

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES

NATIONAL  
**PREA**  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

|  |  |  |                                     |
|--|--|--|-------------------------------------|
| <b>Name of Facility:</b> Wolverine Secure Treatment Center   |  |  |                                     |
| <b>Physical Address:</b> 2424 N. Outer Drive, Saginaw, MI 48601                                    |  |  |                                     |
| <b>Date report submitted:</b> February 28, 2015  |  |  |                                     |
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| <b>Date of facility visit:</b> January 26-27, 2015   |  |  |                                     |
| <b>Facility Information</b>  |  |  |                                     |
| <b>Facility Mailing Address:</b><br>(if different from above)                                      |  |  |                                     |
| <b>Telephone Number:</b> (989) 776-0400  |  |  |                                     |
| <b>The Facility is:</b>  | <input type="checkbox"/> Military                          | <input type="checkbox"/> County                | <input type="checkbox"/> Federal    |
|  | <input type="checkbox"/> Private for profit                | <input type="checkbox"/> Municipal             | <input type="checkbox"/> State      |
|  | <input checked="" type="checkbox"/> Private not for profit |  |                                     |
| <b>Facility</b>  | <input type="checkbox"/> Detention                         | <input checked="" type="checkbox"/> Correction | <input type="checkbox"/> Other:     |
| <b>Name of PREA Compliance Manager:</b> <input type="checkbox"/> George Erby                       |  | <input type="checkbox"/> Title:                | <b>Residential Care Coordinator</b> |
| <b>Email Address:</b> erbyg@wolverinehs.org  |  | <b>Telephone Number:</b>                       | (989) 776-0400                      |
| <b>Agency Information</b>  |  |  |                                     |
| <b>Name of Agency:</b> Juvenile Justice Programs   |  |  |                                     |
| <b>Governing Authority or Parent Agency:</b> (if applicable) Michigan Department of Human Services |  |  |                                     |
| <b>Physical Address:</b> 235 S. Grand Ave. Suite 1315, Lansing, Michigan 48909                     |  |  |                                     |
| <b>Mailing Address:</b> (If different from above)  |  |  |                                     |
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| <b>Name:</b> Maura Corrigan  |  | <b>Title:</b> Director                         |                                     |
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| <b>Agency Wide PREA Coordinator</b>  |  |  |                                     |
| <b>Name:</b> Patrick Sussex  |  | <b>Title:</b> PREA Juvenile Coordinator        |                                     |
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# AUDIT FINDINGS

## NARRATIVE:

Wolverine Secure Treatment Center (WSTC) is a 100 bed secure medium long term clinically managed male and female residential treatment facility governed by Wolverine Human Services (WHS) contracted with the State of Michigan Department of Human Services (DHS). The program provides services for both young men and women who have been referred by DHS Juvenile Justice Assignment Unit. The length of stay in their respective program is based on their engagement in treatment and willingness to change, the overall program is based on a one (1) year time frame; nevertheless, the average length of stay is 10-11 months. There were ninety-four (94) residents at the facility at the time of the review. Wolverine Human Services is accredited by the Council on Accreditation (COA).

The facility employs one hundred and twenty-seven (127) full-time and part-time staff. The staff consisted of: Facility Director; Clinical Manager; Residential Care Coordinator; Operations Care Coordinator; Security Manager, Clinical Assistant; six (6) Therapists; Vocational Education Coordinator; three (3) Vocational Counselors; four (4) Team Managers; ten (10) Shift Coordinators; two (2) Senior Youth Care Workers; seventy-one (71) Youth Care Workers; and twenty-one (21) staff (Transporters, Lead Secretary, Secretary, Safety & Support Coordinators, Permanency Treatment Leaders, Recovery Leaders, & Cooks). Comprehensive mental health and substance abuse services are provided by the facility clinical staff and contracted psychiatrist and psychologist to the residents. The Health Coordinator coordinates the medical services at the facility and oversees two (2) LPNs, and one (1) contracted RN. The physician and physician assistant are provided by a contractor, Health Delivery, Inc. Emergency services and forensic examinations are conducted at the Covenant Hospital in Saginaw, Michigan.

Wolverine Secure Treatment Center has four (4) specialized programs within the facility:

Wolverine Social & Behavioral Learning Center (WSBLC) – the mission to support adolescent recovery from mental health disorders and related behavioral changes; teaching residents disorder management skills to improve personal, family and social functioning for successful community living. The program consisted of Evidence Based and MH Program Interventions including Cognitive Behavioral Therapy, Motivational Interviewing, Motivational Incentives, Dialectical Behavioral Therapy, Trauma Informed treatment, Integrated Dual Diagnosis Treatment on a case to case basis, on site psychiatric and health services; Substance Abuse Prevention; Anger Management; individual and group therapy sessions and Relapse Prevention planning,

Wolverine Center for Addiction Recovery & Education (WCARE) – the mission to facilitate adolescent recovery from substance use and mental health disorders to improve personal, family and community functioning. The program consisted of Evidence Based Interventions including Cognitive Behavioral Therapy; Motivational Interviewing; Motivational Incentives; Twelve Steps of Recovery; Trauma Informed treatment; Integrated Dual Diagnosis Treatment; Substance Abuse Recovery Didactic; Anger Management; individual and group therapy sessions and Relapse Prevention planning.

Wolverine Sexual Aggression Recovery Program (WSARP) – the mission to reduce recidivism by assisting adolescent males to understand precipitants to sexual offending and provides tools of relapse prevention. The program consisted of Evidence Based and Sexual Aggression Recovery Interventions including Cognitive Behavioral Therapy; Motivational Interviewing; Motivational Incentives; Dialectical Behavioral Therapy; Integrated Dual Diagnosis Treatment on a case to case basis; on site psychiatric and psychological services; Trauma Intervention Program; Juvenile Assessment Sex Offender Protocol-II (JASOAP II); Sex Offender Treatment group to focus on Pathway's Guided Program for Youth Beginning Treatment; emotional regulation; coping skills; and/or stages of change; Anger Management; Individual Therapy and Recidivism Prevention planning.



Endeavor Program – the mission to support the strengths and resiliency of each resident using an integrated treatment program for adolescent females’ recovery from mental health disorders and delinquency behaviors; for residents to focus on developing skills to improve personal and interpersonal functioning for successful community living and to teach female adolescents emotional regulation skills, specific trauma recovery, substance use disorder recovery, safety and crisis management, and healthy life skills. The program consisted of Evidence Based Interventions including Cognitive Behavioral Therapy; Motivational Interviewing; Trauma Specific treatment; Integrated Dual Diagnosis Treatment; Psychiatric and Psychological services; Group forums five days weekly; (VOICES Empowerment Group, Trauma Recovery Group, Substance Use Disorder Group, Anger Management Group, Life Skills Group), Individual Therapy; Family Collaboration and Therapy; Client Psycho-Education and Reintegration planning.

All four (4) programs have on site spiritual services, academic services, medical/dental services, complete on-site psychiatric and psychological services, family case review meetings twice monthly with an assigned Wolverine Permanency Specialist to support successful community reintegration and encourage family participation/support; 60 days post discharge Transition Services by Permanency Specialist with summary 90-day report.

### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Wolverine Secure Treatment Center (WSTC) is a juvenile justice facility located in Saginaw that holds a “secure” designation within the juvenile justice system in the state of Michigan. The facility was built in 1997, and it originally had a capacity of eighty (80) beds throughout eight (8) separate living units. In 2007, an expansion (the annex) was completed, adding two (2) additional living units with twenty (20) beds. Each unit houses ten (10) residents. The original eight (8) units each have one double occupancy bedroom, one room that serves as a behavior management room, and seven (7) single occupancy bedrooms. The new annex units have ten (10) single occupancy bedrooms. The original eight (8) units are arrayed around the center gymnasium area, with two (2) units per corner. The units of each corner are separated by a “pod” that allows for central supervision of both units by a shift supervisor. The units each have an attached classroom, as well as, allowing residents to attend school without having to leave the unit. Additionally, arranged around the central gymnasium area are a number of therapy rooms, offices and laundry area. The annex addition protrudes from the northeast side of the building. It is a long hallway housing multiple offices, classrooms, and resources rooms, as well as the new kitchen and dining halls. Meals are served one corner (2 units) at a time. At the end of the annex hallway are the two (2) new living units (as described above). They are separated by an anteroom and staff pod. The facility uses a video surveillance system to monitor all living areas and most common areas; in 2013 there was digital video recording capability added to the system to allow for management to review incidents.

The facility was originally licensed for adolescent males and in August 2013, the facility was licensed to house both male and female residents. The current license reflects sixty (60) males, thirty (30) females, and ten (10) co-ed sleeping rooms. It should be noted that these co-ed sleeping rooms are only used when the building’s census requires it. There are two units designated male Mental Health Treatment, two units designated male Substance Use Disorder Treatment, one unit designated Sex Offender Treatment, one unit designated Reintegration Training, and four units designated female Co-Occurring Disorder Treatment.

The school operates with certified education teachers that provide state accredited educational services for the residents. This allows residents to continue their education while receiving assistance and support with their treatment needs while at the facility. The credits they earn towards graduation can transfer back to their public school if that is part of their individualized treatment plan. The school is equipped with a full service library including technological equipment to enhance student learning. Additional Accommodations are provided for those with IEPs and/or diagnosed Learning Disabilities, resident’s originating school district, and parents/guardians in order to ensure continued implementation. Tutoring is arranged if needed.



## **SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on December 9, 2014, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the Director of Clinical and Quality Services. The photographs indicated notices were posted in various locations throughout the facility including the housing units and administrative areas. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received on December 27, 2014. The documents, which were uploaded to a UBS flash drive, contained half of the information. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address all the standards. After a discussion with the PREA Coordinator, and providing a list of noted concerns, the PREA Coordinator advised the documents needed would be provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on January 26-27, 2015. An entrance briefing was conducted with the PREA Coordinator, Director of Clinical and Quality Services, Facility Director, Clinical Manager, and Residential Care Coordinator. During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted on the first day including the ten (10) housing units, medical and intake area, kitchen area, administrative area and master control area. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained. Notification of the PREA audit was posted in various locations throughout the facility primarily in the housing units as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate.

The digital video recording capability added to the system as indicated by the Facility Director and Residential Care Coordinator in 2013 enhanced their capabilities to assist in monitoring blind spots and the review of incidents. There are no cameras in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the community shower area. During the tour, it was observed the shower/toilet areas in the male housing units did not allow for privacy. This was corrected right away during the on-site visit by placing shower curtains in the shower/toilet areas to provide privacy for the male residents. Also, an additional camera will be installed in the kitchen area to address a blind spot. At the present time, the staff monitors this area to ensure security of the residents.

During the two (2) day on-site visit, there were a total of ninety-four (94) residents in the facility. There are ten (10) housing units and two (2) residents were randomly selected from each unit for the interview process. A total of twenty (20) residents were interviewed on the second day of the audit. Most of the residents seemed to be informed of their right to be free from sexual abuse and harassment, how to report sexual abuse and harassment, and the services that the community based victims advocate provides.

Twenty-six (26) staff including those from all three (3) shifts, administrative and supervisory staff, medical and mental health staff, contracted staff, the Facility Director and the Director of Clinical and Quality Services were interviewed. The PREA Coordinator had been interviewed previously at another facility. Overall, the interviews revealed the staff is knowledgeable of PREA standards and were able to articulate their responsibilities. However, the staff interviews also indicated two (2) weak areas one of which was the vocabulary i.e. cross gender, transgender etc. The other area was their knowledge on first responders. This was discussed during the exit briefing. It was decided to re-train all staff and to provide the documentation of the training within two weeks prior to the submission of the final report.



At the end of the second day, an exit briefing with a summary of the findings was conducted with the PREA Coordinator, Director of Clinical and Quality Services, Facility Director, Clinical Manager, and Residential Care Coordinator. It was determined additional documentation would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards.

Number of standards exceeded: **1**

Number of standards met: **39**

Number of standards not met: **0**

Number of standards Not Applicable: **1**



**Standard 115.311: Zero tolerance of sexual abuse and sexual harassment.**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The initial review of State of Michigan, Department of Human Services (DHS) Policy JR5 560 (PREA) and Wolverine Secure Treatment Center (WSTC) PREA policy outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Additionally, the policy provided guidelines for implementing the facility's approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents.

The DHS policy is in compliance with the standard; however, initially WSTC's policy required some additional information. The policy was updated to reflect the required information. DHS has a designated juvenile PREA Coordinator who indicated they have sufficient time and authority to develop, implement and oversee compliance efforts of thirty-four (34) private and public facilities. WSTC's Residential Care Coordinator is designated as their PREA Compliance Manager who also indicated that they have sufficient time to oversee the facility's PREA compliance efforts and perform other duties as assigned.

**Standard 115.312: Contract with other entities for the confinement of residents.**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS has entered into/renewed approximately fifty (50) contracted juvenile justice residential programs operating in thirty-four (34) facilities (private and public). WSTC is a private facility. These contractors are monitored by DHS to ensure compliance with the PREA standards.

**Standard 115.313: Supervision and Monitoring**

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)



### **Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy contained information identifying the facility shall comply with staffing requirements and supervisory staff conducting unannounced rounds during all shifts. The staffing plan contained specific staffing ratios of 1:5 during resident waking hours and 1:10 during resident sleeping hours. This exceeds requirements as set forth in Michigan regulations and the requirement of this standard.

The facility's staffing plan was developed, implemented and approved by the facility's corporate PREA Work Group, PQI Department and Executive Team. WSTC is a secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and harassment. The Facility Director, Operation Care Coordinator, and Residential Care Coordinator primarily are the individuals who conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment. Also, the Facility Director advised he has assigned other supervisors to conduct unannounced rounds periodically too.

### **Standard 115.315: Limits to cross gender viewing and searches**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

### **Auditor Comments:**

The initial documentation review of WSTC revealed policy and procedures on pat down searches; and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident's genital status. Additionally, the policy initially did not indicate any information on prohibiting cross-gender strip searches, or pat down searches of youth, except in exigent circumstances or prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. The policy and procedure did not contain the information on staff of the opposite gender announcing their presence when entering a resident housing unit. This policy limits pat-down searches to same gender staff absent exigent circumstances. There were no cross-gender pat-down searches conducted during the past 12 months. Since the initial review and on-site visit, the policy and procedure has been updated with all the required information of the standard.

Staff training records and staff interviews confirmed received training on pat down searches but staff did not indicate they had received training on cross-gender pat searches and searches of transgender and intersex residents. Staff and resident interviews indicated that female or male staff entering the dorm area do not always announce themselves. Staff and youth interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Since the initial review and on-site visit, staff have been trained cross-gender pat searches and searches of transgender and intersex residents.

### **Standard 115.316: Residents with disabilities and residents who are limited English proficient**



- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The facility's policy contained procedures to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility's efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents' safety.

WSTC utilizes the Michigan Translation Resource List to provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. Staff training logs and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth.

**Standard 115.317: Hiring and promotion decisions**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC PREA policy contained most of the elements required by this standard and all background checks are conducted annually on current employees. Staff files and interview with HR representative confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks. WSTC has extensive background screening requirements; however, the previous misconduct (section a) language located in this standard was missing in their employee application and any other documentation that is used for interviews or written self-evaluations. Since the initial review and on-site visit, the employee application has been updated and implemented to reflect the previous misconduct (section a) language.

**Standard 115.318: Upgrades to facilities and technology**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

The facility upgraded their security system by installing additional cameras and adjusted the angles of several other cameras to address any blind spots in the facility. This enabled the staff to monitor residents more efficiently throughout the physical plant of the facility. Also, an additional camera will be installed in the kitchen area to address a blind spot. At the present time, the staff monitors this area to ensure security of the residents.

**Standard 115.321: Evidence protocol and forensic medical examinations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

Initial review of WSTC's PREA policy contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim's age. WSTC will be using the National Sexual Assault Online Hotline to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Interview with PREA Coordinator indicated that the medical examiners at Covenant Hospital are SANE certified. Michigan State Police, Saginaw Police and or DHS Child Protective Services (CPS) investigate allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. CPS will contact the appropriate local law agency to co-investigate. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. Staff interviews confirmed limited knowledge on who conducts the sexual abuse investigations.

**Standard 115. 322: Policies to ensure referrals of allegations for investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC's PREA policy requires staff to refer all allegations of sexual abuse and sexual harassment to the CPS Child Abuse Hotline. DHS Child Protective Services (CPS) will contact the appropriate law enforcement agency and co-investigate the allegations. There were no allegations of sexual abuse or sexual harassment in the past 12 months. Interviews with the Program Supervisor and other staff verified their knowledge of the policy's requirements.

**Standard 115.331: Employee training**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)





Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy, the training curriculum, staff training records and staff interviews revealed staff receives PREA training during initial training and annually during refresher training. All topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's male and female resident population except for one (1) topic – Relevant laws regarding the applicable age of consent was missing. Since the initial review and on-site visit, the policy and procedure has been updated with all the required information of the standard. All employees are trained as new hires regardless of their previous experience. Employees training records are maintained with their personnel records and comprehension of PREA training was verified during staff interviews.

**Standard 115.332: Volunteer and contractor training**



Exceeds Standard (substantially exceeds requirement of standard)



Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WTSC's PREA policy requires volunteers and contractors who have contact with residents to receive PREA training. The policy requires the appropriate supervisor to provide training to the volunteer/contractor and the training is documented. Volunteers and contractors sign documentation acknowledging that they understand the training they received. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

**Standard 115.333: Resident Education**



Exceeds Standard (substantially exceeds requirement of standard)



Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)



Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy requires residents to receive training information regarding safety, their rights and how to report sexual abuse and harassment within 10 days upon arrival. However, the facility staff provides the residents with this information immediately upon arrival. Residents are provided a handout entitled "Client Orientation Packet" which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. During intake, staff reviews the handout with the residents and residents sign verifying receipt of the information. Documentation of resident's

signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. Staff presents PREA information in a manner that is accessible to all residents.

**Standard 115.334: Specialized training: Investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement are provided by DHS Child Protective Services (CPS). The Facility Director, Director of Clinical and Quality Services, and Residential Care Coordinator has completed the investigator training and conduct internal investigations at the facility.

**Standard 115.335: Specialized training: Medical and mental health care**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC PREA policy requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health staff received the basic PREA training provided to all staff. Interviews with the Clinical Manager, Health Coordinator, and several medical and mental health staff indicated they had completed the specialized training regarding sexual abuse and sexual harassment. Since the initial review, all documentation was received on medical and mental health staff completing the specialized PREA training. Medical staff does not conduct forensic examinations.

**Standard 115.341: Screening for risk of victimization and abusiveness**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC's PREA policy requires staff to screen each resident for risk of victimization prior and upon admission to the facility. The program requires staff to reassess residents periodically



throughout their stay at the facility. WSTC policies limits staff access to this information on a “need to know basis”. Resident interviews and the documentation revealed that risk screenings are being conducted. Staff interviews confirmed a screening is completed on each resident upon admission at the program.

**Standard 115. 342: Use of screening information**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC’s PREA policy precludes gay, bi-sexual, transgender and intersex residents being placed in a particular housing unit. Staff interviews also verified compliance with this standard. WSTC PREA Intake Assessment form, initial health assessment and mental health screening form and any other pertinent information is used to determine a resident’s dorm or bed assignment to ensure resident’s safety. The program does not utilize isolation for residents. There are ten (10) housing units with single and double occupancy bedrooms.

**Standard 115. 351: Resident Reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC’s PREA policy provides multiple internal ways for residents to report sexual abuse and harassment including advising an administrator, a staff member, a telephone line, and placing a written complaint in the Resident Rights box. While touring the entire program it was observed in the housing units had an area with PREA materials including posters. Upon inquiring about how residents are able to call the hotline or victims advocate, resident interviews explained that they have to seek permission from staff to call the hotline or the victims advocate. However, the staff provides a telephone line located in an office that allows the youth to report privately. Some resident and staff interviews along with the resident’s handbook and posted signs verified compliance with this standard. Documentation on both resident and staff training on this standard specifically on the access to telephone and hotline number was received prior to the submission of this report.

**Standard 115.352: Exhaustion of administrative remedies**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC has administrative procedures for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written complaint in the designated Resident Rights box located in their housing unit. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months. Staff and resident interviews confirmed their knowledge of how to use the Resident Rights box to report sexual abuse or sexual harassment.

**Standard 115.353: Resident access to outside confidential support services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy ensures that residents are provided access to outside confidential support services. There is documentation of WSTC efforts to obtain a victim advocate but were unable to service the residents due to obligations from their grant funding. However, during the on-site visit it was decided to utilize the National Sexual Assault Online Hotline to provide confidential emotional support to residents who are victims of sexual abuse. Resident interviews revealed they are knowledgeable of how to access this service and they were able to describe services offered.

**Standard 115.354: Third-party reporting**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS's website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, parents/guardians receive information regarding third-party reporting. Most resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

**Standard 115.361: Staff and agency reporting duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)



**Auditor Comments:**

All WSTC staff are mandated reporters as required by DHS and WSTC policies to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews confirmed the program's compliance with this standard. Interviews with the medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

**Standard 115.362: Agency protection duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS and WSTC policies require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Interviews with the Facility Director and other random staff verified compliance with this standard.

**Standard 115.363: Reporting to other confinement facilities**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC policy requires the Facility Director to notify the Facility Director of the other facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility. WSTC has received no allegations that a resident was abused while neither confined at another facility nor were there any allegations received from another facility during the past 12 months.

**Standard 115.364: Staff first responder duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

### Auditor Comments:

WSTC policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

There were allegations of sexual abuse during the past 12 months. Random staff and first responder interviews revealed minimal knowledge of actions to be taken upon learning that a resident was sexually abused. Staff training was conducted and documentation on this standard was received prior to the submission of this report.

### Standard 115.365: Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

### Auditor Comments:

WSTC has a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and assistant regional administrator. Interviews with the Facility Director, Residential Care Coordinator and other staff revealed that they are knowledgeable of their duties in response to a sexual assault.

### Standard 115.366: Preservation of ability to protect residents from contact with abusers.

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ☒ Does Not Apply

### Auditor Comments:

This facility does not maintain collective bargaining agreements therefore this standard is not applicable.

### Standard 115.367: Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)



**Auditor Comments:**

WSTC PREA policy requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Residential Care Coordinator is responsible with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months.

**Standard 115.368: Post allegation protective custody**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC provides guidelines for the use of room restriction as a last measure to keep residents who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. WSTC does not have isolation rooms. Three (3) residents had alleged sexual abuse in the past 12 months and were transferred to another DHS facility.

**Standard 115.371: Criminal and administrative agency investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy requires staff to report allegations of sexual abuse to the hotline. DHS Child Protective Services (depending on the age of the resident) will co-investigate with the appropriate local law enforcement agency. There have been three (3) investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. The interview with the Facility Director and documentation confirmed two (2) of the three (3) allegations were unsubstantiated or unfounded.

**Standard 115.372 Evidentiary standards for administrative investigations**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) policy states a standard of preponderance of evidence or lower standards of proof is used for determining if allegations are substantiated.

**Standard 115.373: Reporting to residents**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy indicates the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. There were three (3) criminal or administrative investigations during the past 12 months. The interview with the Facility Director and documentation confirmed the residents were advised of the allegation. The PREA Coordinator interview confirmed his knowledge of the reporting process.

**Standard 115.376: Disciplinary sanctions for staff**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy requires staff disciplinary sanctions up to and including termination for violating facility's sexual abuse or harassment policies. The policies also mandate that the violation be reported to law enforcement. One (1) employee had been terminated or disciplined in the past 12 months for violation of the facility's sexual abuse or harassment policies.

**Standard 115.377: Corrective action for contractors and volunteers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

WSTC's PREA requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit



future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the Facility Director. There have been no volunteers or contractors reported in the past 12 months.

**Standard 115.378: Disciplinary sanctions for residents**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy mandates that any resident found in violation of the facility's zero tolerance policy against sexual abuse, assault, conduct or harassment will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

**Standard 115.381: Medical and mental health screenings; history of sexual abuse**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy indicates that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the medical and mental health screening. Medical and mental health staff interviews confirmed compliance with this standard.

**Standard 115.382: Access to emergency medical and mental health services**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy requires timely access to emergency medical treatment and crisis intervention services for victims of sexual abuse. There have been three (3) investigations of alleged resident's inappropriate sexual behavior that occurred

in this facility in the past 12 months. The medical staff interviews confirmed that documentation would be included in the resident's medical record as required by the policy.

**Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policies require the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Covenant Hospital where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There has been three (3) investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. The medical staff interviews confirmed that documentation would be included in the resident's medical record as required by the policy.

**Standard 115.386: Sexual abuse incident reviews**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy requires a Sexual Abuse Incident Review of every sexual abuse allegation within 30 days of the conclusion of the investigation. There have been three (3) investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months that two (2) of the investigations were unsubstantiated or unfounded. Staff interviews confirmed the facility would document their review if such an event should take place.

**Standard 115.387: Data collection**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)



**Auditor Comments:**

DHS Policy JR5 560 (PREA) & WSTC's PREA policy requires the collection of accurate, uniform data for every allegation of sexual assault. The DHS Juvenile PREA Coordinator collects all data relating to PREA. DHS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

**Standard 115.388: Data review for corrective action**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

There have been three (3) investigations of alleged resident's inappropriate sexual behavior that occurred in this facility in the past 12 months that two (2) of the investigations were unsubstantiated or unfounded. DHS Policy JR5 560 (PREA) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training.

**Standard 115.389: Data storage, publication and destruction**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**Auditor Comments:**

DHS Policy JR5 560 (PREA) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.



**Auditor Signature**

February 25, 2015