. Staff Policy Review, Education, and Training

The following provides details of the specific activities required of Staff related to Policy review, education, and training associated with the prevention, detection, response and elimination of sexual harassment, assault, and abuse.

1. All current employees of Spectrum Juvenile Justice Services as of August 1, 2013 must complete the *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training by December 31, 2013. The training curriculum includes but is not limited to the following issues:

- *Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse* Policy.
- Specific Procedures regarding Staff fulfillment of responsibilities related to the prevention, detection, reporting, and response to sexual harassment, assault, and/or abuse.
- Resident's right to be free from sexual harassment, assault, and/or abuse.
- The rights of residents and employees to be free from retaliation for reporting sexual harassment, assault, and/or abuse.
- The dynamics of sexual harassment, assault, and/or abuse in Juvenile Facilities.
- The common reactions of juvenile victims of sexual harassment, assault, and/or abuse.

- Methods by which to detect and respond to signs of threatened and actual sexual harassment, assault, and/or abuse and methods by which to distinguish between consensual sexual contact and sexual harassment, assault, and/or abuse between Residents.
- How to avoid inappropriate relationships with Residents.
- How to communicate effectively and professionally with Residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming Residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- A review of relevant laws regarding the applicable age of consent in Michigan.
- Unique needs of Residents in each of SJJS' Detention and Residential Treatment Facilities including issues related to male, female, and intersex Residents, and other cultural aspects, including but not limited to religion, linguistics, sexual orientation, and ethnicity.

Following completion of the training, a *Documentation of Training* is signed by the employee and the trainer, verifying completion of the training. A copy of the *Documentation of Training* is maintained in the employee's personnel record.

2. All Staff hired after August 1, 2013 must complete the initial orientation Procedures prior to assuming any duties directly with Residents. As part of the initial orientation Procedures, all Staff must review all Spectrum's Policies, including but not limited to the *Zero Tolerance on Sexual Harassment* and other policies related to the *Prison Rape Elimination Act (PREA)*. Following completion of the review of Policies and Procedures, the Staff person must sign a written acknowledgment that s/he has read and understands the Policies and Procedures. This signature sheet is maintained in the employee's personnel file.
3. All Staff hired after August 1, 2013 must complete the required *New Hire Orientation* training which consists of 40 classroom hours, including the *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training. The *New Hire Orientation* training must be completed prior to the Staff's engagement in any direct contact with Residents. The training curriculum is described in A.1 above.

Following completion of the training, all new Staff persons will sign a *Verification of Completion of New Hire Orientation*, indicating each of the content areas of training completed. This *Verification* is maintained in the employee's personnel record.

4. Prior to being assigned to another Spectrum Facility or unit that houses Residents who are of a different gender and/or who have different needs than Residents in the originally assigned facility, the Staff person will receive additional training to specifically address the unique needs of these Residents. This training involves a

review of the unique needs of Residents section of the initial training related to the new population.

5. As part of the initial training, all Staff will receive a copy of the pamphlet, *Addressing Sexual Violence against Youth in Custody* (NIC, 2013) as an additional educational resource.
6. All Staff must review Spectrum's *Prevention, Detection, Response & Reporting of Sexual Assault and/or Sexual Harassment Policy* and any related policies or Procedures prior to assuming duties with Residents, when the Policy or Procedure changes, and on at least an annual basis thereafter.
7. Following completion of the initial *Prevention of Sexual Harassment, Assault, and/or Abuse* training, all Staff are required to complete the *Prevention of Sexual Harassment, Assault, and/or Abuse Refresher Training* every two years thereafter. A *Documentation of Training* form must be signed by the employee and the trainer and placed in the employee's personnel file.

B. Contractor Policy Review, Education, and Training

The following provides details of the specific activities required of all contractors of Spectrum Juvenile Justice Services working directly with Residents related to Policy review, education, and training associated with the prevention, detection, response and elimination of sexual harassment, assault, and abuse.

1. All current Contractors of Spectrum Juvenile Justice Services as of August 1, 2013 must complete the *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training by December 31, 2013. The training curriculum is outlined in section A.1 of this document. Following completion of the training, a *Documentation of Training* must be signed by the Contractor and the trainer, verifying completion of the training. A copy of the *Documentation of Training* is maintained in the Contractor's file.
2. All Contractors engaged by Spectrum Juvenile Justice Services after August 1, 2013 must complete the *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training before having any direct contact with Residents. The training curriculum is outlined in section A.1. of this document. Following completion of the training, a *Documentation of Training* must be signed by the Contractor and the trainer, verifying completion of the training. A copy of the *Documentation of Training* is maintained in the Contractor's file.
3. All current Contractors of Spectrum Juvenile Justice Services as of August 1, 2013 must review all Spectrum's Policies related to the Prison Rape Elimination Act (PREA) including but not limited to the *Zero-Tolerance on Sexual Harassment*.

4. Following the review of Spectrum’s Policies, the Contractor must sign the *Volunteer/Contractor Notice of Zero-Tolerance Policy Sign-Off Sheet* to verify the review and to indicate understanding of Spectrum’s Policies. A copy of the *Volunteer/Contractor Notice of Zero-Tolerance Policy Sign-Off Sheet* is maintained in the Contractor file.
5. All contractors engaged by Spectrum Juvenile Justice Services after August 1, 2013 must review all Spectrum’s Policies related to the Prison Rape Elimination Act (PREA) including but not limited to the *Zero-Tolerance on Sexual Harassment*.

Following the review of Spectrum’s Policies, the Contractor must sign the *Volunteer/Contractor Notice of Zero-Tolerance Policy Sign-Off Sheet* to verify the review and to indicate understanding of Spectrum’s Policies. A copy of the *Volunteer/Contractor Notice of Zero-Tolerance Policy Sign-Off Sheet* is maintained in the Contractor file.

6. As part of the initial *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training, all Contractors will receive a copy of the pamphlet, *Addressing Sexual Violence against Youth in Custody* (NIC, 2013) as an additional educational resource.
7. Prior to being assigned to another Spectrum Facility or unit that houses Residents who are of a different gender and/or who have different needs than Residents in the originally assigned Facility, the Contractor will receive additional training to specifically address the unique needs of these Residents. This training involves a review of the unique needs of Residents section of the initial training related to the new population.
8. All Contractors are required to review Spectrum’s *Prevention, Detection, Response & Reporting of Sexual Assault and/or Sexual Harassment Policy* and any related Policies or Procedures prior to assuming duties with Residents, when the Policy or Procedure changes, and on an annual basis thereafter.
9. Following completion of the initial *Prevention of Sexual Harassment, Assault, and/or Abuse* training, all Contractors are required to complete the *Prevention of Sexual Harassment, Assault, and/or Abuse Refresher Training* every two years. A *Documentation of Training* form must be signed by the Contractor and the trainer and placed in the employee’s Contractor’s file.

C. Interns and Volunteers Policy Review, Education, and Training

The following provides details of the specific activities required of all Interns and Volunteers of Spectrum Juvenile Justice Services working directly with Residents related to Policy review, education, and training associated with the prevention, detection, response and elimination of sexual harassment, assault, and abuse.

1. All current Interns and Volunteers of Spectrum Juvenile Justice Services as of August 1, 2013 must complete the *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training by December 31, 2013. The training curriculum is outlined in section A.1 of this document. Following completion of the training, a *Documentation of Training* must be signed by the Contractor and the trainer, verifying completion of the training. A copy of the *Documentation of Training* is maintained in the Intern/Volunteer's file.
2. All Interns/Volunteers engaged by Spectrum Juvenile Justice Services after August 1, 2013 must complete the *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training before having any direct contact with Residents. The training curriculum is outlined in section A.1. of this document. Following completion of the training, a *Documentation of Training* must be signed by the Contractor and the trainer, verifying completion of the training. A copy of the *Documentation of Training* is maintained in the Intern/Volunteer's file.
3. All current Intern/Volunteers of Spectrum Juvenile Justice Services as of August 1, 2013 must review all Spectrum's Policies related to the Prison Rape Elimination Act (PREA) including but not limited to the *Zero-Tolerance on Sexual Harassment*.
4. Following the review of Spectrum's Policies, the Intern/Volunteer must sign the *Volunteer/Contractor Notice of Zero-Tolerance Policy Sign-Off Sheet* to verify the review and to indicate understanding of Spectrum's Policies. A copy of the *Volunteer/Contractor Notice of Zero-Tolerance Policy Sign-Off Sheet* is maintained in the Intern/Volunteer's file.
5. All Interns/Volunteers engaged by Spectrum Juvenile Justice Services after August 1, 2013 must review all Spectrum's Policies related to the Prison Rape Elimination Act (PREA) including but not limited to the *Zero-Tolerance on Sexual Harassment*.

Following the review of Spectrum's Policies, the Intern/Volunteer must sign the *Volunteer/Contractor Notice of Zero-Tolerance Policy Sign-Off Sheet* to verify the review and to indicate understanding of Spectrum's Policies. A copy of the *Volunteer/Contractor Notice of Zero-Tolerance Policy Sign-Off Sheet* is maintained in the Intern/Volunteer file.

6. As part of the initial *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training, all Interns/Volunteers will receive a copy of the pamphlet, *Addressing Sexual Violence against Youth in Custody* (NIC, 2013) as an additional educational resource.

7. Prior to being assigned to another Spectrum Facility or unit that houses residents who are of a different gender and/or who have different needs than residents in the originally assigned Facility, the Intern/Volunteer will receive additional training to specifically address the unique needs of these residents. This training involves a review of the unique needs of residents section of the initial training related to the new population.
10. All Interns/Volunteers are required to review SJJS' *Prevention, Detection, Response & Reporting of Sexual Assault and/or Sexual Harassment* Policy and any related Policies or Procedures prior to assuming duties with Residents, when the Policies or Procedures changes, and on an annual basis thereafter.
11. Following completion of the initial *Prevention of Sexual Harassment, Assault, and/or Abuse* training, all Interns/Volunteers are required to complete the *Prevention of Sexual Harassment, Assault, and/or Abuse Refresher Training* every two years. A *Documentation of Training* form must be signed by the Contractor and the trainer and placed in the employee's Intern/Volunteer's file.

D. Cross-Referenced Policies

115.331 PREA

115.332 PREA

Updated August 16, 2019
Replaces Policy Dated: May 22, 2017
February 1, 2016

P.R.E.A (Prison Rape Elimination Act)
SPECTRUM JUVENILE JUSTICE EMPLOYEE SIGN OFF PAGE

My signature below certifies that I have received a copy of all relevant Spectrum Policies, and that I have read and understand the following: *Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents* and *Additional Requirements for SJJS Employees to Promote and Sustain a Zero-Tolerance Climate*.

I agree to abide by all Spectrum Policies, and I understand that failure to do so may result in immediate termination of my relationship with Spectrum.

Printed Name: _____

Date: _____

Signature: _____

Witness (Staff) Signature: _____

A copy of this signature page must be maintained by Spectrum in the Employee File.

RESIDENT SEARCH POLICY

I. PURPOSE:

To ensure the safety of all Residents, Residents must be searched following specific events, and when, justified. To prevent sexual harassment, assault, and/or abuse, searches may only be conducted in accordance with the protocol outlined in the *Resident Search Policy*.

II. POLICY:

Shift Supervisors must search each Resident upon intake, when returning from community activities, and when there is a reasonable basis to believe the Resident possesses contraband.

Only Staff that have been trained to conduct a pat down search are permitted to do so. It is the Facility's responsibility to ensure that all Staff are properly trained to conduct a pat down search.

Staff must not conduct cross-gender complete searches or cross-gender visual body cavity searches except in exigent circumstances. Staff must not conduct cross-gender pat down searches except in exigent circumstances. Staff must document and provide justification for all cross-gender searches.

Medical practitioners are permitted to conduct cross-gender complete searches, including visual body cavity searches, when justified, and must provide documentation of such justification.

Staff may never search or physically examine a transgender or intersex Resident for the sole purpose of determining a Resident's gender and/or genital status. If a Resident's gender and/or genital status is unknown, it may only be determined by conversations with the Resident, by reviewing medical records, or, if necessary, by acquiring the information as part of a broader medical examination conducted in private by a medical practitioner.

All searches of transgender and intersex Residents must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, and only when justification is provided in writing.

Cross gender viewing of youth using the bathroom, showering, changing clothes, or performing other bodily functions is prohibited except in exigent circumstances.

Training Note: Staff should be trained to conduct these searches. Because MDHHS policy and PREA requires that pat down and strip searches be gender specific (body cavity searches are only conducted by a medical professional with written permission of the Director) it is necessary for Calumet/Lincoln Center male staff to conduct searches of all youth whose birth gender is male. In cases when a youth has identified as transgender (male birth gender to female gender identity) male staff must do the following when conducting a search of the youth:

- a. Follow all youth body search protocols as listed in the resident search policy
- b. In addition, staff must take extra care to provide the youth with additional information as to why it is necessary (policy requirement) that a male staff searches the youth, and

reassure the youth the search will be conducted in a professional and respectful manner and that every effort will be made to be as unobtrusive as possible and cause the youth the least discomfort possible.

- c. The staff conducting the search, to the greatest extent possible while maintaining security needs, will use the back of his hand in the pat-down portion of a pat-down search.

III. RESPONSIBLE STAFF:

Facility/Center Director or designee

IV. STANDARD OPERATING PROCEDURE:

A. Definition of Resident Search

1. Complete searches are defined as a complete viewing of the external body surface of the Resident and a search of the Resident's clothing. Complete searches must be documented in the Facility Log including names of the Resident and Staff involved, search results, and a description of any contraband found.

B. Required Resident Search Events

Complete searches are:

- a. Mandatory upon intake.
- b. Mandatory upon return to a secure Facility from jail.
- c. Mandatory upon apprehension from escape.
- d. Authorized upon return from unsupervised off grounds activities (including Resident leave of absence.)
- e. Authorized when there is a documented reasonable basis to believe that the Resident is concealing contraband and the search is approved by a Supervisor.
- f. Always conducted by Staff that is of the same gender as the Resident.
- g. Monitored by a second Staff. The monitoring Staff must also be the same gender as the Resident except in cases of exigent circumstances.

C. Justification and Protocol for Pat-Down Searches

1. A pat down search must be documented in a Facility log including the names of the Resident and Staff involved, the results of the search, and a description of any contraband found. Pat down searches may be conducted in any juvenile justice Residential Facility or as part of any Resident transport under the following circumstances:
 - a. There is a reasonable basis to believe that the Resident possesses a contraband item.
 - b. The Resident has participated in a Staff supervised or non-Staff supervised activity where he had access to contraband.
 - c. The Resident had access to objects that are missing.
 - d. The Resident is returning to the Facility from home, or returning from an off-site school, work, or treatment activity.

- e. When placing Resident in isolation or confinement, or prior to transporting the Resident.
 - f. The Resident is participating in the intake process.
2. Absent exigent circumstances, Staff conducting pat down searches must be of the same gender as the Resident.
 3. When conducting pat down searches associated with Resident transport, Staff must seek to conduct the search in a location that affords safety and appropriate privacy from the public consistent with the need for the search.
 4. Another Staff must monitor pat down searches. The monitoring Staff must also be the same gender as the Resident except in cases of exigent circumstances.

C. Justification and Protocol for Body Cavity Searches

1. Body Cavity Searches must be:
 - a. Performed only by a Licensed Physician, Licensed Physician's Assistant, Licensed Practical Nurse, or Licensed Registered Nurse acting with the approval of a Licensed Physician. The examiner will be of the same sex as the Resident or in the presence of a person of the same sex as the Resident.
 - b. Pre-approved in writing by the Facility Director or designee. If the Facility Director designates this authority, the designation must be in writing.
 - c. Based on a reasonable belief that the Resident is concealing contraband, evidence of a crime, or documented medical emergency.
2. All body cavity searches must be documented in a written report containing all of the following:
 - a. A copy of the Facility Director or designee's written authorization for the search.
 - b. The name and gender of the person searched.
 - c. The name and credentials of the person who conducted the search
 - d. The time, date and place of the search.
 - e. A list of all items recovered from the Resident that was searched or a statement that no items were recovered.
 - f. The name and gender of all personnel present at the search.

D. Cross-Referenced Policies

PREA 115.315
Spectrum Abuse and Neglect of Consumer Policy

Updated September 28, 2018
Replaces Policy Dated: May 22, 2017

UNANNOUNCED ROUNDS

I. PURPOSE:

To promote and ensure a culture of zero-tolerance of sexual abuse and sexual harassment of Residents in Detention or Residential Treatment through the implementation of a variety of preventive measures, including conducting unannounced rounds.

II. POLICY:

In partial fulfillment of Spectrum Juvenile Justice Services' commitment to the prevention of sexual harassment, sexual assault, and sexual abuse, unannounced rounds will be randomly conducted during both waking and non-waking hours.

III. RESPONSIBLE STAFF:

Center Director and Supervisory Staff

IV. STANDARD OPERATING PROCEDURE:

Unannounced rounds will be conducted at Spectrum Juvenile Justice Services in accordance with the following guidelines:

1. Unannounced rounds are conducted randomly by Shift Supervisors.
2. Unannounced rounds are conducted during all three shifts.
3. Impending unannounced rounds are not communicated to any Staff persons to ensure that the rounds remain unannounced.
4. Staff members are prohibited from alerting other staff that supervisory rounds are being conducted.
5. Opposite gender Shift Supervisors must be accompanied by same gender Staff when conducting unannounced rounds.
6. Opposite gender Shift Supervisors must announce their presence on the unit when they arrive in order to alert Residents.
7. Unannounced rounds and all findings are documented by Shift Supervisors at the end of their shift.

In cases in which possible incidences of sexual harassment, assault, and/or abuse are detected during unannounced rounds, Shift Supervisors and all involved Staff must follow the Procedures outlined in the *Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents* Policy.

Cross-Referenced Policies

115.313 Prison Rape Elimination Act (PREA)

Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents

Updated August 29, 2019

Replaces Policy Dated: May 22, 2017

February 1, 2016

**ADDITIONAL REQUIREMENTS FOR CONTRACTORS AND VOLUNTEERS TO
PROMOTE AND SUSTAIN A ZERO-TOLERANCE CLIMATE**

I. PURPOSE:

To ensure that all contractors and volunteers promote and sustain a climate of Zero-Tolerance against sexual harassment, assault, and abuse of Residents.

II. POLICY:

All contractors and volunteers, including interns, working directly within Spectrum Juvenile Justice Services are required to promote and sustain a Zero-Tolerance environment against sexual harassment, assault, and/or abuse through demonstrating full compliance with all Spectrum Policies and from compliance with the following additional guidelines.

III. RESPONSIBLE STAFF:

Facility/Center Director or designee

IV. STANDARD OPERATING PROCEDURE:

In order to ensure a climate of Zero-Tolerance for sexual harassment, sexual assault, and/or sexual abuse of Residents and full compliance of all *Prison Rape Elimination Act* (PREA) standards, the following requirements apply to all contractors and volunteers working within Spectrum Juvenile Justice Services:

1. Contractors and volunteers are required to comply with all Spectrum Policies, including all PREA-related Policies.
2. Contractors and volunteers are prohibited from engaging in any physical contact with Residents except a simple handshake, and in exceptional circumstances when physical contact is necessary to provide required and authorized services (e.g., haircut, dental exam, medical treatment).
3. Contractors and volunteers are prohibited from being alone with any Resident at any time. Prov
4. Contractors and volunteers cannot impede line-of-sight supervision by Staff.
5. Contractors and volunteers are prohibited from disclosing personal information to Residents.
6. Contractors and volunteers are prohibited from disclosing their personal addresses and/or telephone numbers to Residents.

7. Contractors and volunteers are prohibited from engaging in any type of interaction with Residents outside of the Facility either during the Resident's Placement and/or following the Resident's Placement.
8. Contractors and volunteers are prohibited from aiding Residents in corresponding and/or making contact with individuals outside of the Facility.
9. Contractors and volunteers are prohibited from giving anything to Residents (e.g., food, money), unless appropriate and required for medical and/or dental Treatment.
10. Contractors and volunteers are permitted in the Facility or on Facility grounds only when authorized through prior approval by an Administrator and/or other individual with the authority to grant such permission.
11. Contractors and volunteers are not permitted to bring cell phones, tobacco products, drugs or substances of any type, or weapons into the Facility. Medical personnel may possess communication devices only insofar as necessary for their professional practice.
12. Contractors and volunteers must remain in designated and authorized areas only.
13. Contractors and volunteers are prohibited from use of the gym.
14. If a Resident states or does something that the contractor or volunteer believes is inappropriate, the contractor/volunteer must notify a Supervisor.
15. If a contractor or volunteer suspects sexual abuse, the contractor/volunteer must immediately notify a Supervisor.

Updated May 22, 2017
Replaces Policy Dated: February 1, 2016

Attachment:
Contractor and/or Volunteer sign-off page

P.R.E.A (Prison Rape Elimination Act)
CONTRACTOR AND/OR VOLUNTEER SIGN-OFF PAGE

My signature below certifies that I have received a copy of all relevant Spectrum policies, and that I have read and understand the following: *Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents* and *Additional Requirements for Contractors and Volunteers to Promote and Sustain a Zero Tolerance Climate*.

I agree to abide by all Spectrum policies, and I understand that failure to do so, may result in immediate termination of my relationship with Spectrum.

Printed Name: _____

Date: _____

Signature: _____

Witness (Staff) Signature: _____

A copy of this signature page must be maintained by Spectrum in the Contractor/Volunteer file.

**DISCIPLINARY SANCTIONS FOR EMPLOYEES, CONTRACTORS AND
VOLUNTEERS RELATED TO SEXUAL HARASSMENT, SEXUAL ASSAULT
AND/OR SEXUAL ABUSE OF RESIDENTS**

I. PURPOSE:

To promote and ensure a culture of Zero-Tolerance against sexual harassment, sexual assault, and sexual abuse of Residents in Detention or Residential Treatment through the use of effective and swift disciplinary processes.

II. POLICY:

To promote Zero-Tolerance for sexual harassment, assault, and/or abuse of Residents within Spectrum Juvenile Justice Services, specific disciplinary Policies and Procedures are in place.

III. RESPONSIBLE STAFF:

Facility/Center Director or designee

IV. STANDARD OPERATING PROCEDURE:

A. Investigations into Allegations of Sexual Harassment, Assault, and/or Abuse of Residents

1. Investigations into allegations of sexual harassment, assault, and/or abuse of Residents are conducted by external investigators, including but not limited to the local Police, the Division of Child Welfare Licensing (DCWL), and/or other state officials from the Department of Human Services.
2. All investigations must be conducted by individuals who have been specially trained to conduct such investigations as outlined in the Prison Rape Elimination Act standards (PREA).
3. All investigations must be conducted in accordance with PREA standards for investigation, including those outlined in the *Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents* policy, Section I.H. (Spectrum Juvenile Justice Services).

B. Violations of Sexual Harassment, Assault, and/or Abuse of Residents by Employees, Contractors, or Volunteers

1. All violations of sexual harassment, sexual assault, and/or sexual abuse by an employee will be reported to Law Enforcement Agencies and to all relevant Licensing bodies regardless if Spectrum initiated termination/discontinuation or if the employee, contractor, or volunteer initiated resignation/discontinuation.

2. Any substantiated violation of sexual harassment, sexual assault, and/or sexual abuse by an employee against a Resident will result in immediate termination of employment.
3. Any substantiated violation of sexual harassment, sexual assault, and/or sexual abuse by a contractor against a Resident will result in immediate termination of services.
4. Any substantiated violation of sexual harassment, sexual assault, and/or sexual abuse by a volunteer against a Resident will result in immediate termination of the relationship.

C. Cross-Referenced Policies

115.376 Prison Rape Elimination Act (PREA)

115.377 PREA

Child Protection Law

Abuse and/or Neglect of a Consumer

Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents

Updated May 22, 2017

Replaces Policy Dated: February 1, 2016

**INTERVENTIONS AND DISCIPLINARY SANCTIONS FOR RESIDENTS RELATED
TO SEXUAL HARASSMENT, SEXUAL ASSAULT AND/OR SEXUAL ABUSE OF
RESIDENTS**

I. PURPOSE:

To promote and ensure a culture of Zero-Tolerance against sexual harassment, sexual assault, and sexual abuse of Residents in Detention or Residential Treatment through the use of effective intervention and disciplinary sanctions.

II. POLICY:

To promote zero-tolerance for sexual harassment, assault, and/or abuse of Residents within Spectrum Juvenile Justice Services, Residents who have been found to have engaged in the sexual harassment, sexual assault, and/or sexual abuse of another Resident as a result of a formal investigation or following a criminal finding of guilt may only be subject to disciplinary sanctions following a formal disciplinary process.

III. RESPONSIBLE STAFF:

Facility/Center Director or designee

IV. STANDARD OPERATING PROCEDURE:

Disciplinary sanctions given to a Resident must be guided by each of the following requirements:

1. All disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed. Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the Resident's disciplinary history, and the sanctions imposed for comparable offenses by other Residents with similar histories. In the event a disciplinary sanction results in the isolation of a Resident, Spectrum shall not deny the Resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation 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.
2. The disciplinary process shall consider whether a Resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
3. Spectrum Juvenile Justice Services' Facilities that offer therapy and other clinical interventions designed to address and correct underlying reasons or motivations for the abuse, shall consider whether to offer the offending Resident participation in such interventions. Spectrum may require participation in such interventions as a condition of access to any rewards-based Behavior Management System or

other behavior-based incentives, but not as a condition to access to general programming or education.

4. Spectrum Juvenile Justice Services may discipline a Resident for sexual contact with Staff only upon a finding that the Staff member did not consent to such contact.
5. 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.
6. Spectrum prohibits all sexual activity between Residents and may discipline Residents for such activity. Spectrum may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

D. Cross-Referenced Policies

115.378 Prison Rape Elimination Act (PREA)

Child Protection Law

Zero Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents

Updated May 22, 2017

Replaces Policy Dated: February 1, 2016

**SPECIALIZED TRAINING FOR MENTAL AND MEDICAL HEALTH
PROFESSIONALS**

I. PURPOSE:

To ensure that all Medical and mental health Staff, contractors, and volunteers are specially trained in the prevention and response to sexual harassment, assault, and/or abuse of Residents in order to promote and sustain a climate of zero-tolerance against sexual harassment, assault, and abuse.

II. POLICY:

All full-time and part-time Medical and mental health Staff, contractors, and volunteers working directly with any Resident of Spectrum Juvenile Justice Services must be specially trained in issues related to sexual harassment, assault, and/or abuse of Residents.

III. RESPONSIBLE STAFF:

Facility/Center Director or designee.

IV. STANDARD OPERATING PROCEDURE:

Medical and Mental Health Screening, Evaluation, and Treatment to Address Sexual Victimization and/or Perpetration of Abuse

1. All Residents must be screened within 72-hours of admission to the Facility in accordance with section I.B of the *Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy*.
2. Following initial screening, Residents must be regularly screened throughout their stay in the Facility.
3. Medical and mental health follow-up must be provided to any Resident whose initial screening indicated that previous sexual victimization or perpetration had occurred. The follow-up must be provided within 14-days of the initial screening.
4. Any information related to sexual victimization or perpetration that occurred in an institutional setting shall be strictly limited to mental and Medical practitioners and other Staff, as necessary, to inform Treatment plans, security management decisions, including housing, bed, work, education, and program assignments, as required by Federal, State, or local law.
5. Medical and mental health practitioners must obtain informed consent from Residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the Resident is under the age of 18.

Training Requirements

1. All mental and Medical health Staff persons, contractors, and volunteers must comply with all Spectrum policies, including *Policy Review, Education, and Training Requirements to Effectively Address Sexual Harassment, Assault, and Abuse and to Sustain a Zero-Tolerance Climate*.
2. All mental and Medical health Staff persons, contractors, and volunteers must complete the *Prevention, Detection, Response, & Reporting of Sexual Harassment, Assault, and/or Abuse* training.
3. All mental and Medical health Staff persons, contractors, and volunteers must complete the specialized training, *PREA Training for Mental and Medical Health Professionals* within 30-days of beginning employment and/or services.

Training Curriculum Requirements

1. The *PREA Training for Mental and Medical Health Professionals* includes but is not limited to each of the following topics:
 - The Clinical relationship between mental/Medical health professional and Residents.
 - Methods to detect and assess signs of sexual harassment, assault, and/or abuse.
 - Methods to preserve physical evidence of sexual abuse.
 - Responding to juvenile victims of sexual harassment, assault, and/or abuse.
 - Reporting allegations or suspicions of sexual harassment, assault, and/or abuse.
 - Assessment and screening for risk of victimization and abusiveness.
 - Mental and/or Medical evaluation for Residents who have been sexually victimized in a Facility, including offering tests for pregnancy and/or sexually transmitted diseases.
 - Treatment planning and follow-up Procedures for Residents who have been sexually victimized in a Facility.
 - Mental health evaluations of all Resident-on-Resident abusers who committed an offense in a Facility within 60 days of learning of the abuse. This does not apply to Residents who may have committed abuse in the community.
 - Medical and/or mental health Treatment of sexual abuse victims and perpetrators.

Specialized Training for Investigators of Sexual Abuse Allegations

1. To ensure the most objective and effective investigations are conducted, Spectrum employees identified as PREA Coordinators will not conduct criminal investigations. Therefore, Spectrum does not conduct specialized training for investigators surrounding criminal investigations, but rather follows the protocols

outlined in the *Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy*. Spectrum PREA Coordinators will only conduct Administrative investigations.

2. Allegations of sexual assault and/or abuse against Residents must be reported to the Division of Child Welfare Licensing (DCWL) and the local Authorities, and all mandated paperwork must be filed (e.g., 3200).
3. Investigations of sexual assault and/or abuse against a Resident are conducted by the relevant Licensing bodies and the local Authorities.

Cross-Referenced Policies

115.331 Prison Rape Elimination Act (PREA)

115.332 PREA

115.334 PREA

115.335 PREA

115.341 PREA

115.381 PREA

115.383 PREA

Zero-Tolerance of Sexual Harassment, Assault, and/or Abuse of Residents Policy Review, Education, and Training Requirements to Effectively Address Sexual Harassment, Assault, and Abuse and to Sustain a Zero-Tolerance Climate

Updated May 22, 2017

Replaces Policy Dated: February 1, 2016

FACILITY AND TECHNOLOGICAL UPGRADES DESIGNED TO PREVENT SEXUAL HARASSMENT, ASSAULT AND/OR ABUSE OF RESIDENTS

I. PURPOSE:

To continue to promote and ensure a culture of Zero-Tolerance of sexual abuse and sexual harassment of Residents in Detention or Residential Treatment when upgrading Facilities and/or technology.

II. POLICY:

The acquisition/expansion/upgrading of new Facilities, the new construction of Facilities, and the expansion and/or upgrades of technology will each be guided by design elements to ensure the protection of Residents against sexual harassment, assault, and/or abuse.

III. RESPONSIBLE STAFF:

Facility/Center Director.

IV. STANDARD OPERATING PROCEDURE:

A. Upgrades, Expansions, Acquisitions, and/or New Construction of Facilities

1. When designing or acquiring any new Facility and in planning any substantial expansion or modification of existing Facilities, Spectrum Juvenile Justice Services shall consider the effect of the design, acquisition, expansion, or modification upon the Agency's ability to protect Residents from sexual abuse.
2. When designing or acquiring any new Facility and in planning any substantial expansion or modification of existing Facilities, Spectrum Juvenile Justice Services shall consider the effect of the design, acquisition, expansion, or modification upon the Agency's ability to enhance its ability to protect Residents from sexual abuse.

B. Technological Upgrades and/or Expansions

1. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Agency shall consider how such technology may ensure the Agency's ability to protect Residents from sexual abuse.
2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Agency shall consider how such technology may ensure the Agency's ability to protect Residents from sexual abuse.

May 22, 2017

Replaces Policy Dated: February 1, 2016

**HIRING, STAFFING AND MONITORING TO PREVENT AND EFFECTIVELY
ADDRESS SEXUAL HARASSMENT, SEXUAL ASSAULT AND/OR SEXUAL ABUSE
OF RESIDENTS**

I. PURPOSE:

To promote and ensure a culture of zero-tolerance against sexual harassment, sexual assault, and sexual abuse of Residents in Detention or Residential Treatment through sound hiring and disciplinary processes.

II. POLICY:

To promote zero-tolerance for sexual harassment, assault, and/or abuse of Residents within Spectrum Juvenile Justice Services, specific Policies and Procedures guide hiring, staffing, and monitoring protocols.

III. RESPONSIBLE STAFF:

Facility/Center Director or designee.

IV. STANDARD OPERATING PROCEDURE:

A. Hiring Practices for Employees, Sub-Contractors, and Volunteers

In addition to the existing hiring Policies and Protocols in place at Spectrum Juvenile Justice Services, the following requirements are used to further guide the hiring of all employees and sub-contractors and the coordination of volunteers at Spectrum Juvenile Justice Services:

1. Spectrum Juvenile Justice Services is strictly prohibited from hiring any individual with a sexual assault history as an employee or sub-contractor. This includes any individual who has engaged in, been convicted of, or who has been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lockup, community confinement Facility, juvenile Facility, or other institution. This also includes any individual who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or any sexual actions against a victim who did not consent or who was unable to consent or refuse.
2. Spectrum Juvenile Justice Services is strictly prohibited from engaging any individual with a sexual assault history as a volunteer. This includes any individual who has engaged in, been convicted of, or who has been civilly or administratively adjudicated for engaging in sexual abuse in a prison, jail, lockup, community confinement Facility, juvenile Facility, or other institution. This also includes any individual who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied

threats of force, or coercion, or any sexual actions against a victim who did not consent or who was unable to consent or refuse.

3. Before hiring any new employee, sub-contractor, or coordinating a new volunteer, Spectrum must perform a criminal background records check.
4. Before hiring any new employee, sub-contractor, or coordinating a new volunteer, Spectrum must consult any child abuse registry maintained by the State of Michigan.
5. Before hiring any new employee, sub-contractor, or coordinating a new volunteer, Spectrum Juvenile Justice Services must make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
6. As part of the hiring process, Spectrum Juvenile Justice Services shall ask all applicants, prospective sub-contractors, and prospective volunteers about previous alleged misconduct in written applications or interviews for hiring. Spectrum will be strictly prohibited from extending an offer of employment to any applicant or prospective sub-contractor, or volunteer who has made a material omission regarding such misconduct, or who has provided materially false information.

B. Ongoing Monitoring Practices for Employees, Sub-Contractors, and Volunteers

1. Spectrum Juvenile Justice Services shall conduct criminal background and central registry records checks upon initial hire and at least every five years of current employees, contractors, and volunteers.
2. Spectrum Juvenile Justice Services shall ask all employees, sub-contractors, and volunteers directly about previous alleged misconduct in interviews or written self-evaluations conducted as part of the review process and/or promotion process. Spectrum Juvenile Justice Services will be strictly prohibited from continuing to employ, maintain a relationship, or promote any applicant, prospective sub-contractor, or volunteer who has made a material omission regarding such misconduct, or who has provided materially false information. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of an employee and termination of services from a sub-contractor and/or volunteer.
3. Spectrum Juvenile Justice Services shall impose upon employees, sub-contractors, and volunteers, a continuing affirmative duty to disclose any such misconduct.
4. Unless prohibited by Law, the Agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee

upon receiving a request from an institutional employer for whom such employee has applied to work.

Cross-Referenced Policies

115. 317 PREA

Spectrum personnel policies including but not limited to *Conditional Job Offer, Contractual Employees, Good Moral Character, and Disciplinary Action.*

Updated August 29, 2019

Replaces Policy Dated: August 15, 2019

May 22, 2017

February 1, 2016

**SEXUAL ABUSE AND/OR ASSAULT INCIDENT DATA COLLECTION, REVIEW,
REPORTING AND STORAGE POLICY**

I. PURPOSE:

To promote and ensure a zero-tolerance culture for sexual abuse, assault, or harassment within Spectrum Juvenile Justice Services through proper data collection, review, storage, and reporting methods.

II. POLICY:

All incidents of sexual abuse must be properly documented and reviewed to identify the type and scope of potential corrective actions needed. All data collected must be properly stored and reported in compliance with federal and State Laws.

III. STANDARD OPERATING PROCEDURE:

A. Data Collection for Sexual Abuse Incidents

Comprehensive data shall be collected in all incidences of alleged and/or substantiated sexual abuse, assault, or harassment against a Resident. To ensure that accurate and uniform data is collected for each alleged incident, the current Survey of Sexual Violence tool is used to collect all data. Data collection is to be conducted by the PREA Coordinator.

The PREA Coordinator will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

B. Sexual Abuse Incident Review

Within 30-days of the conclusion of every sexual abuse investigation, a sexual abuse incident review must be conducted. The review is conducted even when the allegation(s) was not substantiated. The only time a review is not conducted is when an allegation has been determined to be unfounded. The review must be led by one upper-level Manager with input provided minimally by line supervisors and one mental and medical health practitioner.

The review must be guided by several issues including but not limited to:

- Consideration of whether the allegation or investigation indicates a need to change Policy or practice to better prevent, detect, or respond to sexual abuse, assault, or harassment.

- Consideration of whether the incident or allegation was motivated by race; ethnicity; gender identity; sexual identity, status, perceived status, gang affiliation, or was motivated caused by other group dynamics at the Facility.
- Examination of the area in the Facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assessment of the adequacy of Staffing levels in the area where the incident allegedly occurred during different shifts.
- Assessment of whether additional monitoring technology should be deployed or augmented to supplement supervision by Staff.

Following the conclusion of the review, a comprehensive report of all findings and recommendations for improvement must be developed and submitted concurrently to the Facility Director and the PREA Coordinator.

C. Annual Reporting and Publication of Sexual Incident Data

1. No later than March 1 each year, an *Annual Report of Sexual Incident Data* of the previous year will be developed by the PREA Coordinator. The report must minimally contain:
 - A summary of all sexual abuse incidents and related information from the previous calendar year.
 - An aggregate analysis of the previous year’s sexual abuse incident data.
 - An identification of any problem areas resulting from the incident review process.
 - A comparison of the current year’s data and corrective actions with those from prior years.
 - An assessment of Spectrum’s progress in addressing sexual abuse at each of its Facilities.
2. The *Annual Report of Sexual Incident Data* is approved by the Executive Director.
3. The *Annual Report of Sexual Incident Data* is made available to the public on Spectrum’s website. Prior to publishing the Report on the website, all identifying information must be removed. In addition, Spectrum may redact any material from the Report that may present a clear and specific threat to the safety and security of a Facility, but in such cases, Spectrum must indicate the nature of the material redacted.

4. The agency’s policy for referring allegations, and information on how to report sexual abuse is made publicly available on their website.
5. Upon request by the Department of Justice, Spectrum must provide a copy of the previous year’s *Annual Report of Sexual Incident Data* no later than June 30 of the current year.

D. Data Storage and Destruction

All statistical data related to alleged or substantiated incidents of sexual abuse must be maintained for at least 10 years after the date of its initial collection unless Federal, State, or Local Law requires otherwise. All sexual abuse, assault, and/or harassment of Resident data is maintained in a secure and confidential manner by the PREA Coordinator, and in compliance with all Agency, regulatory bodies, state, and Federal guidelines regarding confidentiality and protection of private information.

E. Cross-Referenced Policies

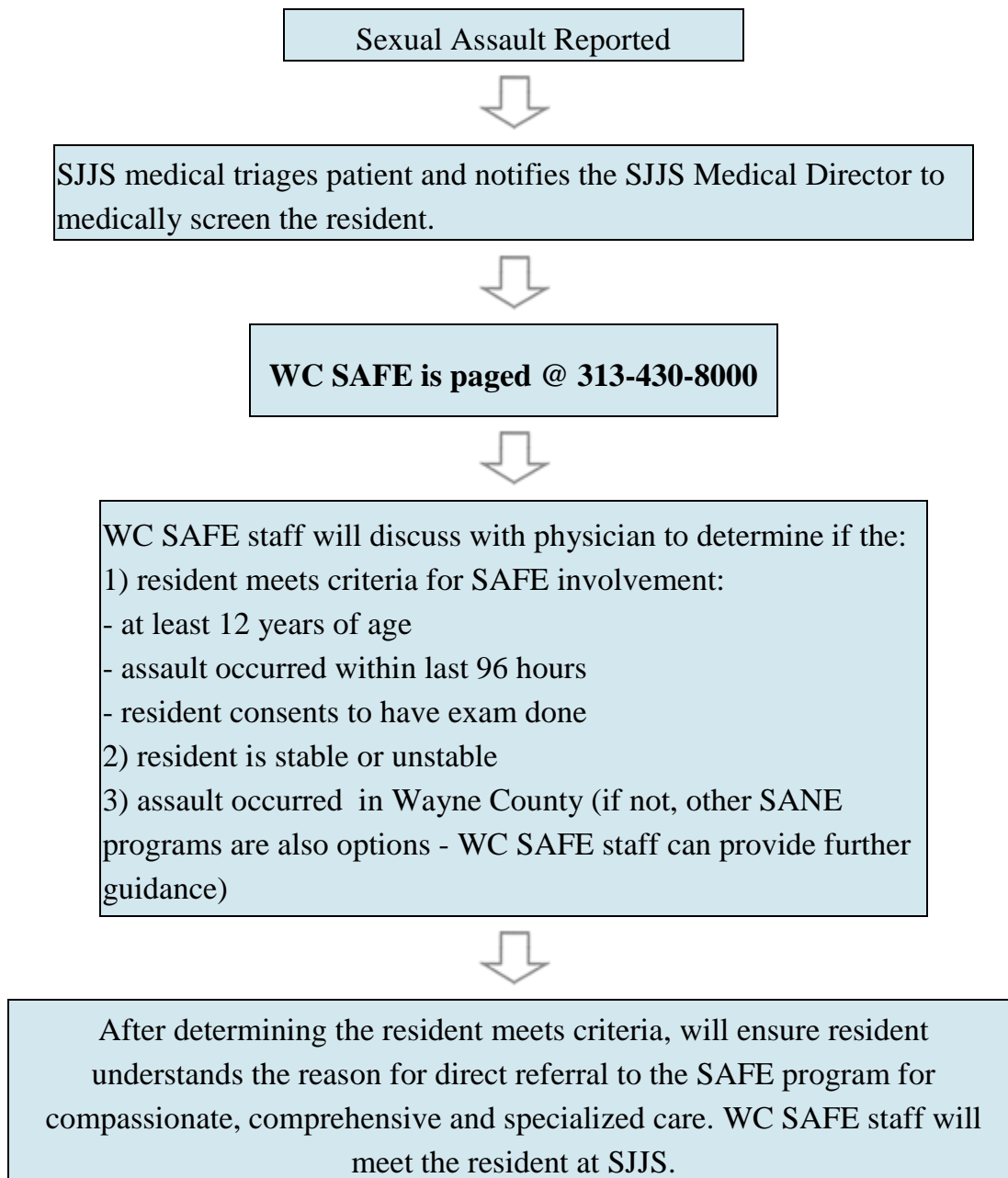
- 115.386 PREA
- 115.387 PREA
- 115.388 PREA
- 115.389 PREA

Updated August 15, 2019
Replaces Policy Dated: May 22, 2017
February 1, 2016

SEXUAL ABUSE AND/OR ASSAULT CRISIS RESPONSE PROTOCOL

The Sexual Assault Response Protocol outlines the steps to be taken to respond to potential incidents of sexual assault and documents the roles of both Spectrum and the Wayne County Sexual Assault Forensic Examiners in the response.

Sexual Assault Response Protocol





WC Safe staff will respond to SJJS to provide crisis advocacy and a medical forensic examination.

Crisis Pager for WC SAFE # (313)430-8000

Triage Tips

Vitals – No temperature is indicated unless Resident is complaining of fever. If an oral assault occurred, and temperature is necessary, please take an auxiliary or tympanic reading. If an oral temperature is taken, the temperature probe cover should be saved in a paper bag, labelled and sent with patient. Otherwise, we could lose valuable evidence!

Urine sample – if a pregnancy test is necessary for medical screening and treatment (i.e. x-ray, meds, etc., have patient urinate in cup, instruct them not to wipe, label urine and send with patient. We do pregnancy tests on all of our patients prior to giving them STD/pregnancy prophylaxis – so it is not necessary in the medical department (potential loss of evidence).

Clothing – please do not have the Resident undress unless absolutely necessary for medical screening. If it is necessary for the Resident to get undressed, please have them get undressed standing on sheet. Each piece of clothing should be placed in its own paper bag, labelled and sent with the patient, along with the sheet. The Resident should be given clothes to change into.

Food and drink – if the Resident is asking for something to eat or drink – it MUST be determined whether there was any kind of oral assault – if so, NOTHING SHOULD BE GIVEN! If no oral assault has occurred, the patient may eat or drink if OK with the SJJS Medical Director.

Updated April 10, 2019

Replaces Policy Dated: May 22, 2017

February 1, 2016

SJJS STAFFING PLAN

This document details the Staffing plan currently in effect for SJJS in accordance with Juvenile Justice Residential Policy JR5 540: Youth-to-Staff Ratios, and as required in Prison Rape Elimination Act (PREA) Standard 115.313

Staff-to-Youth Ratios:

SJJS exceeds both DHHS Policy and PREA minimum requirements for Staffing by having a Staff-to-youth ratio of 2:10 during waking hours and 1:10 during sleeping hours. This Staffing Plan requires that these ratios must be met at all times except in the case of unforeseen and temporary circumstances. Any time that the minimum Staffing ratios are not met the circumstances must be documented in an incident report that lists the reason(s) and the duration that the minimum Staff-to-youth ratio was not met and any actions taken to correct the situation. Such documentation would meet the requirements as set forth in Michigan regulations and in PREA.

In practice, SJJS will continue to exceed generally accepted secure Residential practices by having fully-trained Supervisory and Security care Staff assigned on duty in the Facility at all times. These Staff will only be considered in the Staff-to-youth ratio when they are directly observing youth.

Staff Supervision of Youth:

Direct-care Staff are required to maintain line-of-sight supervision of youths at all times except when youth are locked in their individual sleeping rooms. Staff are required to carry a two-way communication device at all times. Staff must complete a minimum of 50-hours of training annually, including training on delivery of programming specific to the composition of the Resident population, crisis intervention training, and training on preventing, detecting, and responding effectively to sexual abuse and sexual harassment of youth.

Supervisory Personnel:

At least one supervisory level person, including Administrators and/or Shift Supervisors will always be on-duty. At least one Administrator, including the Executive Director, Facility Director or a Program Manager, will always be on-call. On-duty supervisory personnel are required to always be accessible to direct and oversee building operations and safety, and respond to crisis or incidents. On-call Administrative personnel must be available to respond promptly and effectively in the event of crisis or emergencies at the Facility. Administrators and Supervisors can augment coverage but can only be considered in the Staff-to-youth ratio when directly observing youth.

Video Monitoring System:

SJJS installed a video monitoring system prior to August 20, 2012. The system is actively monitored and is loop-recorded for use in post-incident investigations.

Applicable Laws, Regulations, and Findings:

SJJS is reviewed at least annually by the Division of Child Welfare Licensing (DCWL) for adherence to all applicable laws, regulations, and practices that must be met in a child-caring institution, including staffing. Any findings of inadequacy must be addressed and corrected in a timely fashion through a Corrective Action Plan. SJJS is not subject to any state or federal judicial findings of inadequacy relative to staffing at this time.

Staffing Plan Review:

This Staffing Plan will be reviewed no less frequently than once annually by Facility Administration in collaboration with the PREA Compliance Manager. The Staffing Plan review will be documented and recommendations for modification to the Staffing Plan implemented as applicable and appropriate. For compliance with PREA the staffing plan review must consider:

- Generally accepted secure residential practices are met.
- Findings of inadequacy are addressed.
- Adequate numbers of Supervisory personnel.
- Physical plant inadequacies, such as “blind spots” on video monitoring systems are addressed to the maximum extent possible.
- Responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location, with certain personnel, or as pertaining to other factors.
- Programs occurring on a particular shift.
- The composition of the Resident population.
- Applicable state and Federal Laws and Regulations.
- Any other relative factors.

Updated May 22, 2017
Replaces Policy Dated: February 1, 2016

SJJS PREA COORDINATED RESPONSE PLAN

PREA Standard 115.365 (a)-1 requires that the Facility develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among Staff first responders, medical and mental health practitioners, investigators, and Facility leadership. In the event of an incident of sexual abuse at the Facility, the following must occur. Activities relevant to youth safety must occur immediately. When activating this plan in response to a sexual abuse incident the Facility Director, Assistant Director, or designee in the Director's absence is responsible for overseeing implementation of these coordinating actions. See also SJJS PREA Policy.

First Responder Actions:

- Contact Administration/Supervision.
- Separate victim and alleged perpetrator.
- Protect incident scene if identified.
- Immediately contact the Highland Park Police Department.
- Report allegation to Children's Protective Services.
- Request that victim does not wash, change clothes, urinate, defecate, smoke, eat, drink, etc. (pending forensic exam).
- Do not allow Perpetrator to wash, change clothes, urinate, defecate, smoke, eat, drink, etc.
- Document all information and activities in an Incident Report.
- Cooperate with investigators, prosecutors, Facility Administration.

Supervision / Administration:

- Respond to assist first responder.
- Contact Facility Director.
- Facilitate transportation of victim for forensic examination (if applicable).
- Ensure protection of evidence (including victim and scene) pending evidence collection by qualified investigator.
- Implement any special instructions by Facility Director or designee.
- Document all activities and information in an Incident Report.

Facility/Center Director or Designee:

- Assume overall responsibility for implementing coordinated response.
- Ensure First Responder and Supervisor activities occurred.
- Ensure that investigation referral is made.
- Ensure that all reporting (CPS, law enforcement, Licensing) notifications are made.
- Ensure that alternate housing and other accommodations are made for victim if/as needed.
- Ensure that victim receives follow-up medical examination (regardless of when Incident occurred or if forensic examination occurred) and that victim receives psychological and counseling services at no cost to the victim.

- Ensure that investigation is completed and that findings are reported to all pertinent parties, including the victim.
- Ensure that victim and any supporting witnesses (including Staff) are monitored for protection against retaliation for at least 90-days.
- Ensure that post-incident review is conducted and documented.
- Ensure that upon receiving an allegation that a Resident was sexually abused at another Facility, the Director must notify the head of the Facility and contact the Department of Health and Human Services and law enforcement if necessary, immediately, but no later than 72 hours after receiving the allegation.

Medical and Mental Health Providers:

- Provide services as required (including forensic examination, post-incident medical exams, and counseling) under the oversight of the Facility Director.

Investigators:

- Conduct and complete investigation (Administrative) or report findings from outside investigators.
- Report findings to Facility leadership.

Updated February 6, 2020

Replaces Policy Dated: August 15, 2019

Previous Policy Updated: March 27, 2019

March 13, 2019

May 22, 2017

February 1, 2016