

CHILD ABUSE, NEGLECT AND SEXUAL HARASSMENT PREVENTION & INTERVENTION

12/5/2016

It is the policy of Our Home, Inc. to develop an environment for residents that provides for their safety and welfare; therefore, Our Home, Inc. strictly prohibits any staff member, contractor, or volunteer conduct that is abusive or neglectful of the youth in our care. It is further our policy to have zero tolerance toward resident sexual abuse and sexual harassment.

I. Definitions

Our Home, Inc. defines child abuse/neglect using the Department of Social Services' Manual for Investigation of Child Abuse and Neglect in Out-of-Home Care. This definition includes any form of physical abuse, sexual abuse, neglect, or emotional maltreatment caused to any youth in our care. Our Home, Inc. further defines sexual abuse and sexual harassment using the National Standards to Prevent, Detect and Respond to Sexual Abuse.

1. Physical Abuse is strictly prohibited.

- A. Youth beaten. Any form of corporal punishment is prohibited.
- B. Youth subjected to inappropriate or excessive restraining devices.
- C. Inappropriate or excessive use of psychotropic and other drugs used as a method of keeping a youth under control.
- D. Inappropriate or excessive use of isolation and/or seclusion for long periods of time.

2. Sexual Abuse is strictly prohibited.

- A. Contacts or interactions between a youth and an adult in which the youth is being used for the sexual stimulation of the perpetrator or another person.
- B. Contacts or interactions of a sexual nature with a youth by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another youth.
- C. Sexual abuse takes place when a staff member, contractor, or volunteer permits or participates in sexual activity with a youth in care. This includes rape or attempted rape, fondling, voyeurism, exhibitionism, and the like.
- D. Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

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

Sexual abuse of a resident by a staff member, contractor, or volunteer includes:

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in items 1-5 of this section;
- 7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and
- 8) Voyeurism by a staff member, contractor, or volunteer. Voyeurism means an invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions.

3. Neglect is strictly prohibited.

- A. Failure to provide proper or necessary subsistence, supervision, education, medical care, or any other care necessary for the youth's health, guidance, or well-being.

- B. Disregard or violation of job responsibilities that may have contributed to an abuse or retaliation incident.

4. Emotional Maltreatment is strictly prohibited.

- A. Belittling or ridiculing a youth.
- B. Ridiculing a youth's family, background, culture, or race.
- C. Failure to appropriately respond to suicide threats, failure to provide appropriate mental health services.
- D. Treating members of a peer group unequally or unfairly.
- E. Making one youth in the group the scapegoat for the misbehavior of other group members.
- F. Allowing a group of youth to develop their own control systems without appropriate adult intervention.

5. Sexual Harassment is strictly prohibited.

- A. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident toward another; and,
- B. Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

***Incidents that include injuries resulting from a restraint or seclusion, self-inflicted injuries (e.g. suicide attempts or gestures), injuries from physical contact between youth and staff, injuries from physical contact between youth and youth and sexual contact between youth and youth, are suspected incidents and must be reported per the following procedures if there is any indicator of potential abuse or neglect such as lack of or insufficient supervision, use of improper restraint or behavior management technique, use of excessive force, etc.

II. **Prevention Strategies**

The prevention of any and all sexual assault or harassment shall be a shared goal of all employees, contractors, and volunteers. These individuals shall, at a minimum, practice the following strategies to assist in this prevention effort:

- Advise employees, contractors, and volunteers during initial orientation that they are subject to disciplinary action if found guilty of sexual harassment;
- Refrain from non-program related sexual talk while at work;
- Refrain from exchanging electronic transmissions that contain sexual content or innuendo;

- Promptly report all incidents of offensive and abuse sexual talk and behavior;
- Dress appropriately and only touch residents and co-workers in an appropriate manner and in appropriate places;
- Exercise caution in any situation that requires that you be alone or in an isolated area with a resident. If you have any doubts about a situation, consult with your supervisor before entering a potentially harmful situation;
- Do your best to keep all residents under your supervision in your immediate line-of-sight.

In summary, maintain a high standard of professional demeanor at all times while interacting with the residents and your co-workers.

III. PREA Coordinator and PREA Compliance Managers

The Associate Director shall serve as the PREA Coordinator and shall oversee agency efforts to comply with the PREA standards in all agency facilities. The Program Coordinators shall serve as PREA Compliance Managers at the respective program sites to assist in compliance and investigatory activities. The PREA Coordinator and PREA Compliance Managers have completed PREA investigation training.

IV. Reporting, Victim Services, and Investigating Procedures

1. Staff who suspect, experience, observe or become otherwise aware that a resident has been abused in any way, neglected or sexually harassed as defined above, shall immediately implement and document corrective action(s) that offer the victim protection from the alleged assailant, provide direct supervision to the victim for the purposes of assuring safety and support for as long as it is necessary in the immediate crisis, and ensure the incident can not recur. The individual under suspicion shall be prohibited from having any direct contact with the alleged victim. Furthermore, any staff member, contractor, or volunteer under suspicion shall be prohibited from having contact with any other residents unless such contact is directly staff monitored. Employees under suspicion may, as the situation warrants, be restricted from all work duties. Restriction may be with or without pay at the determination of the Executive Director. Any resident under suspicion shall be directly supervised when in contact with any other residents in care.
 - These immediate protective actions shall continue until directed otherwise by the investigating authorities.
 - In the event that an alleged incident is reported to an employee (whether it is made verbally, in writing, anonymously or by a third

party), the employee shall accept this report and immediately enact corrective action(s) that offer the victim protection.

- Immediate protective action shall also be provided when it is learned a resident is subject to a substantial risk of imminent sexual abuse.
2. Staff shall immediately report any allegation of abuse, neglect, or sexual harassment, as required in South Dakota Codified Law 26-8A-3, to the next level of supervision. The next level of supervision shall then immediately inform the facility's Program Coordinator and the Executive Director or his designee. The Executive Director or his designee will immediately report the allegation to the South Dakota Department of Social Services (DSS) CPS Central Intake call center 1-877-244-0864 (available from 8:00am to 5:00pm Monday through Friday) or local law enforcement, unless the allegation is for sexual harassment. Sexual harassment allegations will be investigated using Our Home, Inc.'s Internal Administrative Inquiry procedures and will be reported to the DSS only if there is suspicion the allegation is criminal in nature.

The Program Coordinator will report the allegation immediately by telephone to the Residential Reentry Manager of the Bureau of Prisons if the allegation involves staff or a resident referred by U.S. Probation or Custody.

The Program Coordinator will also ensure the allegation is immediately reported to the resident's caseworker, parents/legal guardians, and assigned court officer.

- An employee, contractor, or volunteer who is not comfortable with or who is fearful of making an "in-house" report may immediately and privately contact the DSS or local law enforcement.
- Any person who intentionally fails to make the required report is guilty of a Class I Misdemeanor.

If the allegation indicates the resident was sexually abused while confined at another facility, the Executive Director or his designee shall report the allegation to the CPS Central Intake call center first, and use CPS instructions for notifying the head of the facility or appropriate office of the agency where the alleged abuse occurred. The notification to the other facility shall occur as soon as possible, but no later than 72 hours after receiving the allegation. This notification shall be documented on the incident report form.

Should the agency or a program in the agency receive notification from another facility or agency that a resident was sexually abused while confined at an Our Home, Inc. program, the Executive Director, Program Coordinator or agency office that receives such notification shall ensure that the allegation is investigated in accordance with this prevention and intervention policy.

3. Following Our Home, Inc.'s report of an allegation, the DSS, local law enforcement, or, if applicable, the BOP will determine whether they will investigate the report. At this time, several critical decisions regarding the report are made by the external investigator(s) including how to address the report, the best way to proceed, and if assigned, the immediacy of the response time. Measures that may be enacted by the external investigator(s) include:
 - Ensuring the resident victim receives timely, unimpeded access to emergency medical treatment.
 - Offering all residents who experience sexual abuse access to forensic medical exams where evidentiary or medically appropriate. The state, by virtue of its authority, determines the qualifications of such examiners.
 - Making available to the victim a victim advocate from a rape crisis center (nongovernmental entity only). The victim advocate will, as requested by the victim, support the victim through the forensic medical exam process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals.
 - Offering the resident victim timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate, in accordance with professionally accepted standards of care.
 - Ensuring the resident victim receives timely, unimpeded access to crisis intervention services.

Our Home, Inc. medical and mental health professionals shall stand ready to assist in the provision of the preceding measures as determined and requested by the external investigator(s).

These medical treatment and crisis intervention services are provided to victims of sexual abuse without financial cost, regardless of whether or not the victim names the abuser, and regardless of whether or not the victim cooperates with any investigation arising out of the incident.

Our Home, Inc. will request that all external investigating agencies of incidents of sexual abuse/assault follow PREA Standards 115.321 & 115.371.

All reports of sexual abuse/assault including third-party and anonymous reports that are not investigated by the DSS, law enforcement, or the BOP will be investigated by Our Home, Inc. following the Internal Administrative Inquiries procedures. Our Home, Inc.'s internal inquiry shall not be initiated until approval is received from the DSS or law enforcement and the BOP.

4. (For Physical Abuse, Neglect or Emotional Maltreatment) Staff shall evaluate the victim to determine if any immediate treatment needs and/or support needs are necessary to ensure for the victim's physical and mental health.

5. Staff shall assure that all necessary measures are taken to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If a crime scene exists, the Program Coordinator or his designee shall post a staff member at the site. The staff member shall remain there until the area is secured or until the crime scene has been turned over to investigating authorities. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall request the alleged victim to and ensure the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
6. The staff member who reported the allegation shall complete a written report of the alleged incident using an Alleged Abuse and Neglect Incident Report form. The form shall be completed by the end of the staff member's work shift. The facility's Program Coordinator shall ensure that the alleged incident is reported to the DSS according to established CPS Reporting Protocol and via email to the Residential Reentry Manager within one calendar day after becoming aware of the incident if the allegation involves staff or a resident referred by U.S. Probation or Custody.
7. (For Sexual Abuse/Assault Only) Our Home, Inc. shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse. Mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations shall be provided to residents in their accessible Resident Handbook. Residents shall be enabled reasonable communication with these organizations, in as confidential a manner as possible, following the agency's Mail and Telephone policies. All postage and/or phone services charges for this access will be paid by Our Home, Inc.

Prior to giving residents access to such communications, the residents shall be reminded:

- That communication will be monitored per the agency's Mail and Telephone policies, except that only staff is permitted in the room when communicating via telephone.
 - Of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws as described in the Resident Handbook.
8. Our Home, Inc. employees shall cooperate with external investigators and endeavor to remain informed about the progress of the investigation. Requests for relevant information shall be made from the investigating authority in order to also keep the resident notified. Such notifications or attempted notifications to the resident shall be documented on a PREA Resident Notification Form. "Cooperation" shall include but not be limited to

providing information on substantiated allegations of sexual abuse and harassment involving former employees upon request from an institutional employer for whom such employee has applied for work. Our Home, Inc. replies may, upon legal advice, be restricted to a cautionary referral that the prospective institutional employer consult further with the DSS about the former employee/applicant.

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.

9. Following the external investigation, and if allegations are substantiated, Our Home, Inc. (in consultation with DSS/BOP) will determine the disciplinary action to be taken. Termination is the presumptive disciplinary action for sexual abuse and sexual assault.
10. Following a resident's allegation that a staff member has committed sexual abuse against the resident, except when the allegation has been determined to be unfounded, Our Home, Inc. shall subsequently inform the resident whenever the following situations exist:
 - The staff member is no longer working at the facility.
 - The staff member is no longer employed at the agency.
 - The agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation that he or she has been sexually abused by another resident, Our Home, Inc. shall subsequently inform the resident whenever:

- The agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

Such notifications or attempted notifications to the resident shall be documented on a PREA Resident Notification Form. This obligation to notify terminates if the resident is released from the agency.

11. Following the final outcome of the external investigation, the Program Coordinator shall complete a PREA Data Summary form.
12. Our Home, Inc. shall ensure that a criminal or administrative investigation is completed for all allegations of sexual abuse and sexual harassment.
13. All standards established by the DSS, the Federal Bureau of Prisons, and standards as promulgated as a part of PREA shall be adhered to in the reporting and investigation proceedings.

V. Confidentiality of Information

Apart from reporting to designated supervisors or officials and designated State or local agencies, staff members are prohibited from revealing any information related to a sexual abuse report to anyone other than the extent necessary unless authorized by the Program Coordinator.

In order to make treatment, investigation, and other security and management decisions, the Program Coordinator, Clinical Psychologist, Registered Nurse, Childcare Coordinator, and resident's assigned Group Leader/Counselor need to know all information about a sexual abuse report.

VI. Internal Administrative Inquiries

Our Home, Inc. internal administrative inquiries shall be conducted following the subsequent procedures and in accordance with the South Dakota Department of Corrections Investigating Sexual Abuse in Confinement Settings: Training for Correctional Investigators manual. Only trained investigators may conduct internal administrative inquiries.

1. Administrative inquiries are limited to allegations of:
 - a) Sexual harassment;
 - b) Policy and procedure violations where-in sexual abuse was not thought to be an end result;
 - c) Allegations thought to be of casual physical contact preliminarily suspected to have occurred without sexual intent;
 - d) Cases screened out or referred back to Our Home, Inc. by the DSS for further investigation.
2. Since all inquiries must be conducted by staff members who have completed PREA investigation training, Our Home, Inc.'s PREA Compliance Managers shall be responsible for this duty. If the compliance manager has been involved in the allegation, the Associate Director shall investigate in their place.
3. All inquiries into allegations will be done promptly, thoroughly, and objectively, including allegations from third-party and anonymous reports.

An administrative inquiry may proceed only so long as the investigator has no suspicion of the alleged incident involving illegal or criminal conduct. If the investigator has such suspicion, he or she shall curtail all investigator inquiry and report the alleged incident to the DSS for external investigation and for the Department's further directive.

4. The investigators will gather and preserve any evidence related to the allegation.
5. The investigators will interview alleged victims, suspected individuals, and witnesses and will review any prior complaints and reports of sexual harassment involving the suspected individual.

Internal investigators shall be mindful that even if resident to resident sexual contact may appear to have a consensual context, consent must be determined within the age parameters defined in South Dakota codified law and outlined above. Therefore, all cases that involve resident to resident sexual contact shall be referred to the DSS for the purpose of determinations of “consent”.

6. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person’s status as a resident or staff.
7. The agency will not require a resident to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation.
8. Inquiries will include an effort to determine whether staff actions or failures to act contributed to the alleged act.
9. All inquiries will be documented on a PREA Administrative Inquiry Report form that includes:
 - a) Description of the physical and testimonial evidence.
 - b) The reasoning behind credibility assessments.
 - c) Investigative facts and findings.
10. Our Home, Inc. will not impose a standard higher than a preponderance of the evidence in determining whether allegations are substantiated.
11. When an administrative investigation determines that sexual harassment or policy and procedure violations have occurred, the Associate Director shall determine the disciplinary action to be taken. Any intentional sexual harassment is considered to be a major violation of agency policy and will be dealt with accordingly through corrective counseling, and/or suspension or termination depending upon the severity of the violation. The Associate Director shall inform the Executive Director of any investigation, of investigation findings and of disciplinary action taken.
12. Following an investigation, the resident will be informed whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Such notification to the resident shall be documented on a PREA Resident Notification Form.

13. Following the final outcome of the administrative inquiry, the Program Coordinator shall complete a PREA Data Summary form.
14. Our Home, Inc. prohibits the termination of an inquiry solely because the source of the allegation recants the allegation or the accused or victim departs from employment or care of the agency.
15. All written reports of inquiries will be permanently retained in the personnel record of the abuser. When the abuse is committed by a resident, the reports will be retained in the case record of the abuser for as long as the abuser is in care at the agency, plus ten years.

Administrative inquiries shall respect privacy of the individuals under investigation to the extent possible, but only so long as a thorough and expedient inquiry is not impeded. Our Home, Inc. will not and cannot protect an employee's privacy in the event of substantiated sexual abuse and sexual assault.

VII. Ongoing Victim Services

Our Home, Inc. shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release. These treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Resident victims of sexual abuse while in any prison, jail, lockup, or juvenile facility shall be offered pregnancy tests, if abuse included vaginal penetration, and tests for sexually transmitted infections, as medically appropriate. If pregnancy results from a resident suffering from sexually abusive vaginal penetration while in any prison, jail, lockup, or juvenile facility, Our Home, Inc. nursing personnel shall present the victim with timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

VIII. Retaliation Prohibited

Committing acts of retaliation against any resident or employee who has reported an alleged or substantiated incident of physical abuse, sexual abuse, neglect or sexual harassment and retaliating against a resident or employee who has been victimized, is prohibited. Anyone who experiences, witnesses or suspects acts of retaliation shall immediately report this matter to the Program Coordinator.

While all employees shall be observant for and report any suspected act of retaliation to their supervisor, the Program Coordinators are here-in assigned the primary responsibility for monitoring for acts of retaliation within their respective programs. If the Program Coordinator substantiates retaliation, he or she shall take prompt preventive measures. All acts of retaliation are subject to disciplinary action. The Program Coordinator shall also report all alleged and substantiated acts of retaliation to the Associate Director.

The Program Coordinator and all supervisors shall also be mindful of others who might be at risk of retaliation and take action as needed to protect individuals who cooperated in the reporting process and to protect individuals who are fearful of retaliation. In the event that an employee reported an alleged or substantiated incident, that employee's supervisor is responsible for monitoring work conditions to assure that acts of co-worker retaliation are prevented to every extent possible. Supervisors shall consult with the reporting employee bi-weekly for a minimum of 90 days after any reported incident and their monitoring shall be continued if reasonable cause to do so persists. The supervisor consultations shall be documented on a Retaliation Monitoring Form even if the retaliation was not substantiated. The documentation shall record any prompt action that was necessary to assure that a non-retaliatory environment prevails.

In the event that a resident reported an alleged or substantiated incident or was reported to have suffered from sexual abuse, the Program Coordinator shall monitor living and program conditions to assure that acts of resident or employee retaliation are to every extent prevented and, if not prevented, halted as expediently and judiciously as is possible. The Program Coordinator shall consult with both alleging residents and alleged assailants at least once every 14 days for a 90 day period after any reported incident and shall continue such monitoring beyond 90 days if there is an indication of continuing need. This consultation shall be documented on a Retaliation Monitoring Form and this documentation shall record if there has, or, has not been any indication of a retaliation. The documentation shall also record any action that was necessary to assure that a non-retaliatory environment prevails.

IX. Sexual Abuse Incident Review

An internal incident review shall be conducted at the conclusion of every sexual abuse investigation where-in the allegation was substantiated or unsubstantiated. Allegations determined to be unfounded are exempted from such review. This review shall be conducted no later than 30 days following the conclusion of the investigation. This investigation shall be conducted by an incident review team including the Program Coordinator who shall chair the meeting and represent upper-level management. The team shall also include the Clinical Psychologist, a Registered Nurse and the Childcare Coordinator.

This team shall review the incident within the context of the following inquiries and prepare a report of its findings:

- Does the allegation or investigation indicate a need to change policy or procedures to better prevent, deter, detect, or respond to sexual abuse?
- Was the allegation or incident motivated or otherwise caused by the perpetrator's or victim's race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility?
- Did the area in the facility where the incident allegedly occurred have physical barriers that may enable abuse?
- Do the staffing levels in that area during different shifts appear to be adequate?
- Did the nature of the incident suggest that monitoring technology should be deployed or augmented to supplement supervision by staff?
- Are there any recommendations for improvement?

The incident review shall be documented on a Sexual Abuse Incident Review form and the completed form shall be provided to the Associate Director. If recommendations for improvement cannot be enacted, the Associate Director shall record the reasons for not doing so.

X. PREA Annual Report

On an annual basis, Our Home, Inc. shall aggregate the incident-based sexual abuse and sexual harassment data with all personal identifiers removed from the past calendar year. When this is completed, the Associate Director shall review all data collected and aggregated in order to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policy, practices, and training, including identifying problem areas and taking corrective action on an ongoing basis.

From the review, the Associate Director shall prepare an annual report of the findings and any corrective actions for each program, as well as the agency as a whole. The report shall include a comparison of the current year's data and corrective actions with those from prior years & an assessment of the agency's progress in addressing sexual abuse.

The completed annual report shall be provided to the Executive Director for review and documented approval. The approved annual report shall then be made readily available to the public through the agency's website. Any specific material from the report that would present a clear and specific threat to the safety and security of a program will be redacted prior to publication on the website. When a redaction occurs, the nature of the material redacted will be noted in the report.

XI. Staff Training

As part of the overall training plan, employees who may have contact with residents and medical and mental health practitioners employed by Our Home, Inc. shall receive documented training that addresses abuse, neglect and sexual harassment issues as detailed in this policy. The training shall be tailored to the unique needs, attributes, and gender(s) of the residents. This training will be conducted during the staff's initial orientation and then at least every two years thereafter.

If a staff member transfers from the ASAP Program to another agency program, additional training to cover gender-specific needs for female residents shall be provided.

XII. Volunteer and Contractor Training

Volunteers and contractors who may have contact with residents shall receive documented training that addresses their responsibilities as detailed in this policy. The training will be conducted during the volunteer's/contractor's initial orientation. The level and type of training will be based on the services provided and level of contact with the residents.

XIII. Resident Orientation and Education

Each treatment facility shall provide new residents with a documented orientation and comprehensive education that addresses the subject of child abuse, neglect and sexual harassment. Orientation will occur during the intake process. Counselors/Group Leaders shall ensure that residents receive and understand the following information in their copy of the Resident Handbook:

- Our Home, Inc.'s zero-tolerance policy regarding sexual abuse and sexual harassment.
- How to report incidents or suspicions of abuse, neglect or sexual harassment.

Education will occur during the health screening process. Registered Nurses shall ensure that residents are provided education regarding the following:

- Right to be free from abuse, neglect and sexual harassment.
- Right to be free from retaliation for reporting such abuse, neglect or harassment.
- Our Home, Inc.'s abuse response policies and procedures.

Each treatment facility shall ensure that appropriate key information from the orientation and education is continuously and readily available to all residents via the Resident Handbook and pamphlets on display in the facilities.