DEPARTMENT OF CORRECTIONS

MINNESOTA CORRECTIONAL FACILITY – FACILITY NAME

CONFIDENTIAL MEMORANDUM

DATE: [insert date]

TO: [insert Warden's name]

FROM: MCF-[insert facility] Sexual Abuse Response Team (SART)

SUBJECT: Sexual Abuse Allegation [insert date] & [location of allegation]:
Alleged Victim - [insert name/OID]
Alleged Perpetrator - [insert name/OID]

SART [initial or follow-up] meeting was held on [insert date].
Present:
[insert names/titles of SART members]

A. RESPONSE OVERVIEW & RECOMMENDATIONS: (reports/supporting documentation)

1. First Responder/Watch Commander Reponse:
[insert review/recommendations dialogue]

2. OSI Response:
[insert review/recommendations dialogue]

3. Health Services Response:
[insert review/recommendations dialogue]

4. Behavioral Health Response:
[insert review/recommendations dialogue]

5. Case Management Reponse:
[insert review/recommendations dialogue]

B. INCARCERATED PERSON/RESIDENT/DETAINEE MANAGEMENT PLAN:

1. Alleged Victim – [insert name/OID]
[insert relevant historical or demographic data, action plan and recommendations for follow up]

2. Alleged Prepetrator - [insert name/OID]

[insert relevant historical or demographic data, action plan and recommendations for follow up]

C. ATTACHMENTS:

1. First Responder Sexual Abuse Reposnse Checklist (202.057C)
2. Watch Commander Sexual Abuse Response Checklist (202.057D)
3. Health Services Sexual Abuse Response Checklist (202.057E)
4. SART Guide Form (202.057G)

D. DISTRIBUTION OF MEMORANDUM AND ATTACHEMENTS

1. Warden
2. Assistant Commissioner of Facility Division
3. Statewide PREA Coordinator