PREA Retaliation Monitoring Sheet

Resident or Staff Being Retaliated Against:
(For at least 90 days following a report of sexual abuse, the facility will monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation).

<table>
<thead>
<tr>
<th>Resident Name (Print)</th>
<th>Staff Name (Print)</th>
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Charge(s) Reported: ______ Sexual Abuse ______ Sexual Harassment ______ Bullying/Retaliation

Monitoring Information:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Shift</th>
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1. Are you experiencing any problems from other residents and/or staff since reporting these charges? ___ yes ___ No, If Yes, Explain.

________________________________________________________________________________________________
________________________________________________________________________________________________

2. Do you feel safe in the facility? ____ Yes ____ No, If No would you like to request to be moved and/or reassigned to another facility/office? ____ Yes ____ No, briefly explain reason why you aren’t feeling safe.

________________________________________________________________________________________________
________________________________________________________________________________________________

3. Is there anything else that you would like for me to know as it pertains to you reporting this incident? ___ Yes ___ No If Yes please explain.

________________________________________________________________________________________________
________________________________________________________________________________________________

To Be Completed by PREA Retaliation Monitor and Director

A. Is this resident on a Safety/Special Management Plan? ___ Yes ___ No, if no, when will one be created?

________________________________________________________________________________________________

B. If a Plan isn’t created immediately, within 2 hours of notification of imminent threat, what measures were put in place to protect resident until Plan could be completed? Please give detailed description of actions taken to ensure no further bullying and/or retaliation could occur to include who, what, when, where, how until Safety/Special Management Plan could be created. (Attach a copy of the Safety/Special Management Plan to this form).

C. What short and long term action have been or will be taken to protect the staff? Please attach a copy of all and any documentation to support action taken.

D. If a move or reassignment of youth and/or staff is necessary please attach a copy of request and document location of youth and/or staff.

Staff Signature: ___________________________ Date: ________________

Printed Name: _______________________________________

Resident Signature: ___________________________ Date: ________________

Resident Name: ___________________________

Monitor’s Signature: ___________________________ Date: ________________

Director’s Signature: ___________________________ Date: ________________

Please copy in the PREA Files for Agency PREA Coordinator Review.