

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: 06/01/2016

Auditor Information			
Auditor name: Christine Preston			
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Telephone number: 608-240-5113			
Date of facility visit: May 3, 2016			
Facility Information			
Facility name: Wolverine Center			
Facility physical address: 2629 Lenox Street, Detroit, MI 48215-2667			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 313-909-9785			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Carman Bland			
Number of staff assigned to the facility in the last 12 months: 30			
Designed facility capacity: 34			
Current population of facility: 6			
Facility security levels/inmate custody levels: non-secure			
Age range of the population: 12-17			
Name of PREA Compliance Manager: Charmaine Gauvin		Title: Click here to enter text.	
Email address: blandc@wolverinehs.org		Telephone number: Click here to enter text.	
Agency Information			
Name of agency: Michigan Department of Health and Human Services			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 235 S. Grand Ave, Suite 1315, Lansing, MI 48909			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 517-335-3489			
Agency Chief Executive Officer			
Name: Nick Lyon		Title: MDHHS Director	
Email address: GrijalvaN@michigan.gov		Telephone number: 517-241-1193	
Agency-Wide PREA Coordinator			
Name: Patrick Sussex		Title: PREA Juvenile Coordinator	
Email address: sussexp@michigan.gov		Telephone number: 517-648-6503	

AUDIT FINDINGS

NARRATIVE

This auditor was retained via a three state consortium between Michigan, Wisconsin and Indiana. The audit dates were selected in consultation with the PREA Coordinator. Pre-audit notices were distributed and posted by the facility on March 21, 2016. This auditor received a flash drive with the pre-audit questionnaire and supporting documents on or about April 19, 2016.

The on-site portion of this audit occurred on May 03, 2016. This auditor was welcomed into the facility and had access to any area requested. This auditor noted that all staff seemed very invested in the youth and were passionate about assisting the youth re-enter into the community. This auditor observed throughout the day many instances in which staff was working with youth and always appeared to be attentive to youth and adhere to the line of sight policy. The culture of the facility appeared to be one that supports the PREA standards and staff seemed to be dedicated to the agency efforts to prevent, detect and respond to sexual abuse and sexual harassment in the facility.

It should be noted that this audit focused solely on the adjudicated youth assigned to the facility and did not focus on the abuse / neglect youth assigned to the facility. During the audit there were 6 adjudicated youth and 15 abuse / neglect youth assigned to the facility.

The on-site audit began with a meeting with the PREA Coordinator, PREA Compliance Manager and Program Director. A tour was then provided of the facility by the Program Director including any and all areas requested by this auditor. During the tour, informal conversations with staff were conducted. The tour of the facility began at 9:30AM and concluded at approximately 10:30AM. A documentation review of employee files, training records, screening instruments, curriculums, and other requested documents was conducted.

The remainder of the on-site audit included interviews of staff and residents. For this audit, this auditor interviewed the PREA Coordinator, PREA Compliance Manager, Program Director, Clinical Director, Therapist, Agency Head, Human Resources Director, and seven (7) random staff and contractors, selected by this auditor from staffing lists provided. It should be noted that staff from all shifts were interviewed.

This auditor also interviewed all adjudicated youth assigned to the facility; six (6) youth were interviewed.

A closeout meeting was held with the PREA Compliance Manager, Program Director and PREA Coordinator.

Additionally, other entities were contacted as part of this audit to verify information, including Detroit Police Department, Wayne County SAFE, Child Protective Services, Children's Hospital Detroit and the Bureau of Child and Adult Licensing.

DESCRIPTION OF FACILITY CHARACTERISTICS

Wolverine Center is a facility under the control of Wolverine Human Services, which is contracted for the placement of youth by the Michigan Department of Health and Human Services. Wolverine Center is located in Detroit, Michigan, the Center is a non-secure facility for males ages 12-17. The Center houses five separate programs, Victors Substance Abuse Treatment (VSAT), a specialized residential treatment program for adjudicated males with cognitive impairment and in need of substance abuse treatment; Victors JJ, a specialized residential treatment program for adjudicated males with cognitive impairment; Victors A/N program, a residential program for males ages 12-17 with significant cognitive impairment; Wolverine Diagnostic, Assessment and Treatment Center, program for males ages 12-17 emergency placed due to abuse/neglect; and St. Jude's, a residential group facility for males ages 12-17 who are suffering from abuse and/or neglect. Education is provided by ACE Academy, an off-site Charter School.

Wolverine Center parking lot is controlled by a gate and keys are utilized by staff to enter the main building. The main building houses the administrative, mental health, support staff, and other offices used by staff on the main floor. Also on the main floor is a dining hall with five tables, a lounge / living room where the youth can watch television, play games, meet with staff or attend a group. Additionally, on the main floor is a food storage room, offices, and storage for files. The second floor is where the adjudicated (JJ) males are housed. The second floor consists of 22 rooms in which youth can be housed two to a room. There is a therapist office currently not in use and a case manager office located on the second floor. The youth have access to a day room / lounge area where there is seating and a television. The restrooms consist of five stalls which offer adequate privacy and will be cosmetically remodeled in the near future. There is a shower area for youth in which a curtain allows privacy and youth are allowed to shower separately. Residential care coordinators supervise the youth and supervision of floor two is 1:5 during waking hours and 1:10 during sleeping hours.

The main building also has a basement that was previously used as a school for the youth where charter school employees would come in and instruct the youth; the youth now leave the facility to attend school and the area is currently not being used. The basement also houses the laundry room for the facility.

The second building is only used for its gymnasium and again, due to the school not occurring on-site, most of the building is currently not being used. Also located in the second building is a satellite office used by the Detroit Police Department. Wolverine Center reached out to the Detroit Police Department to inquire if they were interested in using the space and it was welcomed; showing the collaboration between the two.

Wolverine Center does not have any interior surveillance cameras. There are two cameras that are located on the exterior of the buildings to monitor the parking lot and entrances to keep the youth and staff safe.

Wolverine Center used to be a convent and was originally built for that purpose.

SUMMARY OF AUDIT FINDINGS

Wolverine Center is found to have met 36 standards, exceeding one (1) standard and four (4) standards are not applicable to the facility.

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a written policy outlining their zero-tolerance of sexual abuse and sexual harassment. Included within the policy, Wolverine Center has outlined their strategies in preventing, detecting and responding to sexual abuse and sexual harassment. The policy includes the definitions of sexual abuse and sexual harassment as defined by PREA and the policy also includes sanctions for those who are found to have participated in prohibited behaviors. Furthermore, the policy defines actions broken down by: resident-on-resident sexually penetration, sexually abusive contact, sexual harassment and staff-on-resident sexually abusive contact, sexually abusive penetration, indecent exposure, voyeurism, harassment, sexual misconduct and sexual exploitation. The policy designates a PREA Compliance Manager and in interviewing the PREA Compliance Manager, as well as several other staff, it is clear that the facility employs the zero-tolerance policy throughout the facility. Additionally, the Michigan Department of Human Services designates a state-wide juvenile PREA Coordinator to oversee implementation and compliance at all facilities, including contracted facilities. In interviewing the PREA Coordinator, it was learned that he has sufficient time and authority to develop, implement and oversee efforts to comply with the PREA standards in all facilities. I was also provided with and reviewed organizational charts which further make evident of the positions of PREA Coordinator and PREA Compliance Manager for Wolverine Center.

Standard 115.312 Contracting 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)

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This standard does not apply to Wolverine Center as they do not contract with any other entity for the confinement of youth.

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)

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Wolverine Center provided this auditor with a staffing plan. The staffing plan and agency policy requires minimum direct care staff to youth ratios of 1:5 during waking hours and 1:10 during sleeping hours and states that these ratios must be met at all times. During sleeping hours, the staff are required to perform 15 minute interval checks on all youth. Additionally, the Bureau of Child and Adult Licensing reviews Wolverine Center annually and they require minimum staffing ratios of 1:10 during waking hours and 1:20 during sleeping hours. In interviews with the PREA Compliance Manager and other staff, it was learned that Wolverine Center always meet the staffing ratios as determined by PREA and regularly exceed them. Additionally, in all waking hours Wolverine Center requires staff to maintain line-of-sight supervision of all youth, except for when they are performing bodily functions such as showering, changing clothes, or using the toilet. Although Wolverine Center currently has five direct care staff vacancies, they always maintain the staffing ratio. There are 22 rooms in which the adjudicated youth can be housed, at the time of the audit there were only six adjudicated youth assigned to the facility, therefore each youth had a separate room. The staffing plan also indicates that Wolverine Center must consider generally accepted detention and correctional practices, any judicial findings of inadequacy (which they don’t have), any findings of inadequacy from federal investigative agencies (which they don’t have), any findings of inadequacy from internal or external oversight bodies (Bureau of Child and Adult Licensing), all components of the facility’s physical plant (blind spots, isolated areas), the composition of the youth population, the number and placement of supervisory staff (always at least one on duty), programs occurring on a particular shift, any applicable state or local laws, regulations, or standards (described above), the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. There were no allegations of sexual abuse or sexual harassment reported to the facility in the past twelve months. Finally, I was provided with a log of unannounced rounds conducted by supervisors. The log details these unannounced rounds occurring on a daily basis on all shifts, furthermore interviews of staff and residents supported that this practice is in place. The staffing plan is reviewed regularly in consultation with the PREA Coordinator, and meets the requirement of at least once annually. This auditor was provided with a document titled Annual Strategic Planning Meeting Agenda dated 6-2-15 which confirmed a staffing plan review was conducted with the PREA Coordinator on that date as it is listed on the agenda.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center does not conduct strip searches or visual body cavity searches of any resident. It is their procedure as a non-secure facility to conduct searches of youth upon program entry to include a wand search, empty their pockets and have their backpacks inspected. The policy requires that body pat downs or searches can only be conducted with two staff present and conducted by staff of the same gender of the youth, unless exigent circumstances arise. The policy further prohibits non-medical cross-gender viewing of residents performing bodily functions, showering or changing clothes. Further, the policy requires that a maximum of two youth are permitted into the bathroom when supervised by a staff of the same gender, when staff of the opposite gender is supervising the youth only one youth is permitted in the bathroom. This was confirmed through interviews of random staff, supervisory staff, PREA Compliance Manager, as well as residents. In the last twelve months, there has been no pat down search of any resident. Additionally, I viewed all showering and toileting facilities and there are barriers or curtains that prevent staff of the opposite gender viewing residents. Policies also support that cross gender staff announce their presence when entering a housing unit. Visible were green signs that state “Female in unit” that are left visible when a female is on the unit. In interviews with staff and youth, the majority of responses supported that the policies are being followed and announcing is occurring. I was provided staff training materials which prohibit staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining their genital status and if the status is unknown it may be determined in conversations

with the resident and reviewing medical records. There were no reported transgender or intersex residents at the facility during the on-site audit and no reported during the past 12 months.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy which ensures that each resident is informed of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment at intake and that it is presented and explained in a way that ensures the resident understands his rights. The facility does not rely on resident interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties or the investigation of the resident’s allegations. At the time of this on-site audit there were no residents identified that were limited English proficient or disabled. Wolverine Center reported no circumstances in the past 12 months in which they utilized resident interpreters. The facility provided an extensive list titled “Translation Resource List” which offers interpretation services that can be used. These policies were supported as practice through interviews with random staff.

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)

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Wolverine Center provided me with an agency application for employment. The application asks if the applicant has been administratively or civilly adjudicated to have engaged in sexual abuse, convictions for sexual related crimes and if the applicant has ever been under discipline for sexual misconduct or sexual harassment at any previous place placement or institution. According to agency policy and an interview with the Human Resources Director, the agency any incidents of sexual harassment when deciding to hire or promote anyone or enlist the services of a contractor who may have contact with youth. This auditor was also provided with criminal background check forms as well as a supplemental PREA Questionnaire for Residential Personnel Applicants for those staff who had been hired prior to the application being updated to incorporate the PREA standards. The application also incorporates a statement to inform the applicant that material omissions or providing false information is grounds for termination. In addition to these forms, this auditor selected a random sample of staff, contractors and volunteers and was provided the personnel files of those selected. The files all showed that criminal background checks had been completed and are checked annually. In addition to criminal background checks, they also included a national sex offender registry search, a Michigan public sex offender search and the Michigan Department of Health & Human Services is searched for potential child abuse and neglect history. Agency policies support the forms and practices observed by this auditor. An interview with the Human Resources Director confirmed that the checks are performed on all applicants prior to employment and all staff and contractors

on an annual basis. The facility exceeds the standard as they conduct criminal background checks annually as opposed to every five years as well as provides annual refresher training regardless if policies have not changed.

Standard 115.318 Upgrades to facilities and technologies

- 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)

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This standard does not apply to Wolverine Center as they have not acquired a new facility or made a substantial expansion to an existing building since August 20, 2012. They are planning to upgrade the bathrooms that youth use, however they will just be cosmetic upgrades and not substantial.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has an evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal prosecutions. The protocol details staff first responder duties, supervisory responsibilities and other key staff responsibilities and also includes separating the victim and perpetrator, preserving the crime scene(s), and offering all victims of sexual abuse a forensic medical examination at no cost to the resident conducted by a qualified Sexual Assault Nurse Examiner. Wolverine Center uses Children’s Hospital or St. John’s Hospital in Detroit for SANE services. I contacted Children’s Hospital to verify that they would be able to accommodate residents from Wolverine Center for a SANE examination and it was verified that they could accommodate a SANE exam of a youth in their Child Protection Center. Wolverine Center would utilize Wayne County SAFE to provide a victim advocate to be available during an examination and this was verified by a phone call to Wayne County SAFE. Additionally, if a victim requests, a victim advocate or a qualified staff member will support the victim through the investigatory process, including during interviews. Qualified staff members include the Therapist who has taken specialized training and provided documentation that this training was received. It was also noted that the Detroit Police Department follows this evidence protocol as well. The uniform evidence protocol is developmentally appropriate for youth and is based on publications after 2011. The policies of Wolverine Center also direct employees to follow the uniform evidence protocol. Interviews of the PREA Compliance Manager and random staff support that the evidence protocol is known by staff.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In reviewing the policy and interviewing the Agency Head of Wolverine Center it was determined that all allegations of sexual abuse and sexual harassment are reported to the following entities: Detroit Police, Child Protective Services (CPS), Bureau of Child and Adult Licensing (BCAL), and the Michigan Department of Human Services. CPS and BCAL conduct investigations into the incident as well as Oxford Police, who conduct the criminal investigations. Contact was made with all of these entities to ensure that they conduct investigations and it was verified. Wolverine Center had no reported allegations of sexual abuse or sexual harassment in the past 12 months so no case files were reviewed.

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)

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This auditor was provided with a facilitator’s outline, a staff pre-test, staff post-test, and a PowerPoint that is used to train staff at Wolverine Center on PREA. This auditor was also provided with a form in which each staff member signs stating that they have reviewed the policies, participated in training and understood the training; this auditor was provided with signed and dated forms for current staff members. A review of the training confirmed that it includes information on their zero-tolerance policy, how to fulfill responsibilities in prevention, detection and reporting and response strategies for sexual abuse and sexual harassment, residents right to be free from sexual abuse and sexual harassment, the rights of residents and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in confinement, how to detect and respond to threatened or actual sexual abuse, how to avoid inappropriate relationships with youth, how to communicate effectively and professionally with youth, including LGBTI youth, how to comply with applicable mandatory reporting laws and laws regarding the age of consent. Interviews with random sample of staff support that they are knowledgeable in the training as described above. Finally, agency policy states that all staff are to be trained on PREA and receive an annual refresher.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor reviewed the provided training materials for contractor / volunteers, titled “Intern / Volunteer / Contractor Training of PREA Policy and Zero Tolerance Policy.” The manual defines sexual abuse and sexual harassment, prevention and reporting information, staff supervision, response to sexual abuse, alternative housing placement, investigation protocols, and references other applicable policies in which the contractor / volunteer is required to review. All interns, volunteers and contractors are required to sign stating they acknowledge receipt and understanding of the information; this auditor was provided with signed forms for interns and contractors. Additionally, interviews of contractors supported that they received and understood the 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)

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Wolverine Center utilized a video and discussion to educate residents on PREA. The video and discussion are completed upon intake and include information on the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, reporting mechanisms, rights to be free from retaliation and policies and procedures for responding to incidents. The youth are also given documentation that they are able to keep with them during their stay at Wolverine Center. This auditor reviewed policy on providing such education and was also given documentation that all six youth had received education. Resident education is documented on case notes which were all individual sessions that state that the video was shown and individual discussion was held following the video. This auditor interviewed all youth who recalled watching the video and participating in a discussion as well as were able to discuss the contents of the information. Finally, this auditor interviewed the intake staff responsible for facilitating the education and she confirmed that all youth receive the education and supporting documentation.

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)

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Wolverine Center has three staff designated to investigate sexual abuse and sexual harassment. The three staff all received specialized training on-line through the National Institute of Corrections PREA: Investigating Sexual Abuse in a Confinement Setting course. This auditor has previously reviewed this course and confirms that the course includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement and the criteria needed to substantiate a case for administrative action. All three staff trained provided this auditor with certificates of completion for the course. Interviews with the trained investigators revealed that they understood the training and were able to appropriately recite the investigative process. Finally,

agency policy supports specialized training as well as the investigative process.

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)

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Wolverine Center has four staff members that are considered mental health staff, including a therapist, two case managers and a Chief medical coordinator. Additionally, Wolverine Center has two contracted positions that work part-time at the facility including a consulting physician and a consulting psychologist; the psychologist primarily conducts her work with youth via a teleconference system. The medical and mental health staff received training which included four modules: detecting and assessing signs, reporting and PREA standards, effective and professional responses and medical / forensic exams and evidence. This auditor viewed the contents of the training and was provided with signed sheets that the specialized staff completed showing they had received the training for all four modules. Interviews of a sample of the designated staff confirmed that the training was received and understood as the staff were able to discuss detection and assessment of signs, how to respond effectively and professionally, how to preserve physical evidence and how to and whom to report allegations of sexual abuse and sexual harassment.

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)

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Wolverine Center has a policy that requires all youth to be screened no later than two days after admission, following this screen a comprehensive screen will be conducted within seven days of admission by clinical staff. Policy states that the PREA screening will be conducted no later than 72 hours following admission. Additionally, Wolverine Center conducts PREA screening no less than quarterly with each youth to ensure ongoing safety for each youth. This auditor was provided with the PREA Intake Screening document utilized by Wolverine Center. The document is a three page instrument that ascertains information about previous sexual victimization, any gender non-conforming appearance or manner, LGBTI status, current offense and conviction history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disability, intellectual or developmental disabilities, physical disabilities, the resident’s own perception of his vulnerability. The screening tool includes a youth self report as well as staff observation sections and is objective. The screening tool is kept in the secure youth’s file and a copy goes to the PREA Compliance Manager who stores it in a locked cabinet with limited access. In interviewing the staff member who performs the screenings, it was confirmed that all youth individually are screened upon intake and again every quarter, as well as if new information is received. This auditor received copies of complete screenings and follow up screenings for all youth currently housed at Wolverine Center. Finally, all youth interviewed recalled being screened and were able to recite many of the questions that they were asked.

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)

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Wolverine Center uses the information obtained from the screening instrument to make housing, bed, program and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. This was gleaned from facility policy as well as interviews with the PREA Compliance Manager and staff who conducts the screenings. Additionally, as a non-secure facility, residents are not isolated and it was learned if there was a need to isolate residents then they would be transferred to a different facility that could accommodate the needs of this resident to ensure safety of all other residents. Finally, as previously stated in this report, facility policy requires line-of-sight supervision of youth by staff at all waking times excluding times in which a resident may be showering, toileting or changing clothes. Facility policy prohibits LGBTI residents being placed in particular housing, bed, or other assignments solely on the basis of such status or identification and they do not consider such status as an indicator of likelihood of being sexually abusive. Wolverine Center makes housing decisions on a case by case basis. Wolverine Center did not have any identified transgender or intersex residents during the on-site audit, nor in the past 12 months. Facility policy directs each transgender or intersex resident shall be given the opportunity to express their own views in respect to housing and programming decisions and that the facility will consider these views; transgender and intersex residents will also be afforded the opportunity to shower separately from other residents and all placement for transgender and intersex residents shall be reviewed at least every quarter. Through interviews with the PREA Compliance Manager and the staff who conducts screening, this was confirmed as practice in the event the facility houses a transgender or intersex resident.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center offers multiple ways for residents to report sexual abuse or sexual harassment. Youth are able to tell any staff member, file a grievance in which locked boxes are available for them to place a grievance in which is accessed by the Program Manager. Additionally, youth can tell a friend, family member, or other third party which the facility will accept and investigate reports. Posted throughout the facility is contact information to report allegations to the Michigan Department of Health and Human Services at 855-444-3911. This number was checked by this auditor and it was confirmed that it is the reporting hotline for abuse / neglect and accepts reports at any time of the day or night; staff could also use this to report or could make a report to the agency head. It was also confirmed that the youth could remain anonymous when calling this number. Staff is required and trained, per policy, to accept verbal, written, anonymous, and third party reports. These reporting mechanisms were confirmed in interviews with random staff, specialized staff and all the youth. It had previously been explained to this auditor that youth are generally monitored by staff when making a phone call via being in close proximity to the youth and many times in the same small room with the youth. This auditor explored this and it was learned through talking to both youth and staff that a youth could request privacy without needing to disclose he was calling the PREA reporting line and that the youth could make the call without staff hearing what he was potentially reporting.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy that states there is no time limit for when a youth may submit a grievance regarding an allegation of sexual abuse and does not require a resident to use an informal grievance process to report an incident of sexual abuse. If a grievance is filed alleging sexual abuse, the facility opens an investigation and policy directs them to contact Child Protective Services, Bureau of Child and Adult Licensing, Michigan Department of Human Services and the Detroit Police Department. Facility policy also states that any other person is permitted to file a grievance alleging sexual abuse on a youth's behalf; if a third party other than the youth's parent or guardian files a grievance on his behalf, the alleged victim must agree to the filing and if the victim declines to have the grievance filed on his behalf it must be documented. Wolverine Center will issue a final decision on the grievance within 90 days of the initial filing. Furthermore, grievances of an emergency basis will be responded to immediately. No youth at Wolverine Center will be disciplined for filing a grievance related to alleged sexual abuse if it was filed in good faith. In speaking with the PREA Compliance Manager, it was confirmed that no grievances alleging sexual abuse or sexual harassment were filed in the past 12 months and the interviewed confirmed that the policies would be followed in the event a grievance alleging sexual abuse and sexual harassment is alleged.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center provides residents with access to outside victim advocates for emotional support services related to sexual abuse and informs residents that calls are not monitored or recorded. The facility would be able to accommodate a private area where a victim advocate could speak to a resident. Posted throughout the facility was information visible to residents informing them of the RAINN National Hotline of 855-444-3911 and information for Wayne County SAFE. Through interviews with the PREA Compliance manager and other select and random staff, it was learned that the facility provides the youth reasonable and confidential access to their attorneys and parents. This auditor was provided with a Memorandum of Understanding (MOU) between Wolverine Human Services and Wayne County SAFE which supports that Wayne County SAFE are able to provide confidential emotional support services to residents related to sexual abuse and that Wolverine Center will facilitate these services. Additionally, agency policy supports allowing residents to have access to these outside confidential emotional support services related to sexual abuse. In interviewing the youth at Wolverine Center, it was confirmed that they were aware of the outside emotional support services available to them and how to contact RAINN or Wayne County SAFE.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center allows for third party reports of sexual abuse and sexual harassment by informing the public that they may contact Child Protective Services, as directed by policy and agency website.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The policy at Wolverine Center directs all staff that they are required to report immediately to a Supervisor any knowledge, suspicion, or information that they receive regarding an incident of sexual abuse or sexual harassment of a youth inside or outside of the facility, any retaliation against a youth or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Furthermore, the policy requires all staff to comply with the mandatory reporting laws; the administrator is to be notified and they are required to notify BCAL (licensing). Incident reports are to be filed by staff prior to the end of their shift. Facility policy also prohibits staff from revealing information related to a sexual abuse incident to anyone other than management, the investigators of such incident, and anyone management gives them expressed permission to do so for the purposes related to safe and informed care of youth. Additionally, mental health staff are required to inform youth at the initiation of services of their duty to report as well as the limitations of confidentiality. Wolverine Center also report to parents / guardians, unless they have official documentation that they should not be notified, the caseworker if the resident is under the guardianship of the child welfare system, or the juvenile court if they retain jurisdiction over the youth. In interviewing a random sample of staff, everyone was able to explain their reporting duties as described above. The PREA Compliance Manager also stated in the interview that all staff are aware and were trained on this policy and that all allegations are reported to the facility investigators. In reviewing three case files, these reporting policies were supported in documentation.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy that states if it is learned that a youth is subject to risk of imminent sexual abuse that it will take immediate action to protect the youth. In interviewing the Agency Head, PREA Compliance Manager and a random sample of staff, it was learned that immediate action would include immediately separating the alleged victims from the alleged perpetrator including arranging for separate housing, dining, and / or other elements of daily routine to the extent necessary to ensure protection., keeping the youth under direct staff Immediate action was defined by staff as “right away” and “without delay.”

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has policy that states that upon receiving an allegation that a resident was sexually abused at another facility, the head of the facility will notify the head of the facility where the alleged abuse occurred within 72 hours after receiving the allegation and will document the notification and employ all other reporting requirements. This documentation will be made in the form of an incident report. There have been no reports of sexual abuse of a youth occurring at another facility in the past twelve months. In interviewing the Agency Head, this process was described and would be followed in the event such a report is received.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy that directs staff first responder duties. The policy directs first responders to an incident of sexual abuse to immediately separate the victim and abuser, keep them isolated from each other and prevent communication. preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Additionally, if the abuse occurred within a time period that still allows for the collection of physical evidence, agency policy states 96 hours, staff are directed to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking or

eating; and for abusers to ensure that they do not take these stated actions that could destroy physical evidence. In questioning the 96 hours per the agency policy, this auditor was informed that all allegations would be in consultation with the local hospital and they would defer to their expertise, regardless of the timeframe. Through interviews with a random sample of staff, it was learned that they had been trained on these first responder duties and knew how to respond.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a Coordinated Response Plan for sexual abuse allegations. The plan details roles and responsibilities and includes roles such as; First Responder, Supervisory Staff, Program Manager, Medical and Mental Health staff, and Investigators. Also included in the coordinated response plan was outside agencies such as SANE, CPS, law enforcement and licensing. In interviewing a random sample of staff, it was learned that they were aware of their response duties and the responsibilities of other roles.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard does not apply to Wolverine Center as they do not participate in collective bargaining

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy that states that retaliation against client or staff who reported is not tolerated and further states that all staff are mandated reporters and any staff neglect or violation of responsibilities that may have contributed to the incident or retaliation must be reported. The PREA Compliance Manager is the designated staff member charged with monitoring retaliation for a minimum of 90 days following a report of sexual abuse. If further monitoring is appropriate, the timeframe will continue and will be reassessed every 30 days. The monitoring will be documented in the youth's case record. Wolverine Center has had no allegations of sexual abuse or sexual harassment in the past 12 months so this auditor was not able to review any retaliation monitoring logs / notes. Through interviews, it was learned that this policy would be followed and monitoring would be conducted in the youth's case folder and / or in the staff personnel file.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard does not apply to Wolverine Center as they are a non-secure facility and do not have segregated housing.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center conducts administrative investigations into allegations of sexual abuse and sexual harassment, per facility policy. As directed by policy, investigations are conducted promptly, thoroughly and objectively by specialized trained investigators. Investigators are trained to preserve any physical evidence to be turned over to the Detroit Police Department who refers cases for prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and no truth telling devices are ever used. All administrative investigations are documented in written reports and are retained for as long as the alleged abuser is at the facility or employed by the facility, plus five years. Additionally, the departure of an alleged abuser or victim does not constitute the closure of an investigation and it would be ongoing until completed. Wolverine Center had no allegations of sexual abuse or sexual harassment in the past 12 months so there were no case files to review. In interviewing investigators, it was learned that these stated policies are what they operate under and adhere to if they were to conduct an investigation. Finally, Wolverine Center cooperates with the Detroit Police Department, Child Protective Services and the Bureau of Child and Adult Licensing during investigations and remain informed of the progress of investigations and reported that they have a very good relationship with all of these entities. It should be noted that the Detroit Police Department have a satellite office on the grounds of Wolverine Center, which they utilize. The satellite office is a newer agreement as the space for the office is where the old schooling would take place for the youth. This is further evidence that Wolverine Center and Detroit

Police Department have a collaborative relationship.

Standard 115.372 Evidentiary standard 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In interviewing investigative staff and reviewing facility policy, Wolverine Center utilizes the standard of preponderance of the evidence or a lower standard of proof in determining whether allegations of sexual abuse or sexual harassment 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has policy that informs youth at the close of an investigation the following, unless the case was unfounded: the results of the investigation, if involving a staff member if the staff member is no longer posted within the youth's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility or that they have been convicted on a charge related to sexual abuse within the facility. If the youth was sexually abused by another youth the facility will notify the victim if the alleged abuser has been indicted on a charge related to sexual abuse in the facility or learns that the alleged abuser has been convicted of a charge related to sexual abuse within the facility. In interviewing the PREA Compliance Manager and Program Manager, it was learned that they would notify the youth and document the notifications. There have been no notifications needing to be made so there was no documentation available to review.

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 discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy that directs sanctions for staff who engage in sexual abuse or sexual harassment. Policy states that if the allegations were found by investigators to be substantiated, staff members involved may be subject to disciplinary action up to and including termination. Further, policy states that if the allegations were PREA related or involved child abuse proper authorities would be contacted and criminal proceedings will be filed with the local police department. In interviews with the PREA Compliance Manager, Human Resources Director and the Program Director it was confirmed that in the event there was a staff found to have engaged in sexual abuse or sexual harassment that disciplinary procedures would be enacted, up to and including termination. There were no allegations of staff sexual abuse or sexual harassment at Wolverine Center in the past 12 months so no records were reviewed.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy that states any contractor, volunteer or intern who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to the investigatory team as well as Detroit Police Department, Child Protective Services, Bureau of Child and Adult Licensing, Michigan Department of Human Services, and any other relevant licensing bodies. Additionally, any other violation of facility sexual abuse or sexual harassment policies by a contractor, volunteer or intern may result in termination of relationship or other services. There have been no allegations in the past 12 months that involved contractors, volunteers or interns being the alleged perpetrators, therefore no files or records could be reviewed. In interviews with the PREA Compliance Manager, Human Resources Director and the Program Director it was confirmed that in the event there was a contractor or volunteer found to have engaged in sexual abuse or sexual harassment that disciplinary procedures would be followed.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has policy stating that youth may be subject to disciplinary sanctions only pursuant to positive findings that the youth engaged in youth-on-youth sexual abuse. Additionally, policy states that youth may be subject to disciplinary sanctions for sexual contact with staff only upon findings that the staff member did not consent to such contact. There were no reported allegations of youth-on-youth sexual abuse within the last 12 months, thus no disciplinary records regarding sexual abuse were able to be reviewed. In interviews with the

PREA Compliance Manager, Human Resources Director and random staff it was learned that youth who perpetrated sexual abuse would be involved in the discipline process as well as be referred to law enforcement, CPS, and any other agencies required.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy stating that if the screening of youth pursuant to 115.341 reveals that a youth has experienced prior sexual victimization, whether or not it occurred in an institutional setting, that the youth will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. Additionally, if the screening pursuant to 115.341 reveals a youth has previously perpetrated sexual abuse, whether or not it occurred in an institutional setting, the youth will be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. A documentation review of all the screenings conducted on all youth currently at the facility showed that no youth report prior sexual victimization or perpetration, thus no review of follow-up appointments were able to be reviewed. Interviews with medical, mental health and screening staff confirmed that these appointments would be offered to youth and they would be able to facilitate those appointments much sooner than 14 days.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy stating that all victims of sexual abuse will be offered timely information about and timely access to emergency medical treatment, crisis intervention services, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where applicable. The policy further states that all services, including medical forensic exams, and counseling are provided at no charge to the client. In interviews with medical staff and the PREA Compliance Manager, it was learned that the youth would be sent to Children’s Hospital of Detroit to receive this treatment. As there have been no allegations of sexual abuse or sexual harassment in the past 12 months there were no records to review for this standard.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy that states that all youth who have been sexually abused or harassed while at the facility will receive mental health counseling services and information for continuation of services upon release. Moreover, policy directs that the evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following transfer or release from custody. All of these services are to be provided to the youth at no cost to the youth and at community level care. Through interviews with mental health staff and documentation review no youth had reported sexual abuse in the past 12 months but all youth, if they were to report, would be provided with access to mental health services and since the length of stay is short, the mental health staff will work with case managers and other providers to ensure continued care for a youth.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center has a policy that states that the a team conducts a sexual abuse incident reviews and will consider the following for the purposes of better preventing, detecting, or responding to sexual abuse incidents: whether the incident was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, and gang affiliation, the area where the incident occurred, staffing levels during the incident, and monitoring technology. The team consists of the Program Manager, Clinical Director, Clinical Supervisor, PREA Compliance Manager / HR Director and other staff as appropriate to include agency investigators, line staff, first responders, etc. The team would prepare a report and looks to make recommendations and would document these on the report as well as any improvements made based on recommendations. There were no reported allegations of sexual abuse in the past 12 months, thus no incident reviews have occurred. Interviews with members of the Incident Review Team support the policy and it was confirmed that they would meet and review any substantiated or unsubstantiated sexual abuse case.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

Wolverine Center has a policy that requires them to collect accurate, uniform data for every allegation of sexual abuse and will collect at minimum the data required to complete the most recent version of the Survey of Sexual Victimization. This auditor was provided with a form that is required to be filled out for every sexual abuse allegation titled 'Juvenile Justice Residential Facility Sexual Abuse Data' which is a six page form that records incident based data. Policy also requires the agency to aggregate their data annually. There were no allegations of sexual abuse or sexual harassment in the past 12 months so no incident based data could be reviewed. Interviews with facility management confirmed that in the event allegations are reported that they would gather and maintain accurate data per policy.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Wolverine Center had no allegations of sexual abuse or sexual harassment in the past 12 months. In interviewing the PREA Coordinator it was confirmed that the Michigan Department of Health and Human Services collects data from all of their contracted facilities. This auditor was provided with the 2015 annual PREA report for the Michigan Department of Health and Human Services. The report contains data, identifies problem areas, discusses corrective action taken, and includes a comparison of the current year's data and corrective actions with those from prior year and provides an assessment of the agency's progress in addressing sexual abuse. The report is approved by the agency head. In reviewing the report, this auditor did not observe any personal identifying information related to incidents.

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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This auditor was provided with a link showing the annual 2015 PREA report online. The link is http://michigan.gov/dhs/0,4562,7-124-5453_34044_39057---,00.html. This auditor checked the link and was able to view the annual report on the Michigan Department of Health and Human Services website. Interviews with the PREA Coordinator confirm that the data is securely retained on a secure server, the agency does not release any personal identifiers and would only redact personal information. The PREA Coordinator also stated that the agency maintains sexual abuse data collected for at least 10 years after the date of initial collection.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Christine Preston _____

6/1/2016 _____

Auditor Signature

Date