

**SAN BERNARDINO COUNTY
PROBATION DEPARTMENT PROCEDURE**

**COORDINATED RESPONSE TO SEXUAL ABUSE AND SEXUAL HARASSMENT IN THE
JUVENILE DETENTION AND ASSESSMENT CENTERS (JDACs) AND TREATMENT
FACILITIES (TFs)**

Title 15, Section 1324

Authority:

Michelle Scray Brown, Chief Probation Officer

Purpose:

To establish coordinated responses for sexual abuse and sexual harassment within the JDACs and TFs.

Definitions:

Plan "A" for Coordinated Response to Sexual Abuse: Contact of any person where there is penetration between the penis, vulva, anus, or contact between the mouth and the penis, vulva or anus, or contact between the anal or genital opening of another person using the hand, finger or other instruments. Local Law Enforcement will be contacted immediately to complete an investigation.

Plan "B" for Coordinated Response to Sexual Abuse: Intentional sexual contact (no skin to skin contact) by any person without consent where there is touching through clothing of genitalia, anus, breast, or buttocks of any person for sexual gratification. A Probation PREA Investigator will be contacted immediately to complete an investigation. Exclusion: Incidental contact i.e. (Physical altercation, sporting activity).

Plan for Coordinated Response to Sexual Harassment: Repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive nature by one person to another. A Probation PREA Investigator will be contacted immediately to complete an investigation.

Responsibilities:

I. See Flow Chart Attachments:

A. Plan "A" for Coordinated Response to Sexual Abuse.

1. Local law enforcement will be contacted when contact of any person where there is penetration between the penis, vulva, anus, or contact between the mouth and the penis, vulva or anus, or contact between the anal or genital opening of another person using the hand, finger or other instruments.

B. Plan "B" for Coordinated Response to Sexual Abuse.

1. This plan will be utilized and investigated by Probation Department's Certified PREA Investigators when there is any intentional sexual contact (without skin to skin contact) by any person without consent where there is touching through clothing of genitalia, anus, breast, or buttocks of any person for sexual gratification, Exclusion: Incidental contact (i.e. Physical altercation, sporting activity).

C. Plan for Coordinated Response to Sexual Harassment.

1. This plan will be utilized and investigated by the Probation Department's Certified PREA Investigators when there is any repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive nature by one person to another.

II. Supervising Safety and Security Monitor:

- A. Notify the facility superintendent and the PREA coordinator upon initiation of a retaliation monitoring.
- B. Begin retaliation monitoring from the time of the incident with victim(s), perpetrator(s), witness(s) or any youth who is in fear of retaliation for reporting an allegation of sexual abuse or sexual assault.
- C. Complete the Retaliation Report (Attachment F) and submit a copy to the facility superintendent and the PREA coordinator every two weeks.
- D. Continue retaliation monitoring for at least 90 days from the time of the incident unless the incident is Unfounded. If the incident is determined to be Unfounded, retaliation monitoring may be terminated at the direction of the PREA coordinator.

III. PREA Coordinator:

- A. Ensure retaliation monitoring begins after an allegation of sexual abuse or sexual harassment has been reported by staff or youth.
- B. Review and maintain all retaliation monitoring forms.
- C. Inform the supervising safety and security monitor and superintendent when retaliation monitoring may be terminated.

IV. Division Director I or Designee (CVJDAC), Probation Corrections Supervisor II (Gateway):

- A. Notify the facility superintendent and the PREA coordinator upon initiation of a retaliation monitoring for an employee.
- B. Begin retaliation monitoring from the time of the incident with staff, or witness(s) who is in fear of retaliation for reporting an allegation of sexual abuse or sexual assault.
- C. Complete the Retaliation Report (Attachment F) and submit a copy to the facility superintendent and the PREA coordinator every two weeks.
- D. Continue retaliation monitoring for at least 90 days from the time of the incident unless the incident is Unfounded. If the incident is determined to be Unfounded, retaliation monitoring may be terminated at the direction of facility superintendent and the PREA coordinator.

V. Facility Superintendent:

- A. Ensure retaliation monitoring begins after an allegation of sexual abuse or sexual harassment has been reported by staff or youth.
- B. Review and maintain all retaliation monitoring forms.
- C. Consult with the PREA coordinator and inform the Division Director I when retaliation monitoring may be terminated.

Guidelines:

I. Hospital Locations:

- A. Youth will be transported by local law enforcement to Redlands Community Hospital Emergency Room or Fontana Kaiser Permanente Hospital Emergency Room.
- B. All examinations should be performed at the above listed locations as they have SAFE or SANE examiners.

II. Law Enforcement Responsibilities:

- A. The law enforcement agency with jurisdiction will make the determination on whether a Rape Kit is needed.
- B. If the Rape Kit is necessary, the law enforcement officer will contact the Sexual Assault Response Team (S.A.R.T.) and transport the victim to the closest hospital equipped to complete the medical exam and collection of evidence.

- C. It is the expectation that the law enforcement agency will contact the Law Enforcement Medical Services (L.E.M.S.) Team in the event they cannot make appointment arrangements with the S.A.R.T.
- D. All rape victims will be assigned an advocate through the San Bernardino Sexual Assault Services, Inc (SBSAS). If SBSAS is not available, the Probation Department will provide a qualified advocate.
- E. Keep the youth on bed rest, as activity decreases the forensic yield.
- F. It is imperative that confidentiality is maintained at all times.
- G. Medical personnel held responsible for providing on-going health care to the youth will not perform the collection of forensic evidence for the purpose of prosecution.

Resources:

- A. San Bernardino Sexual Assault Services, Inc.
444 North Arrowhead Avenue, Suite 101
San Bernardino, CA 92401
Phone: (909) 885-8884
Fax: (909) 383-8478
24 Hour Hotline: (800) 656-4673
Website: www.sbsas.org
- B. The Law Enforcement Medical Services (L.E.M.S.) information:
8285 Sierra Avenue, Suite 107
Fontana, CA 92335-3550
Dispatch Number: 909-427-9211
General Number: 909-428-7488 Fax:
909-428-7486
Email: lems4n6@gmail.com
Website: www.lems4n6.com
- C. Major Crimes Against Children:
909-387-3615

Inspections:

Refer to the Policy and Procedure Inspection Matrix.

Foundation:

Department of Justice, Prison Rape Elimination Act (PREA) Standards for Juvenile Facilities.
Minimum Standards for Juvenile Facilities Title 15, Section 1324

References:

PREA Policy #23

COORDINATED RESPONSE TO SEXUAL ABUSE AND SEXUAL HARASSMENT IN THE JUVENILE DETENTION AND ASSESSMENT CENTER (JDAC) AND TREATMENT FACILITY (TF)

Issued by:


Michelle Scray Brown, Chief Probation Officer

1/9/20
Date

Original Issue Date: March 27, 2018
Revised Date: September 4, 2019
Revised Date: January 9, 2020

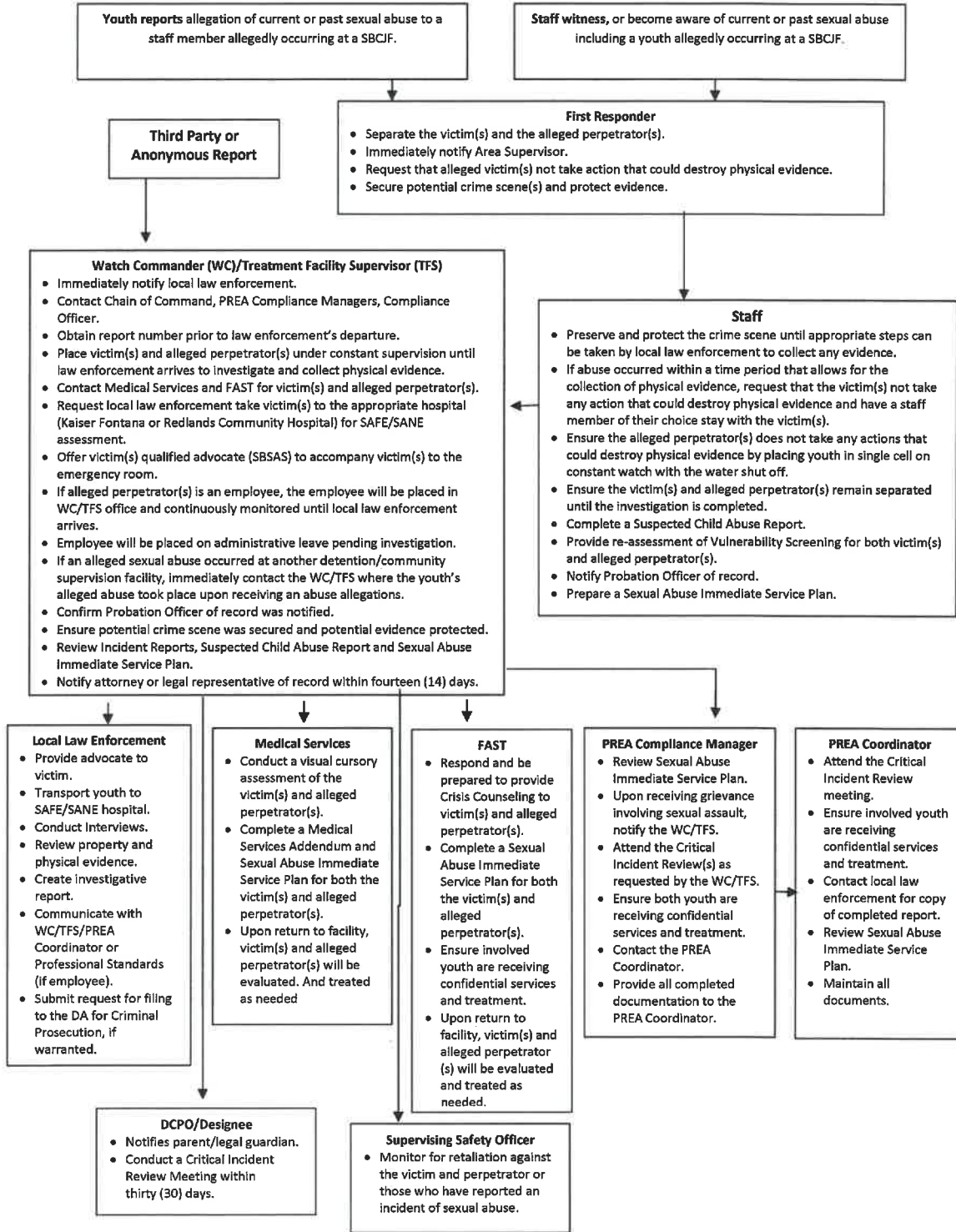
Attachments:

- A – Plan “A” for Coordinated Response to Sexual Abuse
- B – Plan “B” for Coordinated Response to Sexual Abuse
- C – Plan for Coordinated Response to Sexual Harassment
- D – Sexual Abuse Immediate Services Report
- E – Incident Report – Medical Services Addendum
- F – Retaliation Monitoring Report

**San Bernardino County Juvenile Facilities (SBCJF)
Plan "A" for Coordinated Response to Sexual Abuse**

SBC Probation does not recognize the term "consensual sex", meaning no person regardless of age can "agree" to have sex or sexual contact with staff or another youth. While consent between two youth is not a violation of the PREA Standards, it is a violation of the facility rules.

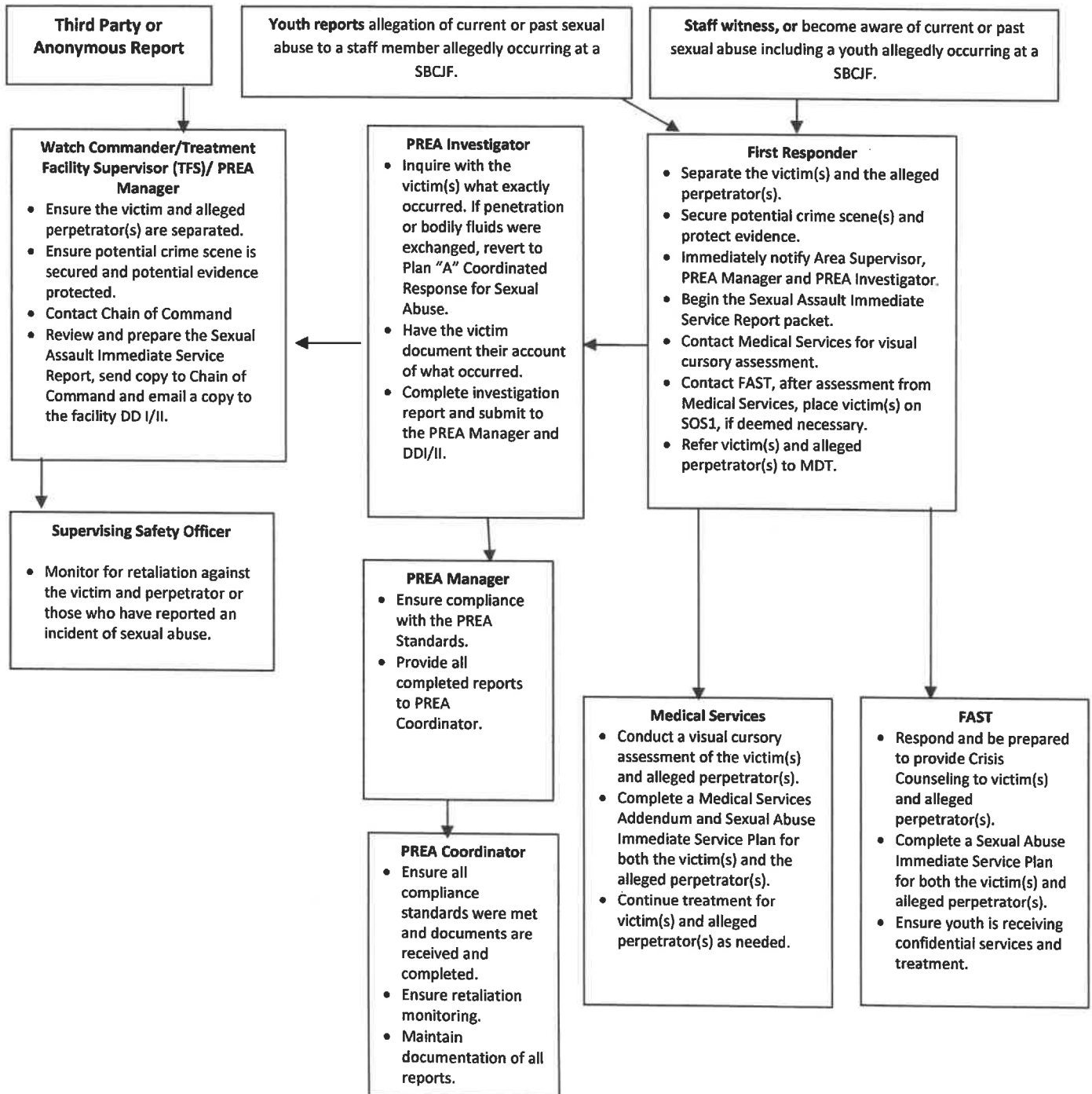
Sexual Abuse "A" (Local law enforcement will be contacted): Contact of any person where there is penetration between the penis, vulva, anus, or contact between the mouth and the penis, vulva or anus, or contact between the anal or genital opening of another person using the hand, finger or other instruments.



**San Bernardino County Juvenile Facilities (SBCJF)
Plan "B" for Coordinated Response to Sexual Abuse**

SBC Probation does not recognize the term "consensual sex", meaning no person regardless of age can "agree" to have sex or sexual contact with staff or another youth. While consent between two youth is not a violation of the PREA Standards, it is a violation of the facility rules.

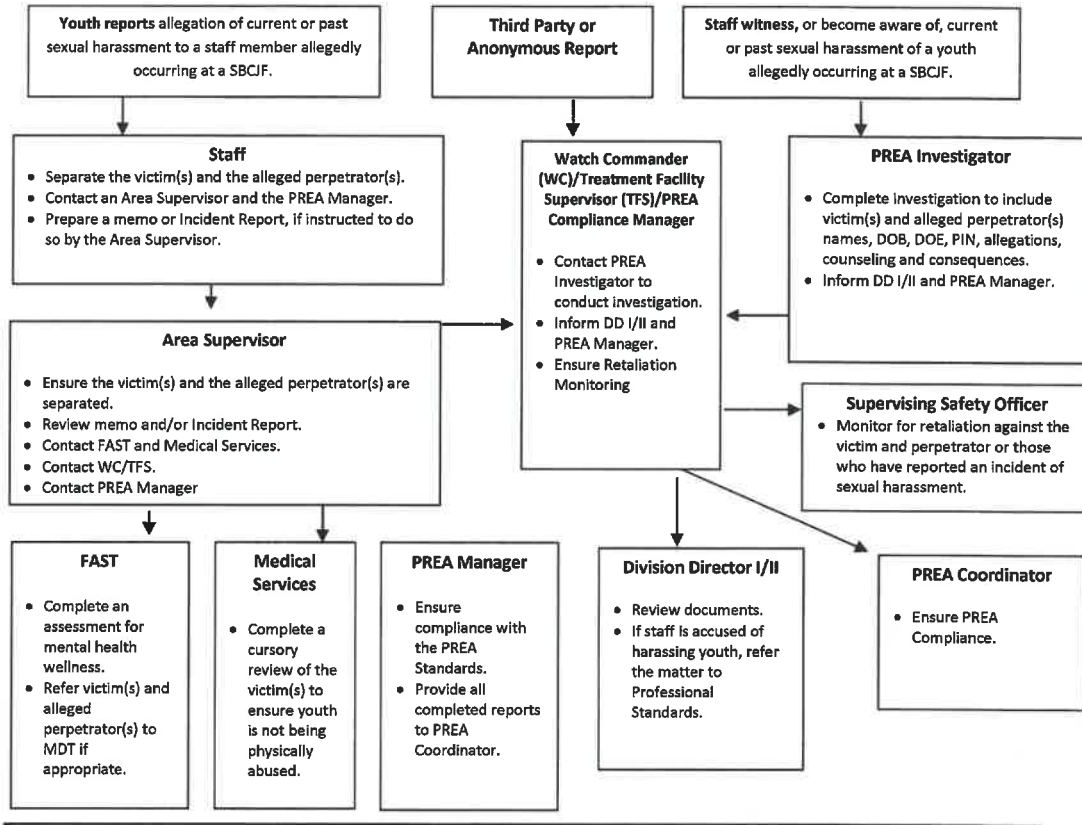
Sexual Abuse "B" (Law enforcement will not be contacted): Any intentional sexual contact (without skin to skin contact) by any person without consent where there is touching through clothing of genitalia, anus, breast, or buttocks of any person for sexual gratification. Exclusion: Incidental contact i.e. (Physical altercation, sporting activity).



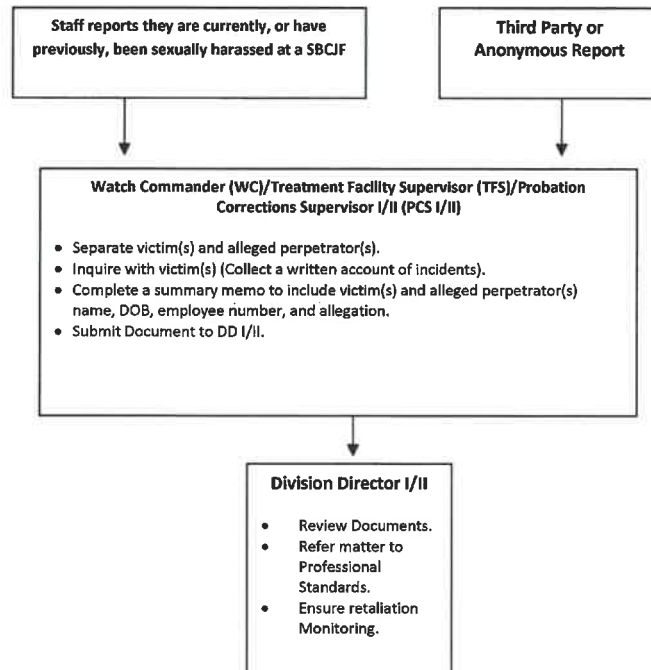
**San Bernardino County Juvenile Facilities (SBCJF)
Plan for Coordinated Response to Sexual Harassment**

Sexual Harassment: Repeated and unwelcomed sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive nature by one person to another.

SEXUAL HARASSMENT REPORTED BY YOUTH



SEXUAL HARASSMENT REPORTED BY STAFF REGARDING STAFF



San Bernardino County Probation Department

Sexual Abuse Immediate Services Report

**Guidelines for Juvenile Detention and Assessment Centers and Treatment Facility
Probation Corrections Supervisors, Medical Services, and Mental Health Services to
respond to sexual abuse and to ensure compliance with PREA Standards.**

This report will be completed by the Incident Commander, Medical Services Personnel and FAST personnel who responded to an incident of sexual abuse. The Watch Commander will verify and sign that all information is accurate in the report.

Once complete, submit this packet to the PREA Facility Compliance Manager

Facility Compliance Manager will submit the packet to the PREA Coordinator for review.

Instructions

General Information

The Immediate Services Report is a guide (checklist) for the Watch Commander, Probation Corrections Supervisors, Medical Services and Mental Health Services to provide immediate services to the youth involved in a sexual abuse incident. Each classification has their own section in this report and will submit their portion of the report to the Watch Commander for verification that the report has been completed. Once completed, the Watch Commander will submit it to the PREA Facility Compliance Manager to complete the information for submission to the PREA Coordinator for review and filing within five (5) days of incident.

Section:

- I. Incident Commander***
- II. Medical Services***
- III. Mental Health Services***
- IV. Watch Commander Verification***
- V. PREA Facility Compliance Manager***

Section I

Incident Commander

THE FOLLOWING SECTION OF THE REPORT WILL BE COMPLETED BY THE

Incident Commander

Facility: SELECT ONE LOCATION: DATE:

Name of Youth: _____ (alleged victim)

I. JDAC/TREATMENT FACILITY

N/A Completed

 Separate alleged perpetrator and alleged victim Date: Time:

 Preserve the Scene Date: Time:

 Preserve Evidence Date: Time:

NOTES: _____

N/A Completed

 Law Enforcement contact/assessment/interview Date: Time:

NOTES: _____

N/A Completed

 Initial Medical Assessment Date: Time:

NOTES: _____

N/A Completed

 Crisis counseling (contact FAST) Date: Time:

NOTES: _____

N/A Completed

 Child Abuse Report Date: Time:

NOTES: _____

N/A Completed

 Evaluated at hospital Date: Time:

NOTES: _____

N/A Completed

 Parent/Guardian Notification Date: Time:

NOTES: _____

N/A Completed

 Suicide Observation Status SELECT ONE Date: Time:

NOTES: _____

N/A Completed

 Single Cell Status Assessment SELECT ONE Date: Time:

NOTES: _____

Incident Commander: _____ **Select One**

(print & sign)

The Incident Commander completes this page and submits to the Watch Commander.

Facility: SELECT ONE

LOCATION:

DATE:

Name of Youth: _____ (alleged perpetrator)

I. JDAC/TREATMENT FACILITY

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Separate alleged perpetrator and alleged victim	Date: _____	Time: _____
<input type="checkbox"/>	<input type="checkbox"/>	Preserve the Scene	Date: _____	Time: _____
<input type="checkbox"/>	<input type="checkbox"/>	Preserve Evidence	Date: _____	Time: _____

NOTES: _____

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Law Enforcement contact/assessment/interview	Date: _____	Time: _____
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NOTES: _____

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Initial Medical Assessment	Date: _____	Time: _____
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NOTES: _____

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Crisis counseling (contact FAST)	Date: _____	Time: _____
--------------------------	--------------------------	----------------------------------	-------------	-------------

NOTES: _____

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse Report	Date: _____	Time: _____
--------------------------	--------------------------	--------------------	-------------	-------------

NOTES: _____

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Evaluated at hospital	Date: _____	Time: _____
--------------------------	--------------------------	-----------------------	-------------	-------------

NOTES: _____

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian Notification	Date: _____	Time: _____
--------------------------	--------------------------	------------------------------	-------------	-------------

NOTES: _____

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Suicide Observation Status SELECT ONE	Date: _____	Time: _____
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NOTES: _____

N/A Completed

<input type="checkbox"/>	<input type="checkbox"/>	Single Cell Status Assessment SELECT ONE	Date: _____	Time: _____
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NOTES: _____

Incident Commander: _____ Select One

(print & sign)

The Incident Commander completes this page and submits to the Watch Commander.

Section II Medical Services

THE FOLLOWING SECTION OF THE REPORT WILL BE COMPLETED BY THE

Medical Services

Facility: SELECT ONE LOCATION: DATE:
Name of Youth: _____ (alleged victim) Name of Youth: _____ (alleged perpetrator)

II. MEDICAL (PREA §115.382)

N/A Completed

 Assist staff keep the youth in securing forensic evidence.

NOTES: _____

Evaluator's Initials: _____

N/A Completed

 Youth victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment services, the nature and scope of which are determined by medical practitioners according to their professional judgment.

NOTES: _____

Evaluator's Initials: _____

N/A Completed

 Youth victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate

NOTES: _____

Evaluator's Initials: _____

N/A Completed

 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

NOTES: _____

Evaluator's Initials: _____

Standard 115.362 is not applicable for San Bernardino Probation Facilities as there will always be qualified Medical personnel on duty. If no qualified medical practitioners are on duty at the time a report of recent abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to §115.362 and will immediately notify the appropriate medical practitioners **(THIS IS NOT APPLICABLE, AS ALL YOUTH WILL RECEIVE MEDICAL SERVICES)**

Medical Services: (print & sign) _____

*The Medical Personnel who responded to the incident are responsible for completing this page
This form will be forwarded to the Incident Commander for Watch Commander Review*

Section III Mental Health Services

THE FOLLOWING SECTION OF THE REPORT WILL BE COMPLETED BY THE

F.A.S.T.

Facility SELECT ONE

LOCATION:

DATE:

Name of Youth: _____ (alleged victim)

Name of Youth: _____ (alleged perpetrator)

III. MENTAL HEALTH (PREA §115.382)

Resident victims of sexual abuse will receive timely, unimpeded access to emergency crisis intervention services, the nature and scope of which are determined by mental health practitioners according to their professional judgment.

NOTES: _____

Evaluator's Initials: _____

If no qualified mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to § 115.362 and will immediately notify the appropriate mental health practitioners. On-Call FAST personnel notified _____

NOTES: _____

Evaluator's Initials: _____

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.

NOTES: _____

Evaluator's Initials: _____

Crisis Intervention & stabilization.

Date: _____

Time: _____

NOTES: _____

Evaluator's Initials: _____

Psychiatric Hospitalization.

N/A

Date: _____

Time: _____

NOTES: _____

Evaluator's Initials: _____

SOS1

SOS2

SOS3

N/A

Date: _____

Time: _____

NOTES: _____

Evaluator's Initials: _____

ITW

ITP

N/A

Date: _____

Time: _____

NOTES: _____

Evaluator's Initials: _____

Trauma Resiliency Model (TRM)

NOTES: _____

Evaluator's Initials: _____

Referral to Rape Crisis Advocate N/A

Date: _____

Time: _____

NOTES: _____

Evaluator's Initials: _____

Mental Health Services (FAST): _____

(print & sign)

*The F.A.S.T. (Mental Health) Personnel who responded to the incident are responsible for completing this page
This form will be forwarded to the Incident Commander for Watch Commander Review.*

Section IV Watch Commander

THE FOLLOWING SECTION OF THE REPORT WILL BE COMPLETED BY THE

Watch Commander

IV. WATCH COMMANDER CHECKLIST

Immediate Services Plan completed and reviewed

Notifications (checklist)

- | | |
|--|---|
| <input type="checkbox"/> FAST | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Chief |
| <input type="checkbox"/> Assistant Chief | <input type="checkbox"/> DCPO |
| <input type="checkbox"/> PREA Coordinator | <input type="checkbox"/> Facility Directors |
| <input type="checkbox"/> PREA Facility Compliance Manager | <input type="checkbox"/> Ombudsman/Compliance Officer |
| <input type="checkbox"/> Victim's Advocate (SART) | <input type="checkbox"/> Parent/Guardian notified |
| <input type="checkbox"/> Peer Support (Name) _____ Date: _____ | Time: _____ |
| <input type="checkbox"/> Other: _____ | |

Watch Commander: _____ Select One
(print & sign)

DATE:

Submitted to Facility PREA Compliance Manager Date:

Section V

PREA Facility Compliance Manager

THE FOLLOWING SECTION OF THE REPORT WILL BE COMPLETED BY THE

PREA FACILITY COMPLIANCE MANAGER

V. PREA Facility Compliance Manager

Facility: **SELECT ONE** Location (Unit): _____

- _____, Incident Commander
- _____, Watch Commander

Incident Packet Checklist

- | | |
|--|---|
| <input type="checkbox"/> Minor's Face Sheet | <input type="checkbox"/> Relevant Probation Reports |
| <input type="checkbox"/> Incident Reports | <input type="checkbox"/> Video Review |
| <input type="checkbox"/> Interview Notes | <input type="checkbox"/> Timeline |
| <input type="checkbox"/> Room Check Form | <input type="checkbox"/> Phone Log |
| <input type="checkbox"/> Housing Classification | <input type="checkbox"/> CE File Review Notes |
| <input type="checkbox"/> Pictures of the Scene | <input type="checkbox"/> Chain of Evidence Log |
| <input type="checkbox"/> Relevant Staffing Sheet | <input type="checkbox"/> Probable Cause Declaration |
| <input type="checkbox"/> Other | |

Incident Information

Date of incident: _____ Date reported: _____

Minor(s) involved:

- Name: _____ ID#: _____ Role: [Select one](#)
- Name: _____ ID#: _____ Role: [Select one](#)
- Name: _____ ID#: _____ Role: [Select one](#)
- Name: _____ ID#: _____ Role: [Select one](#)

Staff involved:

- Name: _____ ID#: _____ Role: [Select one](#)
- Name: _____ ID#: _____ Role: [Select one](#)

Supervisor Rounds Completed: Yes No - If not, explain _____

Notifications

- | | |
|--|---|
| <input type="checkbox"/> FAST | <input type="checkbox"/> Medical |
| <input type="checkbox"/> PREA Coordinator | <input type="checkbox"/> PREA Facility Compliance Manager |
| <input type="checkbox"/> Directors | <input type="checkbox"/> DCPO |
| <input type="checkbox"/> Assistant Chief | <input type="checkbox"/> Chief |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Ombudsman/Compliance Officer |
| <input type="checkbox"/> Victim's Advocate | <input type="checkbox"/> Parent notified |
| <input type="checkbox"/> Peer Support | <input type="checkbox"/> Other: _____ |

How was the incident reported? [Select one](#)

Immediate Services Plan completed and submitted to PREA Coordinator Date: _____

Signature _____ [Select One](#)
PREA Facility Compliance Manager (Print Name)

VI. PREA Coordinator

Date Received: _____



MICHELLE SCRAY BROWN
Chief Probation Officer

TRACY REECE
Assistant Chief Probation Officer

INCIDENT REPORT - MEDICAL SERVICES ADDENDUM

1. REPORTING FACILITY	
<input type="checkbox"/> CVJDAC	UNIT
<input type="checkbox"/> HDJDAC	UNIT
<input type="checkbox"/> GATEWAY CVJDAC	
<input type="checkbox"/> GATEWAY RYEF	

2. Time of incident
Date of incident
Date of Report
Reported by:

3. INCIDENT INVOLVED
<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Self-Inflicted Injury
<input type="checkbox"/> Medical/Psychological
<input type="checkbox"/> OC Pepper Spray Use
<input type="checkbox"/> Restraint of Minor
<input type="checkbox"/> OTHER

4. YOUTH INVOLVED	
NAME	
DOB	
PIN	
NAME	
DOB	
PIN	

5. STAFF	1.	2.
	3.	4.

6. NARRATIVE DETAILS & NURSING INTERVENTIONS:	7. NURSING ACTION	
	<input type="checkbox"/> Communicable Disease	1
<p>Nurse Signature _____ Date _____</p> <p><i>I hereby certify that the facts contained herein are true and complete to the best of my knowledge. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i></p>	<input type="checkbox"/> Nurse evaluation req'd	2
	<input type="checkbox"/> Referred to MD Clinic	3
	<input type="checkbox"/> ER evaluation req'd	4
	<input type="checkbox"/> Hospitalization req'd	5
	<input type="checkbox"/> Death	6
	<input type="checkbox"/> Medical Chart Entry	
	<input type="checkbox"/> No Injury observed	
	<u>OC Spray Intervention</u>	
	<input type="checkbox"/> Respiratory difficulties <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Hand-cuffs evaluated for circulation/injuries	
Completed Form Received by:		PCSI
		PCSII

Print hard copy on blue paper

Monitoring Staff

Reassignment (*When, where & why*):

Status Check (*List dates, times and contact with youth*):

Emotional Support Services Provided (*Explain*):

Staff Evaluation (*Any negative changes, behaviors, etc*):

Date (*Print*)

Submitted by (*Print & Sign*)

Attachment F