

PRISON RAPE ELIMINATION ACT (PREA) STANDARDS AND COMPLIANCE

POLICY

Teaching Family Homes Residential Group Home Staff must have zero tolerance for sexual abuse and sexual harassment of residents. Facilities must ensure that preventive plans are in place and, should allegations regarding sexual abuse or harassment be made, that staff are appropriately trained to take actions to rapidly restore safety, attend to and support the victim, and promptly initiate the investigative process. The purpose of this policy is to prevent incidents of sexual abuse and sexual harassment and to take prompt, effective, and compassionate action if allegations of sexual abuse or harassment are made.

DEFINITIONS

Resident-on-resident sexually abusive penetration: Any sexual penetration 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 youth by an employee, volunteer, contractor, official visitor, or other agency representative. Sexual relationships of a romantic nature between staff and youth 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

Age of legal consent in Michigan: While no statute specifically establishes an age at which a minor may legally consent to sexual activity, there can be criminal penalties for consensual sexual activity with a minor under 16 years of age. *See* MCL § 750.520b. There also can be criminal penalties for consensual sexual activity with a minor under 18 years old when certain circumstances exist. For example, it is considered “third degree criminal sexual conduct” for a teacher or school administrator to sexually penetrate a student under 18 years old, irrespective of consent. MCL § 750.520d.

First Responder: Includes any/all agency personnel to whom an incident or report of alleged sexual abuse, or any other form of abuse/neglect of youth is reported. This includes staffs own observation or suspicion, direct report (verbal or written) from youth or third parties of abuse or neglect in accordance with Mandated Reporting laws and agency policies

PROCEDURE

A. Providing Sexual Assault/Rape Prevention Information to Youth

1. At the time of intake, the youth orientation process will include policy and procedures relating to prevention of and response to reports of sexual assault/rape. This orientation must occur within the first day of a youth’s admission as part of the Orientation of New Youth. Youth will be provided a personal copy Preventing Sexual Abuse: Youth Orientation Packet. Use of the MDHHS -5605-PREA form, Juvenile Justice Residential Youth Orientation Checklist, to obtain youth’s signature acknowledging that the youth received and understood the PREA orientation information that was presented. An annual refresher orientation must also be provided in the event the youth is in placement longer than one year. The New Youth PREA Orientation information includes the following:
 - a. The agency’s zero-tolerance 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 include: 1) verbally to any

- staff member or administrator; 2) in writing to any staff member or administrator; 3) in writing through the youth and family grievance process; and, 4) externally by telephoning Children's Protective Services. 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. Disciplinary action(s) for making false allegations. Clients will not be disciplined for making an allegation of sexual abuse or sexual harassment if the investigation determines that the abuse did not occur, so long as the allegation was based upon a reasonable belief that the abuse occurred and the allegation was made in good faith.
2. The information must be provided verbally and in written form, through the use of the facility's internal document, Youth PREA Orientation Handbook and Acknowledgement Form (Appendix 2). 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.
 3. 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 youth's case record.

B. Youth Assessment

1. The residents' behavior history must be reviewed during the initial referral screening and intake using the designated PREA Intake Screening Form (Appendix V). This screening must occur within 72 hours of intake, and the youth may be reassessed periodically throughout their stay at the facility. As part of the initial orientation, staff will 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.
 - i. Reported history of sexual activity

2. The youth must be evaluated as part of orientation to determine if the youth is prone to victimize other youth, 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. All information obtained from the youth, family, or referring worker will be used to make informed 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.
 - a. Placement decisions are based on whether the placement would ensure the residents' health and safety, and whether the placement would present management or security problems. The youth's own view of his gender identity should be considered when determining placement.
 - b. This agency does not use or practice isolation as a designated housing assignment when determining room assignments.
5. A youth may be isolated from other youth as a preventive and protective measure, but only as a temporary last resort when other less restrictive measures are inadequate to keep the youth safe from other youths, and then only until an alternate means of keeping all youths safe can be arranged.
6. Residents that disclose any prior sexual victimization during a 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 in an institutional setting are offered a follow-up meeting with a mental health practitioner. These referrals must be documented. Follow up mental health treatment must be provided to these identified individuals. Treatment must commiserate with levels of community care.
7. 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.
8. Assessment activities must be documented. In addition, the youth must watch the State of Idaho Department of Juvenile Corrections PREA Video for

comprehensive resident education. The youth must sign a form that records the date the PREA Video was shown and requires the youth's signature to acknowledge they viewed and understood the material presented. This document will be maintained in youth's case management file.

C. Staff Training on Offender Sexual Assault/Rape Prevention and Reporting

1. All facility staff, and contractors and volunteers that have regular contact with youth, must complete initial and annual training for sexual assault/rape prevention, incident response, and reporting. At the conclusion of each training session, all trainees must sign that they attended and understood the training. This signature sheet must be kept on file for a period determined by the agency's Record Retention Schedule. (Appendix 3-Training Acknowledgement Form) Additionally, the facility's contracted medical and mental health providers must complete specialized PREA training for medical professionals through NIC. Completed certificates will be provided for documentation and filing.
2. All facility staff must read this policy and any related local facility written policy or procedure articles prior to assuming duties with youth, when the policy or procedure changes, and on at least an annual basis. A review of the agency's PREA policy will be included with the initial staff training, as well as in ongoing annual staff in-service training. Staff must sign a written acknowledgment that they read and understood the policies and procedures. This signature sheet must be kept on file for a period determined by the Record Retention Schedule.
3. When staff that have been trained later transfer to work at a facility or unit housing a different gender, then additional gender-specific training is required.
4. Direct care staff must be trained in how to conduct a pat down search. Cross gender pat searches are prohibited, except in exigent circumstances. In that event, exigent circumstances shall be documented with justification of the circumstances leading to cross gender pat search. 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. All searches must be done in accordance with the Youth Search Protocol guidelines (Appendix X).
5. All full and part time medical and mental health care practitioners who work regularly with residents must receive specialized training on: Detecting signs of sexual abuse, preserving physical evidence, effective response, and reporting. Training will be documented.

D. Staff Interviews, Promotions, & Terminations

1. Before hiring or promoting employees, TF Homes must contact prior institutional employers about any previous sexual misconduct, ask the staff directly about sexual misconduct, and impose upon employees a continuing affirmative duty to disclose any such misconduct (Appendix XI).
2. Termination is the presumptive discipline for staff that violate the facility's sexual abuse policies. Staff, contractors, or volunteers that violate the sexual abuse policies will be reported to law enforcement.

E. Staff Supervision Relative to PREA Standards

1. Staff must recognize that sexual assault/rape can occur in virtually any area in a residential facility. Facility requirements for line-of-sight supervision and staff-to-youth ratios apply at all times.
2. Staff must always be aware of warning signs that may indicate that a youth 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 but are not limited to: A prior history of committing sex offenses, use of coercive tactics (extortion), associating or pairing up with a youth 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 any areas where residents are likely to be showering, performing bodily functions, or changing clothes.

F. Youth Response to Sexual Assault/Rape

Youths must be supported and encouraged to report sexual assault/rape, attempted sexual assault/rape, and/or sexual harassment and be protected from retaliation. A youth that believes that they were the victim of a sexual assault/rape, attempted sexual assault/rape or sexual harassment, or believes another youth was the victim of sexual assault/rape, attempted sexual assault/rape, or sexual harassment, must report this information to a staff member. Youths may also write down their report and turn it in to staff, or use the facility grievance process to report (See Group Home Policy 2D-1, Grievances). Youth may also report this information through the Staff Practice Investigation questions

conducted as part of the evaluation process (Appendix 4: Staff Practice Questionnaire-Evaluation). Youth may also choose to report an incident to someone outside of the facility. They may call Children's Protected Services, 1-855-444-3911, or the Marquette Women's Center Sexual Assault Crisis Line at 1-906-226-6611 (MOU – Appendix VII). If a youth requests to report outside of the facility, the following must occur:

- a. Contact the program Consultant/Supervisor to facilitate the call. The call is confidential. The Consultant/Supervisor will not listen to the youth's reporting.
- b. The Consultant/Supervisor will maintain line of sight supervision of the youth at all times.
- c. The Consultant/Supervisor will notify the Residential Director or designee in the Director's absence and report that a youth has requested to make a call to the hotline.

***Note:** Calls to the hotline are confidential however it could occur that a youth also volunteers information to staff about sexual abuse. If at any time a youth discloses information about sexual abuse to any Facility personnel then staff must respond in accordance with the procedures listed under "Staff Response to Sexual Abuse/Rape".

G. Staff Response to Sexual Assault/Rape

All staff members, to include contractors, volunteers, medical and mental health providers must report immediately any knowledge, suspicion, or information that they receive in accordance with the program's established response plan (Appendix VI): 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 retaliation.

1. 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 event to their Consultant/Supervisor. The supervisor must immediately relay the report to the Residential Director and CEO, according to the Reporting Events and Subsequent Documentation –Group Home Policy 4-I (Sherriff's Department MOU – Appendix VIII). The Residential Director is responsible for notifying Bureau of Child and Adult Licensing (BCAL).
2. At the direction of the Program Consultant/Supervisor, the staff member receiving the report of actual or suspected sexual abuse or rape must immediately call Children's 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

- DHS-3200, Report of Actual or Suspected Child Abuse or Neglect, within 72 hours of becoming aware of the incident.
3. If it is believed or determined that a sexual assault/rape occurred and that the alleged sexual assault/rape occurred within the last 96 hours, the Consultant/Supervisor or designee must make immediate arrangements to transport the youth 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.
 4. Following emergency response and completion of the rape kit (if applicable) a youth 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 youths must be provided with pregnancy tests. All forensic medical examinations and follow up medical treatments are provided without charge to the resident.
 5. Medical and mental health information is only shared with staff on a need-to-know basis to inform security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.
 6. Victims and perpetrators of sexual assault must be encouraged to complete tests for sexually transmitted diseases, including an HIV test. 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 Residential Director or designee must seek a court order compelling the test.
 7. The victim of sexual assault/rape or attempted sexual assault/rape must be provided mental health assistance and counseling as determined necessary and appropriate.
 8. The Residential Director or designee must notify the MDHHS Juvenile Justice Programs and Licensing Consultant of the incident.
 9. The Residential Director or designee also ensures that incidents of sexual abuse/rape, findings from investigations, and other pertinent information is reported to the youth's court of jurisdiction, the youth's attorney, the youth's worker, and the youth's parent or legal guardian.
 10. Records of allegations involving an employee must be kept for as long as the employee is employed or the youth is in residence, plus five years.
 11. 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.)
 12. The Program Consultant / Supervisor must monitor staff and youth to prevent retaliation for a minimum of 90 days after a sexual abuse report is made. Use of the PREA Retaliation Monitoring Log, MDHHS-5799-PREA Form will record this activity.

H. Alternate Housing Placement of Victims and Perpetrators

The Program Consultant/Supervisor 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 transfer to another group home or other elements of daily routine to the extent necessary to ensure protection.

I. Investigation Protocols

Teaching Family Homes has adopted the “Michigan Model Policy: The Law Enforcement Response to Sexual Assault-Adults and Young Adults.” As such, Teaching Family Homes requests that all investigations of sexual abuse or sexual assault/rape conducted by outside investigators must follow the Michigan State Police uniform of evidence protocol. Copy of this policy is contained in the PREA Documentation Log at the Lakes Area Teaching Family Homes facility.

Each incident of alleged or reported sexual abuse or sexual assault/rape must be investigated to the fullest extent possible. Evidence collected must be maintained under strict control. Based on the results of the investigation, agency Administration and prosecuting authorities will meet to determine if prosecution is appropriate. A subsequent Incident Review will occur after 30-days, using the MDHHS-5818-PREA, 30-Day Sexual Abuse Incident Review. Form will be completed by the review team following the investigation (Appendix IX).

1. Suspected or alleged youth-on-youth 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 the nearest hospital (Duke LifePoint/Marquette General Hospital, or Helen Newberry Joy Hospital for Lakes Area Youth), or alternate if directed by Administration or emergency personnel, for examination by qualified personnel. If the assault is alleged to have occurred more than 96 hours earlier, the hospital is contacted for instructions.
 - d. Qualified investigators must take victim statements, open an investigation, and if applicable collect physical evidence.
 - e. 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 youth 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.
- f. 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 not be allowed to shower or change clothing before being transported to the hospital.
 - 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 internal 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 Program Consultant/Supervisor, investigators, and prosecuting officials.
2. Suspected or alleged staff-on-youth sexual activity of any type:
- a. Reporting must occur immediately, as listed in Section F above.
 - b. The Program Consultant/Supervisor or designee must make all required notifications, including notification to the suspected employee restricting work activities.
 - c. Pending notification from the Residential Director or designee, the suspected employee must not be in direct contact with facility residents.
 - d. 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.
3. Any other intentional youth-on-youth 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 youth-on-youth sexually abusive contact:
- a. If reported by youth, observed, or suspected, staff must alert their immediate Supervisor. The supervisor must ensure that staff document information in an Incident Report and must ensure that youth safety is restored or maintained.

- b. The Program Consultant/Supervisor or designee must be notified immediately.
- c. The Program Consultant/Supervisor or designee determines applicable reporting responsibilities and ensures that reporting occurs as required as outlined in the Reporting Events and Subsequent Documentation grid.
- d. The Program Consultant/Supervisor or designee makes required notifications as applicable.

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

1. In addition to internal administrative review and analysis, and BCAL 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 agency's Chief Administrator or Residential Director will serve as the PREA Coordinator. The facility Program Supervisor will serve as the PREA Compliance Manager, with the authority to oversee facility compliance efforts.
3. The agency will 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. This information will be posted on the agency website.
4. Administrative staff will review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention and implementation of remedy(s). This will take place through the agency Quality Assurance Committee.
5. The facility will develop, document, and implement a staffing plan that provides for adequate levels of staffing according to licensing and contract requirements. 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 inadequacies, including "blind spots," 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 Supervisory staff will make documented unannounced rounds to identify and deter staff sexual misconduct and sexual abuse. Documentation of these visits will be maintained on the MDHHS-5830-PREA form, PREA Unannounced Rounds Log, located in the PREA Documentation Manual.

7. The conduct and treatment of residents or staff that report an abuse incident, or are cooperating witnesses, will be monitored by mid or upper-level management for at least 90 days. The use of MDHHS-5799-PREA form, PREA Retaliation Monitoring Log, may be used to record and document this information.
8. The facility will 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 a public Website or some other means at least annually. (Note: Personal identifiers must be removed.)

K. Exhaustion of Administrative Remedies

1. The facility will 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 youth and the youth's parent/guardian in writing of any such extension.
3. Third parties, including fellow youths, staff, family, attorneys, and outside advocates may assist a youth filing grievance relating to allegations of sexual abuse and harassment. If a third party, other than the parent or guardian, files a grievance on the youth'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 youth's decision.

L. Disciplinary Guidelines Following Sexual Abuse Allegations

1. Staff/Contractors/Volunteers
 - a. Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

- b. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
- c. The agency 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.

2. Residents

- a. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.
- b. Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:
 - i. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - ii. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- c. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:
 - i. The staff member is no longer posted within the resident's unit;
 - ii. The staff member is no longer employed at the facility;
 - iii. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - iv. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- d. The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

AUTHORITY

1939 PA 280, Social Welfare Act, MCL 400.115a(1)(g)
45 USC 15601, Prison Rape Elimination Act

APPROVED BY: 

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